

INFORMATION
ANALYSIS
DIRECTORATE



Quality and Outcomes Framework

2016-17



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

Quality and Outcomes Framework Statistics for Northern Ireland 2016/17

This bulletin summarises the thirteenth year of Quality and Outcomes Framework (QOF) achievement data from general practices, relating to the period from April 2016 to March 2017. There were no major changes to QOF in this period.

All data used in this bulletin is from the Payment Calculation and Analysis System (PCAS), a Northern Ireland (NI) IT system used by general practices to support the QOF payment process and is dated 1st April 2017.

Summary

- The average total QOF achievement of practices was 494.7 (90.4%), from a maximum available QOF total of 547.
- Of the clinical registers collected for QOF that measure actual disease prevalence, the highest prevalence was for Hypertension (13.45%) and the lowest was for Osteoporosis (0.26%).
- Across the domains, the average points achieved were:
 - Clinical: 361.2 (95.1%)
 - Public Health: 32.7 (93.3%)
 - Public Health (Additional Services): 13.4 (95.7%)
 - Patient Experience: 12.9 (71.4%)
 - Records & Systems: 74.6 (74.6%)
- Achievement data was received from 343 practices. Financial data is presented here for 341 practices only, as 2 practices were not in existence to receive balancing payment at the year end. The 341 practices received a total of £30.43 million, with an average award of £89,227 per practice¹.

¹ In February 2017, the Department of Health recognised the immediate pressures facing GP services and confirmed to them that they would not be expected to complete work against their QOF targets for the rest of the 2016/17 financial year. This confirmation, along with other longer term initiatives already implemented, strived to address the pressures on GPs and support new ways of working.

Practices had a choice of whether to receive payment based on their actual performance against agreed QOF targets or on their average QOF performance over the previous two years for which they sought to achieve targets (2014/15 and 2015/16 or for those who took advantage of the QOF holiday last year 2013/14 and 2014/15).

QOF payment for 2016/17 was based upon total achievement, as shown in PCAS, with a "QOF holiday" top-up (where required). Additional payment was also made to practices in respect of CPI, which was recalculated to counteract the effect of increasing average practice list size. Additional payments due to practices were paid in September 2017.

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1. Introduction

The figures in this bulletin are derived from PCAS, a Northern Ireland system that uses data from general practices to calculate individual practice's QOF achievement and payments. A full set of QOF data tables and a factsheet giving a full explanation of QOF can be found on the Department's website (www.health-ni.gov.uk) via the Statistics section provided by the Information and Analysis Directorate (IAD).

The 2016/17 QOF tables published by the Department use practice list sizes supplied to PCAS from the National Health Applications and Infrastructure Services (NHAIS), the national practice payments system, as at 1st January 2017; 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.

Data submitted on 31st March 2017 formed the basis for figures for the complete financial year April 2016 to March 2017. Any adjustments made by the Health and Social Care Board in the period April to June 2017 are included. This publication uses the most recent figures for each practice as at 30 June 2017 and reports on data both at a practice level and at Local Commissioning Group (LCG) level.

Patient Exceptions

Practices may exclude specific patients from data collected to calculate QOF achievement within clinical areas. The GMS Contract sets out valid exception criteria (e.g. newly registered patients, patients newly diagnosed with a condition, patients unsuitable for treatment & informed dissent). The Department publishes information on 2016/17 QOF exception reporting in a separate bulletin.

2. Disease Prevalence in the Quality & Outcomes Framework

An important feature of QOF is the establishment of registers from which the prevalence of various conditions can be calculated. There are a total of 22 individual domains within QOF, of which 15 can be used to calculate the prevalence of conditions within the population. There are no disease registers for the Patient Experience and Records & Systems domains. The Smoking register is excluded, as it does not allow prevalence to be derived but rather counts if the smoking status of these patients has been recorded and the registers for Palliative Care and Blood Pressure are excluded, as they are not disease prevalence registers. There are also no disease registers for the Public Health Additional Services domains of Cervical Screening and Sexual Health. Whilst the Depression register does not measure prevalence of depression, but rather new diagnoses of it, it has been retained in the collection of disease registers.

For the prevalence information published on the website, the Department has reported raw (unadjusted) disease prevalence – that is, the number on a disease register of a practice on 31st March 2017 as a proportion of its registered list at 1st January 2017. The figures presented are as submitted to PCAS, without any adjustment for known factors that might influence disease prevalence, such as the age structure of practice populations.

A report on 'Raw Disease Prevalence in Northern Ireland', a factsheet giving a more detailed explanation of how prevalence is used within the calculation for QOF payments and the 'Raw Disease Prevalence data for Northern Ireland' excel file are available from the DoH website (<https://www.health-ni.gov.uk/articles/prevalence-statistics>).

3. Content of the Quality & Outcomes Framework

Effect of subsuming registers into core funding

In 2015/16, the majority of the register-focused indicators of conditions in QOF were subsumed into the core funding for practices. The points previously allocated for practices keeping and maintaining a register for patients with Asthma (AST), Atrial Fibrillation (AF), Cancer (CAN), Chronic Obstructive Pulmonary Disease (COPD), Coronary Heart Disease (CHD), Dementia (DEM), Diabetes Mellitus (DM), Epilepsy (EP), Heart Failure (HF), Hypertension (HYP), Learning Disability (LD), Mental Health (MH), Obesity (OB), Osteoporosis (OST), Peripheral Arterial Disease (PAD), Rheumatoid Arthritis (RA), Sexual Health (CON) and Stroke and Transient Ischaemic Attack (STIA) were consequentially removed from the maximum QOF achievement, reducing it by 71 points.

There is no longer any financial incentive associated with keeping a register for the clinical areas listed above, as these register-focused indicators and their associated funding were subsumed into core funding. Registers for some clinical areas still exist if other indicators still assessed for QOF remain on the system (Asthma or CHD, for example), however the subsuming of registers for other conditions resulted in their complete removal in 2015/16 from the QOF assessment (Epilepsy, Learning Disabilities and Obesity).

Changes to the Quality & Outcomes Framework in 2016/17

The majority of indicators remained unchanged in 2016/17, in terms of both definitions and points available. Only the Records & Systems domain saw changes to indicators, with the wording for all indicators being amended (although largely keeping the same meanings) and the points available for each indicator changing. However, the overall total points available for the Records & Systems domain remained unchanged at 100 points. Indicator RS006 was retired this year, but the points for it were incorporated into the changes to the points for the other Records & Systems indicators. There is therefore no change to the overall maximum QOF points available to practices (547). The specific changes to the Records & Systems points are outlined in Table 1.

