QUALITY ASSESSMENT OF ADMINISTRATIVE SOURCES – QUALITY AND OUTCOMES FRAMEWORK AND DISEASE PREVALENCE STATISTICS

2021

This report details the quality assessment of the Quality and Outcomes Framework (including disease prevalence) data source.

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Introduction

Official Statistics published by Project Support Analysis Branch (PSAB), Department of Health are based on data extracted from GP practices and other organisations' administrative or management systems. By using data which are already available within administrative or management systems, rather than collecting data afresh, this limits the overall burden placed on data providers and also avoids the cost of implementing dedicated data collection exercises. In addition, the information extracted from such systems often has the advantage of being more timely than statistical data and, when compared with data collected directly from GP surgeries for example, can also deliver data with a greater breadth of coverage.

The quality report for the administrative sources used in PSAB in relation to Quality and Outcomes Framework (QOF) data is available separately. The report provides information on the source provider, the quality assurance and audit arrangements for all administrative data sources used in the production of the QOF statistics (including disease prevalence data). They also assess the risk of data quality concerns and the public interest profile of these statistics.

Under the UK Statistics Authority's fourth Principle within their Code of Practice for Official Statistics, producers of Official Statistics are required to ensure that:

- Official Statistics are produced to a level of quality that meets users' needs, and

- users are informed about the quality of statistical outputs.

In addition, the UK Statistics Authority issued a statement in January 2015 informing statistics producers that a Regulatory Standard for the Quality Assurance of Administrative Data had been published in response to concerns about the quality of administrative data that emerged during its assessments of statistics on police recorded crime. The Standard recognises the increasing role that administrative data are playing in the production of Official Statistics and clarifies the Authority's expectations for what producers of Official Statistics should do to assure themselves of the quality of these data. The standard is supported with an Administrative Data Quality Assurance Toolkit, which provides helpful

guidance to statistical producers about the practices they can adopt to assure the quality of the data they utilise.

The purpose of this paper is to document the data sources that are utilised in the production of the Quality and Outcomes Framework and prevalence statistics and to document the results of the quality management actions that have been undertaken for assuring the suitability of the data sources for this purpose.

The information collated in this report also reflects the most recent review of data by considering the UK Statistics Authority's toolkit. Annex A reflects the results of applying the toolkit risk/profile matrix to each of the data sources. Given that changes to data sources are inevitable, this report will be periodically updated to reflect the outcomes of ongoing reviews.

Background

Official Statistics produced by PSAB are widely used in healthcare policy development and QOF in particular is a fundamental part of the General Medical Services (GMS) contract, introduced in 2004. The Quality and Outcomes Framework (QOF) is a system designed 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. QOF statistics and data are also used to contribute to major exercises such as reporting on the performance of the HSC system, other comparative performance exercises, target setting and monitoring, development of service frameworks as well as policy formulation and evaluation. In addition, the information is used in response to a significantly high volume of Parliamentary/Assembly questions and ad-hoc queries each year.

The Official statistics produced by PSAB are widely used by the Assembly's Health Committee, Professional Advisory Groups, policy branches within the DoH, other Health organisations, academia, private sector organisations, charity/voluntary organisations as well as the general public.

Quality and Outcomes Framework

The QOF contains groups of indicators, against which practices score points according to their level of achievement. QOF awards general practices achievement points for (i) managing some of the most common chronic diseases e.g. asthma, diabetes; (ii) how well the practice is organised; (iii) improving quality and productivity in other parts of the health service such as secondary care and (iv) the amount of extra services offered such as cervical screening and contraception services. An integral part of the QOF is the collection of prevalence data to allow practices to case find those patients that require specific management. Prevalence data within the QOF are collected in the form of practice disease "registers".

The QOF gives an indication of the overall achievement of a practice through a points system. Practices aim to deliver high quality care across a range of areas, for which they score points. Put simply, the higher the score, the higher the financial reward for the practice.

The QOF includes the concept of Exception Reporting, which was introduced to allow practices to pursue the quality improvement agenda and not be penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contra-indication or side-effect. Patients are not excepted from disease register counts, but they can be excepted from the denominator of subsequent indicators in each clinical area.

PSAB publishes 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.

The table at Annex A details the outcome of our assessment of the QOF statistical series using the matrix assessment toolkit, in terms of data quality concern and public interest.

Data Supplier: General Practices, via the Payment Calculation and Analysis System (PCAS), which is maintained by CACI. The contract arrangement for PCAS is held between CACI and the Health and Social Care Board.

Supplier Information: CACI is a UK company specializing in integrated marketing, technology solutions and network services.

Data Type: Aggregated GP practice level data (QOF achievement and disease register sizes).

Data Content: The Quality and Outcomes Framework (QOF) is a system designed 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. 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.

Supply Schedule: Annually

Use of Data: PSAB use the data to carry out a quality assurance exercise and verify the calculation of register sizes and APDFs (adjusted practice disease factors), that occur within the PCAS system.

PSAB produce a raw disease prevalence trend data publication for Northern Ireland.

https://www.health-ni.gov.uk/articles/prevalence-statistics

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.

https://www.health-ni.gov.uk/articles/quality-and-outcomes-framework-qof-statistics-annual-report

https://www.health-ni.gov.uk/articles/qof-achievement-data

Data Source Information: The data that supplies the PCAS system is an aggregated accredited extract from each General Practice in Northern Ireland. It is the responsibility of the clinical systems suppliers to ensure that they adhere to the accreditation process.

Data Supply & Communication: 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 30th June each year and PSAB can then download the data immediately after this process.

Communication between all parties (practices, HSCB, DoH, CACI 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.

Quality Awareness carried out by Data Supplier: CACI have their own internal quality assurance checks. The HSCB also validates the figures.

PSAB Quality Assurance: 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 CACI as required.

Strengths of Data Source: PCAS is the only source of disease prevalence data and comprehensive trend data is available. It is also the only source of monitoring GP quality of patient care.

Weaknesses of Data Source:	Aggregated information does not provide a detailed breakdown of age and gender, in terms of disease registers. This information is not required for QOF payment purposes. Sometimes there is an expectation of the amount of secondary analysis that can be carried out on the data, however, this is not what the system is primarily designed for and so the system is fit for purpose as a payment system.
Assessment of Level of Assurance Requirements:	PSAB assess that the level of risk of quality is low and the public interest is also low. This suggests that the appropriate level of assurance required for these statistics is A1.
PSAB Assessment of User Needs:	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, PSAB are mindful of their publication, monitoring any changes or 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.
	QOF was removed from the GP contract in Scotland following the 2015/16 QOF publication.
	The Quality Assurance and Improvement Framework (QAIF) was introduced as part of contract reform in 2019 in Wales and replaced the Quality and Outcome Framework (QOF), which was originally introduced as part of the new GMS contract in 2004.

Risk / Quality Matrix:

Level of risk of quality concerns	Public interest profile		
	Lower	Medium	Higher
Low	Statistics of lower quality concern and lower public interest [A1]	Statistics of low quality concern and medium public interest [A1/A2]	Statistics of low quality concern and higher public interest [A1/A2]
Medium	Statistics of medium quality concern and lower public interest [A1/A2]	Statistics of medium quality concern and medium public interest [A2]	Statistics of medium quality concern and higher public interest [A2/A3]
High	Statistics of higher quality concern and lower public interest [A1/A2/A3]	Statistics of higher quality concern and medium public interest [A3]	Statistics of higher quality concern and higher public interest [A3]

The risk of data quality concerns and the public interest profile of these statistics are assessed that these are 'Statistics of lower quality concern and lower public interest'.