Table 1. Point changes to Records & Systems indicators

Indicator	Points available in 2015/16	Points available in 2016/17
RS001	20	10
RS002	8	20
RS003	8	20
RS004	30	20
RS005	20	30
RS006	14	0 (retired indicator)
<i>Total RS domain</i>	<i>100</i>	<i>100</i>

With the retirement of RS006, there were a total of 63 indicators in the Quality & Outcomes Framework in 2016/17.

Summary of domains

The QOF consists of 4 domains, each containing a range of areas described by key indicators. The indicators describe different areas of achievement. The domains and their constituent areas are:

- **Clinical domain.** 51 indicators in 15 areas: Asthma (AST), 3 indicators; Atrial Fibrillation (AF), 2 indicators; Cancer (CAN), 1 indicator; Secondary Prevention of Coronary Heart Disease (CHD), 4 indicators; Chronic Obstructive Pulmonary Disease (COPD), 5 indicators; Dementia (DEM), 2 indicators; Depression (DEP), 1 indicator; Diabetes Mellitus (DM), 10 indicators; Heart Failure (HF), 3 indicators; Hypertension (HYP), 1 indicator; Mental Health (MH), 6 indicators; Osteoporosis (OST), 2 indicators; Palliative Care (PC), 2 indicators; Rheumatoid Arthritis (RA), 3 indicators and Stroke and Transient Ischaemic Attack (STIA), 6 indicators. This domain has a maximum QOF achievement of 380 points (69.5% of the total).
- **Public Health (including Additional Services).** 6 indicators in 5 areas: Blood Pressure (BP), 1 indicator; Cervical Screening (CS), 1 indicator; Cardiovascular Disease – Primary Prevention (CVD-PP), 2 indicators; Sexual Health (CON), 1 indicator and Smoking (SMOK), 1 indicator. This domain has a maximum QOF achievement of 49 points (9.0% of the total).
- **Patient Experience.** 1 indicator in 1 area: Patient Experience (PE). This domain has a maximum QOF achievement of 18 points (3.3% of the total).
- **Records & Systems.** 5 indicators in 1 area: Records and Systems (RS). This domain has a maximum QOF achievement of 100 points (18.3% of the total).

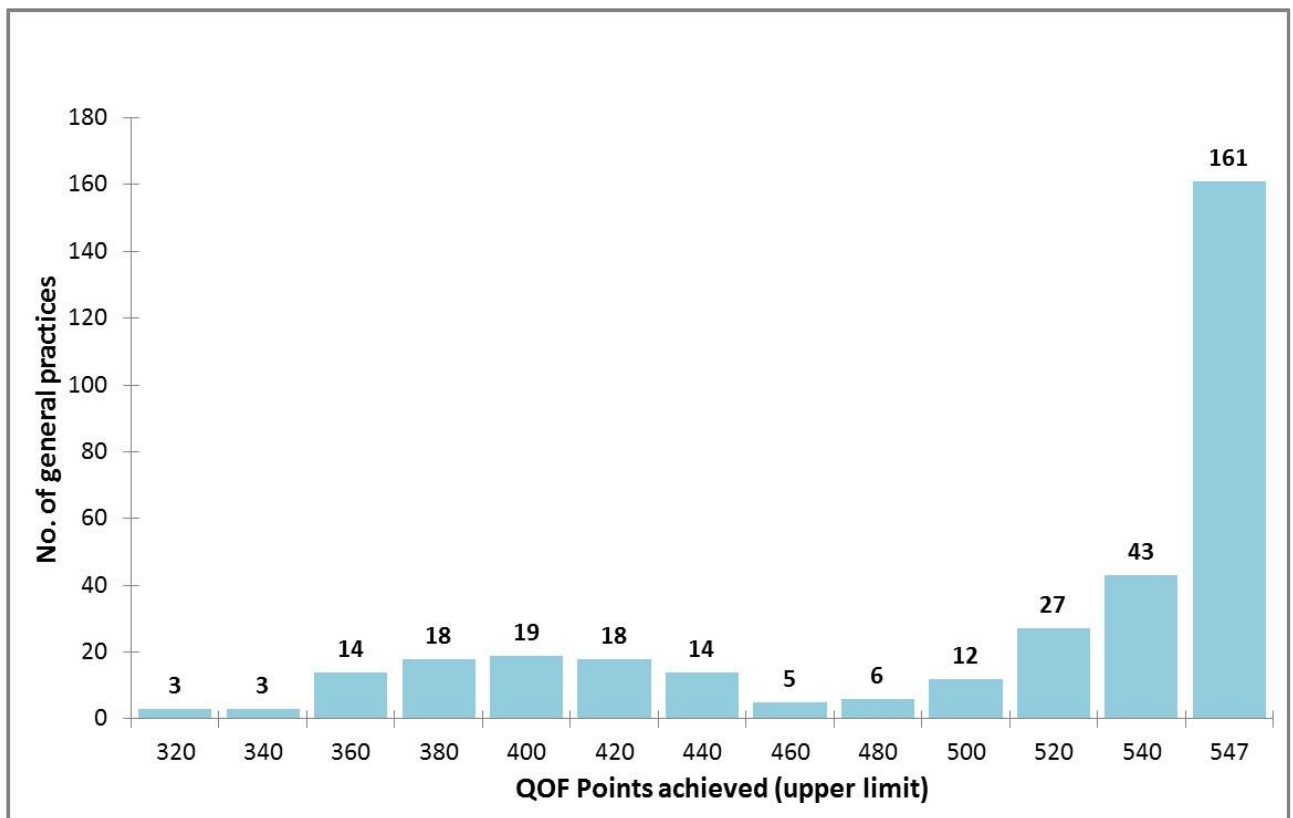
4. Overall Achievement in the Quality & Outcomes Framework

4.1 Summary at Northern Ireland level

QOF achievement data for 2016/17 was received from all 343 practices in Northern Ireland. Overall, 58 practices achieved the full 547 points, with an average QOF achievement of 494.7 points (90.44%) and a median QOF achievement of 538.4 points (98.43%).

Figure 1 shows the distribution of total QOF points achieved across all practices. The QOF points achieved axis (x axis) is the upper limit for the range so, for example, the bar labelled 547 shows the number of practices for which the total points achieved was more than 540 but less than or equal to 547, of which there were 161 in 2016/17.

Figure 1. Distribution of total points achieved by general practices

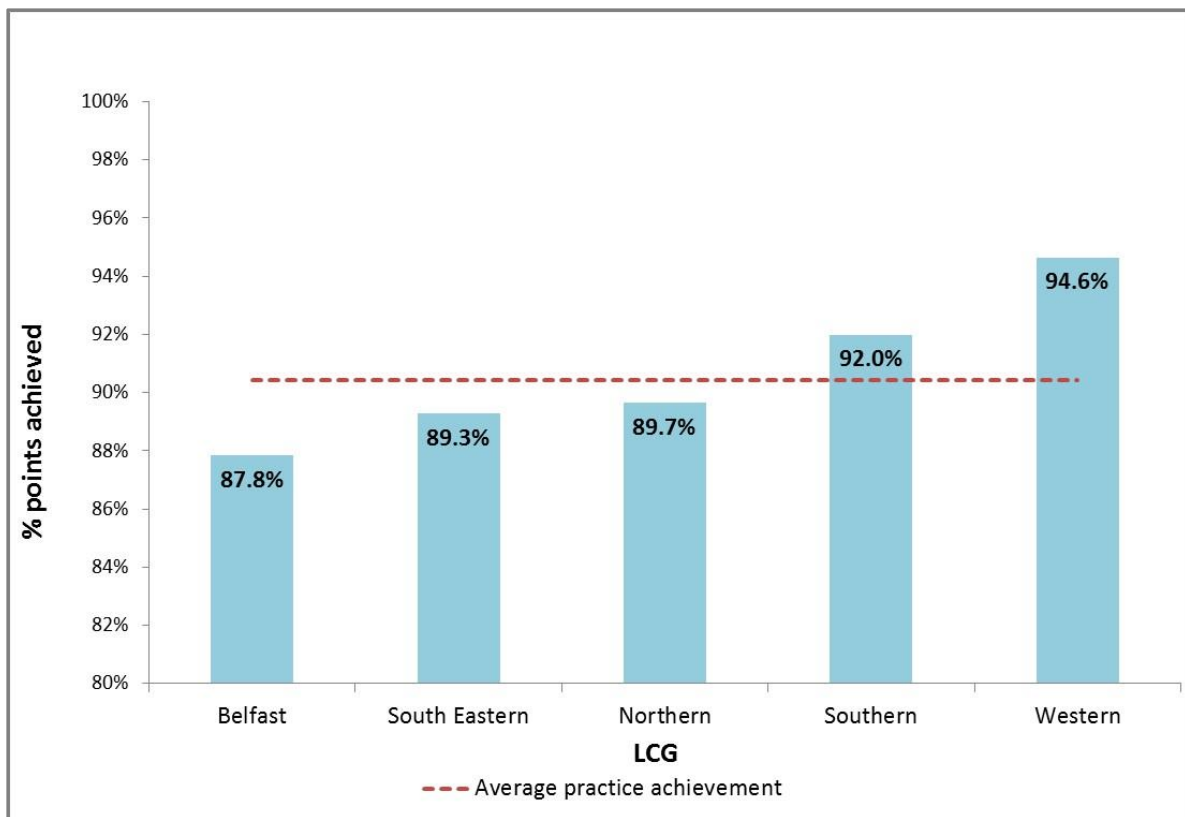


Source: PCAS, July 2017

4.2 Summary at Local Commissioning Group (LCG) level

Figure 2 shows the average QOF achievement rate of practices in each LCG as well as the Northern Ireland average achievement rate. The average achievement rate at LCG level ranges from 87.8% (480.5 points) in the Belfast LCG to 94.6% (517.7 points) in the Western LCG, compared to the average Northern Ireland QOF achievement rate of 90.4% (494.7 points). Section 6 looks at comparisons in achievement across the last five years of QOF by LCG.

Figure 2. Average QOF points achievement rate of practices in each Local Commissioning Group



Source: PCAS, July 2017

4.3 Domain Level Achievement

The average points achieved by general practices in Northern Ireland in each domain are shown in Table 2.

Table 2. Average practice achievement in each QOF domain

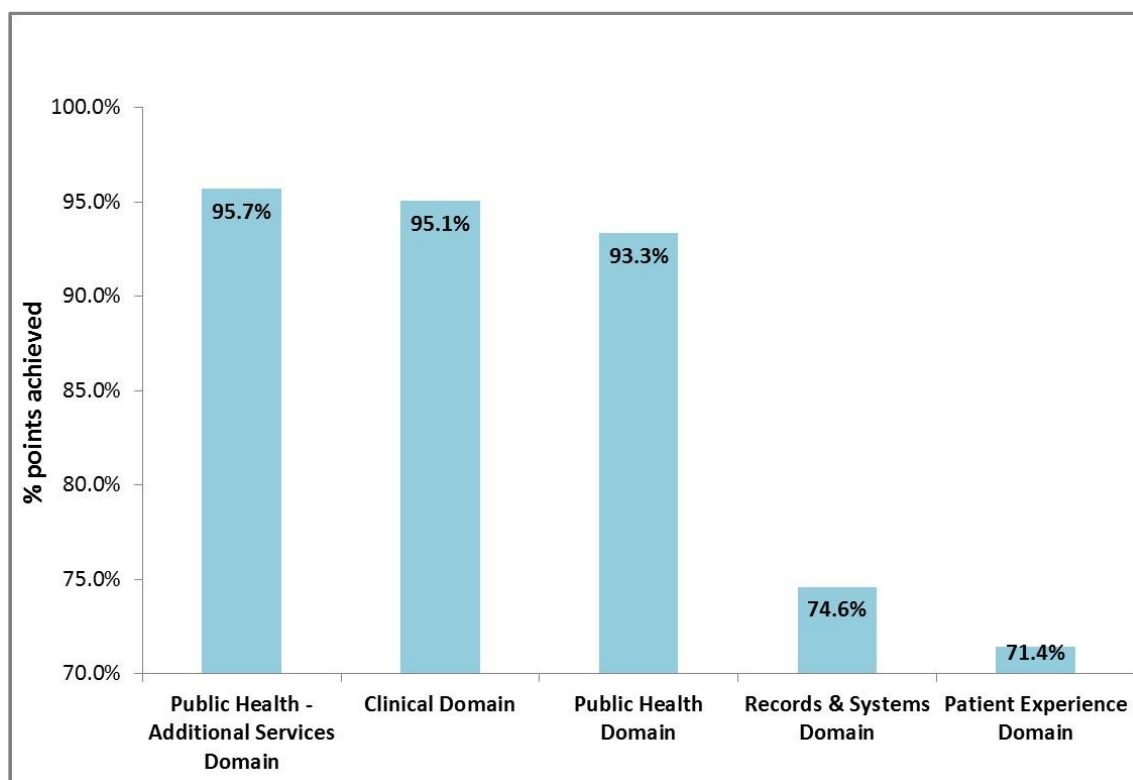
Domain	Maximum points available	Average points achieved	Average points achieved as % of total available
Clinical	380	361.2	95.1%
Public Health	35	32.7	93.3%
Public Health – Additional Services	14	13.4	95.7%
Patient Experience	18	12.9	71.4%
Records & Systems	100	74.6	74.6%

Source: PCAS, July 2017

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

Figure 3 shows the percentage of available points achieved in each domain in 2016/17. Section 6 looks at comparisons across the last five years of QOF for each domain

Figure 3: Percentage of total points achieved in each domain

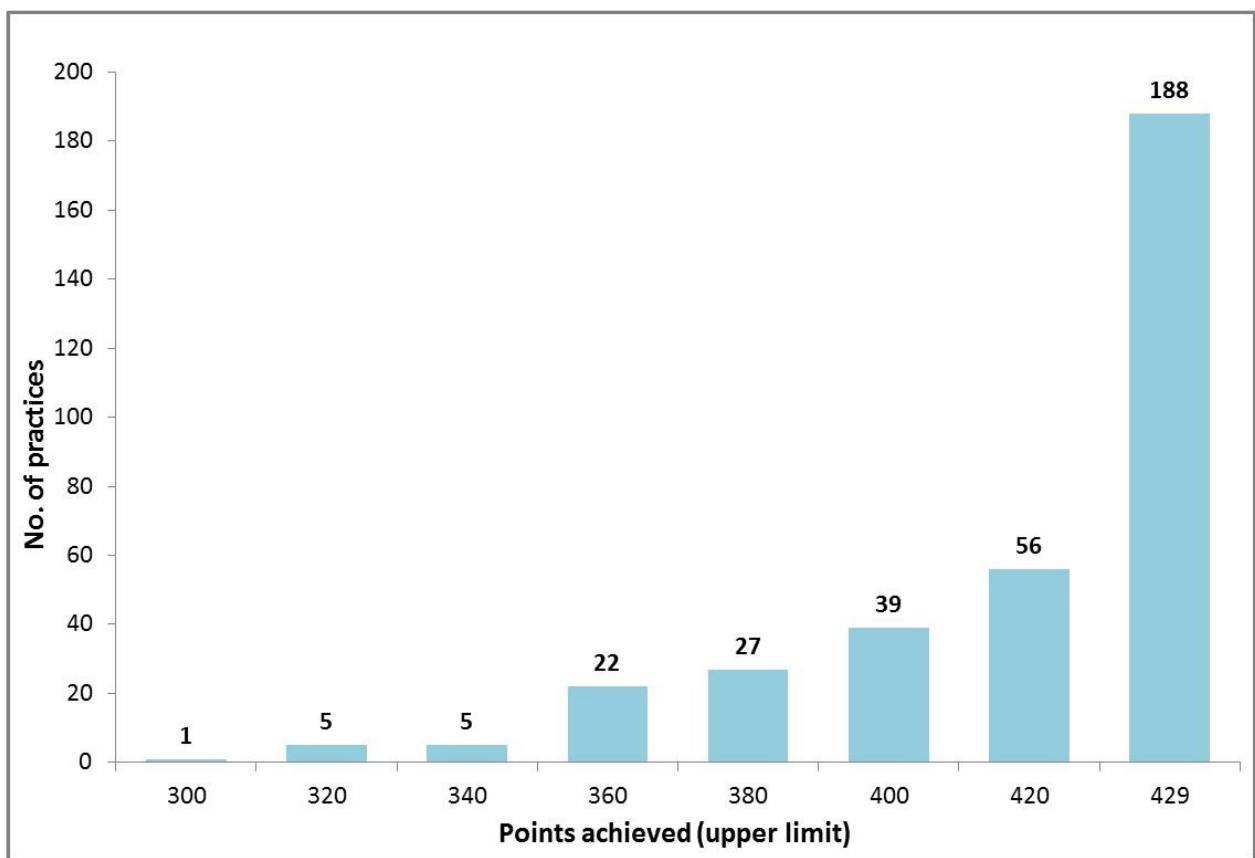


Source: PCAS, July 2017

4.3.1 Clinical and Public Health domains

Figure 4 shows the distribution of points achieved across general practices in the Clinical and Public Health domains (including Additional Service) combined. As shown, 244 practices (71.1%) each achieved over 400 QOF points for these domains combined. Of those 244 practices, 59 achieved the full 429 points available (380 from Clinical, 35 from Public Health and 14 from Public Health Additional Services). The average points achieved of practices in these combined domains was 407.3 (94.9% of the total available).

Figure 4. Distribution of points achieved in the Clinical and Public Health domains across practices in Northern Ireland

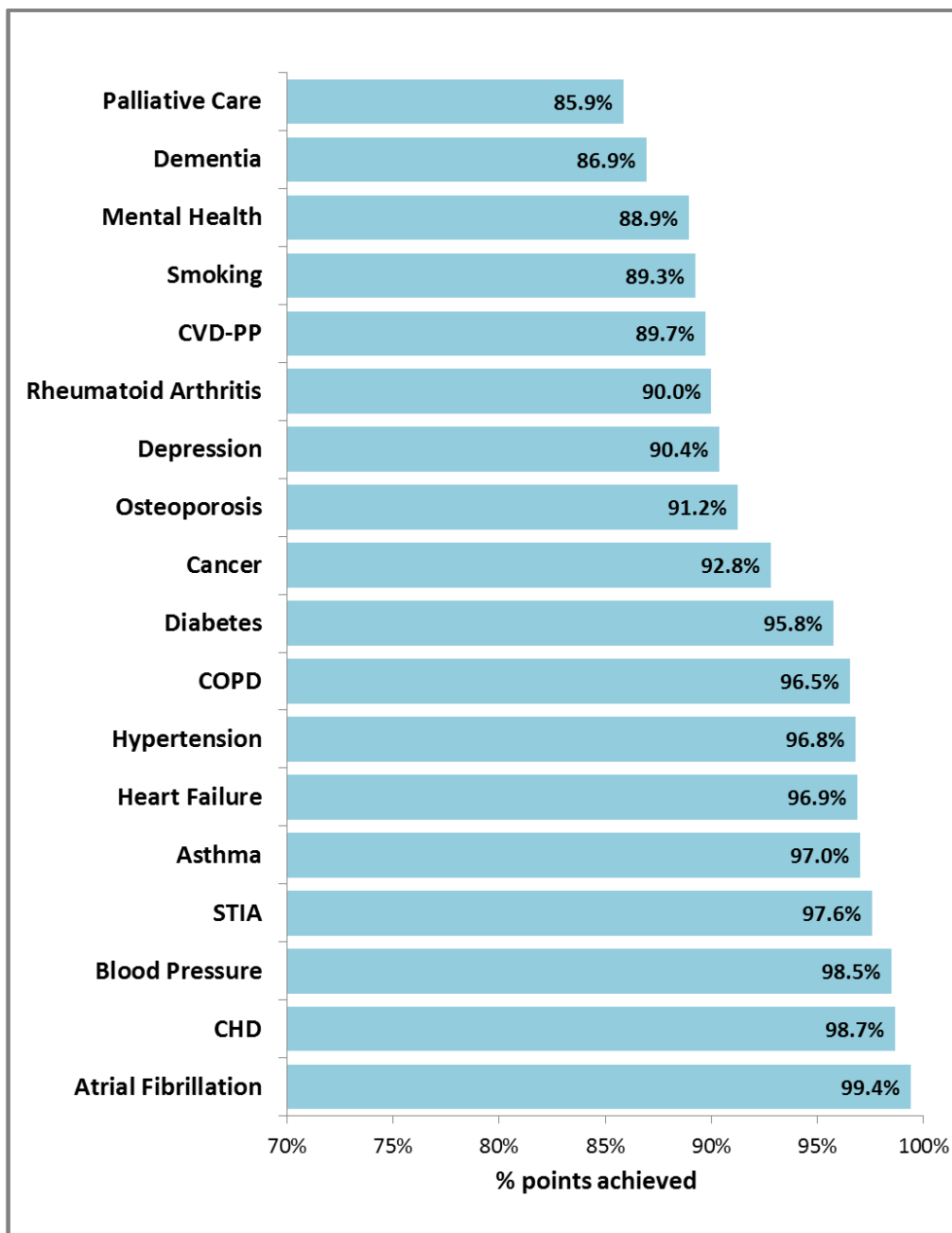


Source: PCAS, July 2017

Clinical domain and Public Health domain areas

There are 15 areas in the Clinical domain and 3 areas in the Public Health domain (Blood Pressure, CVD-PP and Smoking), not including the Public Health – additional services indicators. Figure 5 shows the percentage of points achieved within each of these areas. There was no area in which all practices achieved maximum points. It is important to note that the number of indicators and points available is different for each disease area.

Figure 5. Percentage of points achieved in each clinical and public health area

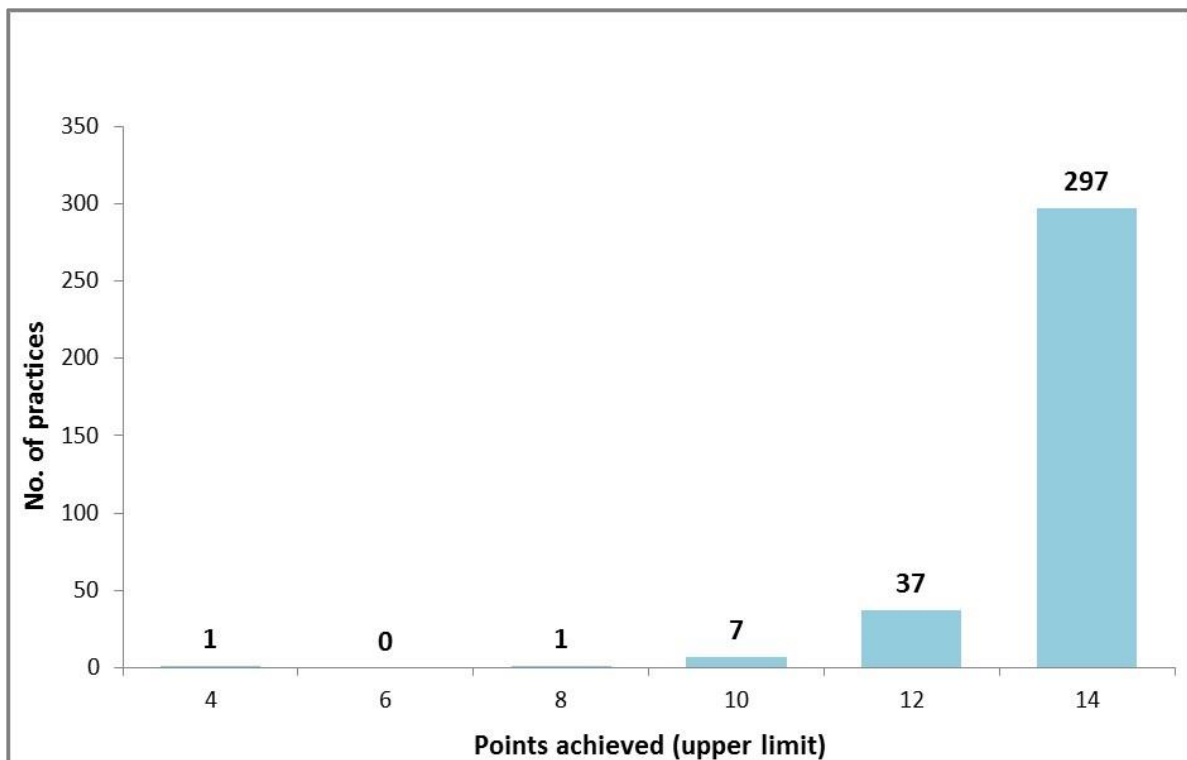


Source: PCAS, July 2017

4.3.2 Public Health – Additional Services domain

Figure 6 shows the distribution of QOF points achieved across general practices in the Public Health – Additional Services domain (which consists of the two areas of Cervical Screening and Sexual Health, each with one indicator). A total of 297 practices (86.6%) achieved over 12 points for this domain, with 229 practices (66.8%) achieving the full 14 points available. On average, practices achieved 13.4 points.

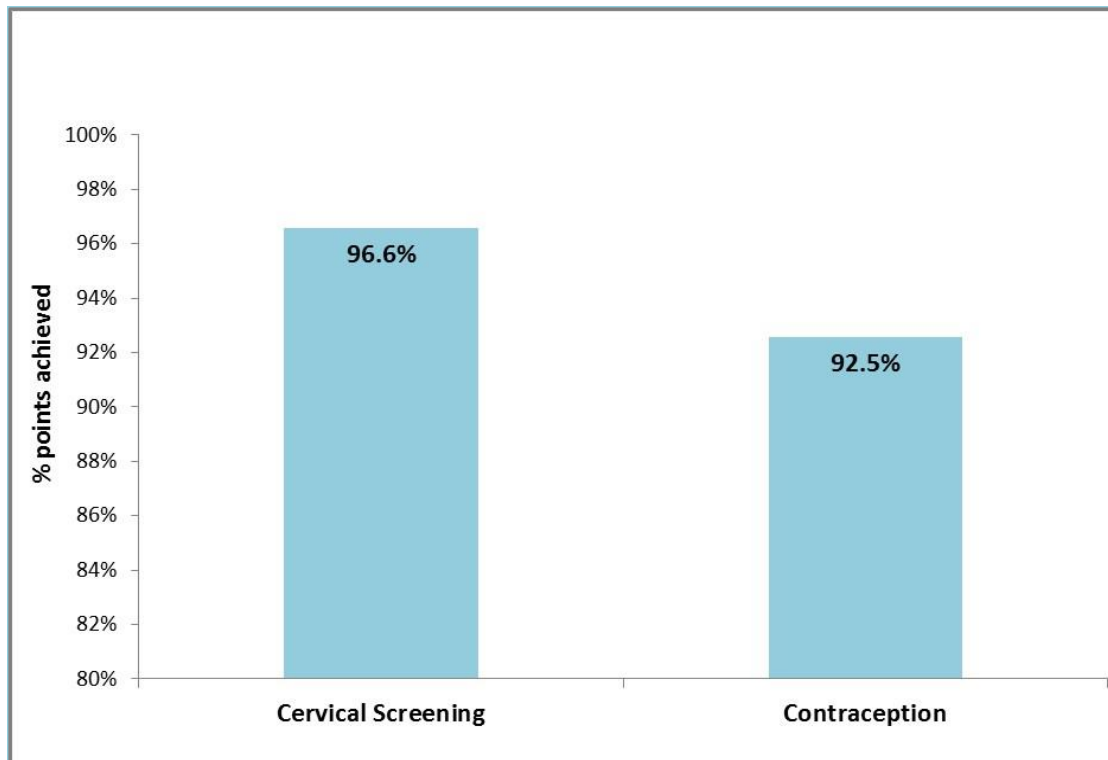
Figure 6. Distribution of points achieved in the Public Health – Additional Services domain across practices in Northern Ireland



Source: PCAS, July 2017

Figure 7 shows that practices achieved an average of 96.6% of the available points for Cervical Screening and an average of 92.5% of the available points for Sexual Health; these clinical areas both had one indicator but different numbers of points available.

Figure 7. Percentage of points achieved in clinical areas in the Public Health - Additional Services domain



Source: PCAS, July 2017

4.3.3 Patient Experience domain

The one indicator in this domain focuses on a survey of patients who have had contact with the practice within the last year. Practices may achieve either all 18 points or 0 points in this domain; 98 practices did not achieve any points in this domain, with 245 receiving 18 points.

4.3.4 Records & Systems domain

A total of 5 indicators are in this domain, with a total of 100 points available. 247 practices achieved the full 100 points, while 81 practices did not receive any points in this domain.

4.4 QOF groups

In the absence of the 'Indicator Type' labels that the National Institute for Health and Care Excellence (NICE) have supplied in the past, the QOF indicators are presented instead using the 'QOF Groups' that were introduced by England to their QOF reports in 2013/14.

Table 3 shows achievement according to these QOF groups and table 4 lists the conditions within each of the QOF groups. Further information about the QOF indicators and their groups may be found in Annex B.

Table 3. Total points available and achieved (Northern Ireland) by QOF group

QOF Group	Number of Indicators	Total points available	Total points achieved	% Points Achieved
Cardiovascular	19	54,880	53,534	97.5%
Fertility, Obstetrics & Gynaecology	2	4,802	4,595	95.7%
High Dependency & other long-term conditions	13	29,155	27,655	94.9%
Lifestyle	1	3,430	3,061	89.3%
Mental Health and Neurology	9	21,952	19,481	88.7%
Musculoskeletal	5	7,889	7,126	90.3%
Respiratory	8	25,039	24,238	96.8%
Undefined group	6	40,474	30,000	74.1%

Source: PCAS, July 2017

Table 4. QOF Group categorisations

QOF Group	Condition/Measure
Cardiovascular	Atrial Fibrillation Blood Pressure Cardiovascular Disease – Primary Prevention Coronary Heart Disease Heart Failure Hypertension Stroke and Transient Ischaemic Attack
Fertility, Obstetrics & Gynaecology	Cervical Screening Sexual Health
High Dependency & other long-term conditions	Cancer Diabetes Mellitus Palliative Care
Lifestyle	Smoking
Mental Health and Neurology	Dementia Depression Mental Health
Musculoskeletal	Osteoporosis Rheumatoid Arthritis
Respiratory	Asthma Chronic Obstructive Pulmonary Disease
Undefined group	Patient Experience Records & Systems

4.5 Prevalence summary

Table 5 shows the percentage prevalence for appropriate clinical registers within QOF. Prevalence Day moved from the 14th of February to the 31st of March in 2008/09, to bring it in line with National QOF Achievement Day. Prevalence was calculated using register counts at 31st March 2017 and total list sizes at January 2017.

QOF registers for 6 clinical areas have maintained a consistent definition since April 2004: Asthma, Cancer, CHD, Hypertension, COPD and STIA. A small change was made to the diagnosis codes for Diabetes Mellitus in 2006 regarding eligibility for the register.

A number of revisions to QOF occurred in April 2006, mostly affecting the clinical domain. A number of new clinical areas were introduced and revised definitions were implemented in some areas. No clinical areas were removed, but specific indicators within some clinical areas were redefined or removed and new indicators were introduced in some areas.

New registers were introduced in April 2006 for: Atrial Fibrillation, Chronic Kidney Disease, Dementia, Depression, Heart Failure, Heart Failure due to LVD, Learning Disabilities, Obesity, Palliative Care, Conditions assessed for Smoking and Conditions assessed for Depression screening.

From April 2006, the Mental Health register was 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'. For 2013/14 the register definition was expanded to include other patients on lithium therapy, and the register is therefore no longer fully comparable with previous years.

Further changes were implemented in April 2009, including the introduction of a new clinical area, Cardiovascular Disease – Primary Prevention, and two new clinical areas were introduced in 2012/13 – Osteoporosis and Peripheral Arterial Disease.

New registers were introduced for the Rheumatoid Arthritis and Blood Pressure areas in 2013/14, though the Blood Pressure register was not reported on due to reporting errors in the raw data available from PCAS.

In 2014/15, registers for Hypothyroidism and Chronic Kidney Disease were retired alongside the rest of the indicators for those conditions. Changes to the Smoking domain left it with one indicator, resulting in the 'Conditions assessed for Smoking' register also retiring.

Table 5 below presents the figures for those 15 domain registers which actually measure disease prevalence. As stated in Section 2, out of the total 22 individual domains within QOF, disease prevalence can be presented for 15 registers. The Depression register, while it does not measure prevalence of depression, but rather new diagnoses of it, has been retained in table 5. Note that there are 16 clinical disease area in Table 5, as the Heart Failure and Heart Failure due to LVSD prevalence figures are calculated from the same Heart Disease register.

Of the registers collected for QOF for which prevalence can be derived, Osteoporosis (using the full list) is the least prevalent (0.26%) and hypertension is the most prevalent (13.45%) amongst patients. A prevalence summary report and trend data is available on the DoH website via the Statistics section at: <https://www.health-ni.gov.uk/articles/prevalence-statistics>.

Table 5. QOF prevalence for Northern Ireland at 31st March 2017

Clinical disease area	Northern Ireland Prevalence for QOF payment purposes	*Northern Ireland prevalence where the register is limited to age-specific groups
Asthma	6.11%	
Atrial Fibrillation	1.77%	
Cancer	2.30%	
COPD	2.03%	
Coronary Heart Disease	3.78%	
CVD - Primary Prevention	1.52%	
Dementia	0.70%	
Depression* (population aged 18+)	7.39%	9.51%
Diabetes* (population aged 17+)	4.71%	5.97%
Heart Failure	0.85%	
Heart Failure due to LVSD	0.29%	
Hypertension	13.45%	
Mental Health	0.89%	
Osteoporosis* (population aged 50+)	0.26%	0.76%
Rheumatoid Arthritis* (population aged 16+)	0.62%	0.77%
Stroke & TIA	1.87%	

Source: PCAS, July 2017

To calculate the Adjusted Practice Disease Factors, which are used to weight QOF points in each clinical area for QOF payment purposes, the raw prevalence is derived by dividing the count of patients on the register for that clinical area by the total practice list (all ages). The register is age-specific for 4 of the clinical areas: Depression, Diabetes, Osteoporosis and Rheumatoid Arthritis and an age-specific prevalence rate is also shown in table 5, using the number of registered patients in the relevant age-band from that practice as the denominator.

The number of registered patients who are affected by more than one of these conditions cannot be estimated by simply adding the prevalence figures together, as many patients are likely to suffer from co-morbidity and may have been diagnosed with more than one of these conditions. For example, the prevalence in a practice of patients affected by AF and CHD cannot be calculated by summing the number of patients diagnosed with each, as this would ignore the fact that some patients may have been diagnosed with both.

Criteria other than just diagnosis of a condition may apply for patients to be included on the register for a condition. For example, the cancer register refers to patients diagnosed after 1 April 2003; the diabetes register includes only patients aged 17 and over; and the asthma register includes only those with asthma who have been prescribed asthma-related drugs in the past 12 months. Full details of each register can be found in Annex D of the Statement of Financial Entitlement, available at: <https://www.health-ni.gov.uk/sites/default/files/publications/health/gms-statement-financial-entitlements-2016.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 regarding disease prevalence and information about general practices. However, it is important to note the limitations of using 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.
- As the Quality & Outcomes Framework system takes into account practice list size and disease prevalence before calculating payment, comparing practices

by isolating particular domain points achieved does not account for 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 or practice level, which will not take account of the underlying social and demographic characteristics of the populations concerned.
- 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 this may result in double-counting and, consequently, an overestimation of combined prevalence.
- Prevalence figures will not be directly comparable across all years where definitions have been revised (see notes under paragraph 4.5). Changes to indicators will also affect achievement and so achievement may not be comparable across all years. Year-on-year comparisons are also difficult to interpret due to demographic reasons (e.g. ageing population) and improvement in case-finding and recording by practices.
- The achievement of each practice 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. Standards of recording diagnoses and other administrative procedures may also differ between practices.
- Prevalence figures based on QOF registers may differ from prevalence figures from other sources because of coding or definitional issues. For example, to be included on the QOF diabetes register, patients need to be aged 17 or over, and the type of diabetes (1 or 2) must be specified by the practice. Patients with gestational diabetes are excluded from the register. Other sources may not be subject to such restrictions.

6. Comparisons with previous years

6.1 Changes for the 2016/17 year

As discussed in section 3 and Table 1, there were no significant changes to the Quality & Outcomes Framework this year. The full domains and their constituent areas, points available and the few changes for the 2016/17 year are summarised in Table 6. In summary, only 1 indicator was removed from QOF in 2015/16 and the total points available remained at 547.

Table 6. All QOF domains and their constituent areas, points available within each area and changes made for the 2016/17 year

Domain	Clinical Area	Indicators	Change	Points 2015/16	Points 2016/17
Clinical	Asthma	AST002	No Change	15	15
		AST003	No Change	20	20
		AST004	No Change	6	6
	Atrial Fibrillation	AF006NI	No Change	12	12
		AF007	No Change	10	10
	Cancer	CAN003	No change	6	6
	Coronary Heart Disease	CHD002	No change	17	17
		CHD003NI	No change	17	17
		CHD005	No change	7	7
		CHD007	No change	7	7

Domain	Clinical Area	Indicators	Change	Points 2015/16	Points 2016/17
Clinical	Chronic Obstructive Pulmonary Disease	COPD002NI	No change	5	5
		COPD003	No change	9	9
		COPD004NI	No change	7	7
		COPD005NI	No change	5	5
		COPD007	No change	6	6
	Dementia	DEM002	No change	15	15
		DEM003	No change	6	6
	Depression	DEP001NI	No change	21	21
	Diabetes Mellitus	DM002NI	No change	8	8
		DM003NI	No change	10	10
		DM004NI	No change	6	6
		DM006	No change	3	3
		DM007	No change	17	17
		DM008	No change	8	8
		DM009	No change	10	10
		DM010	No change	3	3
		DM012	No change	4	4
		DM015NI	No change	4	4
	Heart Failure	HF002NI	No change	6	6
		HF003	No change	10	10
		HF004	No change	9	9
	Hypertension	HYP002NI	No change	20	20
	Mental Health	MH002	No change	6	6
		MH003	No change	4	4
		MH007	No change	4	4
		MH008NI	No change	5	5
		MH009	No change	1	1
		MH010	No change	2	2

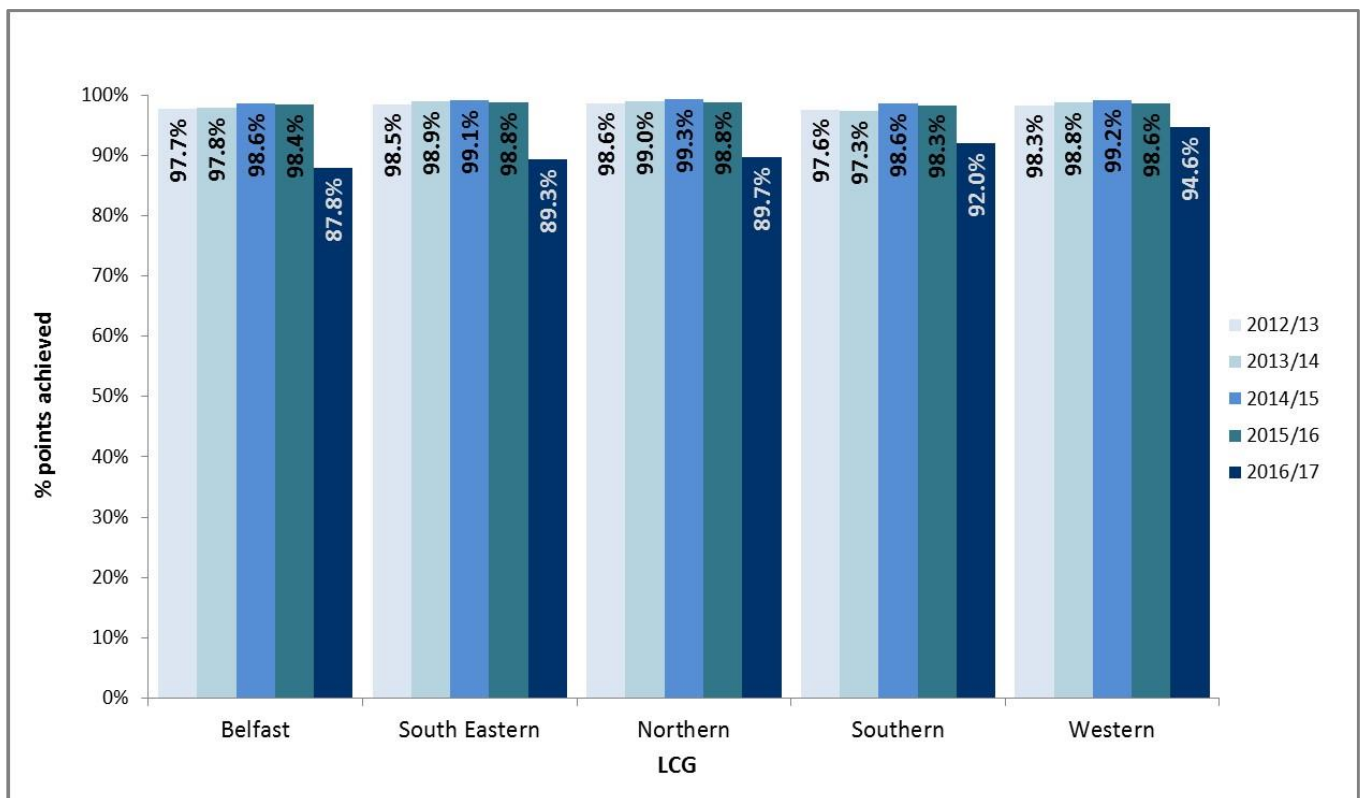
Domain	Clinical Area	Indicators	Change	Points 2015/16	Points 2016/17
Clinical	Osteoporosis	OST002	No change	3	3
		OST005	No change	3	3
	Palliative Care	PC001	No change	3	3
		PC002	No change	3	3
	Rheumatoid Arthritis	RA002	No change	5	5
		RA003NI	No change	7	7
		RA004	No change	5	5
	Stroke and Transient Ischaemic Attack	STIA003	No change	5	5
		STIA004NI	No change	2	2
		STIA005NI	No change	5	5
		STIA007	No change	4	4
		STIA008	No change	2	2
		STIA009	No change	2	2
Patient Experience	Patient Experience	PE001NI	No change	18	18
Public Health	Blood Pressure	BP002	No Change	15	15
	Cardiovascular Disease – Primary Prevention	CVD-PP011NI	No Change	5	5
		CVD-PP012NI	No Change	5	5
Smoking	SMOK001NI	No Change	10	10	
Public Health – Additional Services	Cervical Screening	CS002NI	No Change	11	11
	Sexual Health	CON003NI	No Change	3	3
Records & Systems	Records & Systems	RS001NI	Slight changes to all indicator wording and changes to Points available in 2016/17	20	10
		RS002NI		8	20
		RS003NI		8	20
		RS004NI		30	20
		RS005NI		20	30
		RS006NI	Indicator removed	14	0

6.2 Total points achieved by Local Commissioning Group

Achievement levels across the five LCGs in 2016/17 were lower than the high levels of achievement seen in previous years. While the LCGs had similar levels of achievement in previous years, more variation between LCGs was apparent in 2016/17, with the lowest achievement seen in the Belfast LCG (87.8%) compared to the highest achievement in the Western LCG (94.6%).

As the Department confirmed in February that practices could take a QOF holiday, overall achievement is therefore down in all domains. This is most pronounced in the Records & Systems and Patient Experience domains, due to the fact that practices complete the work for these domains closer to year end, whereas work for the other domains is ongoing throughout the year.

Figure 8. Percentage of total points achieved by practices in each LCG area 2012/13 to 2016/17

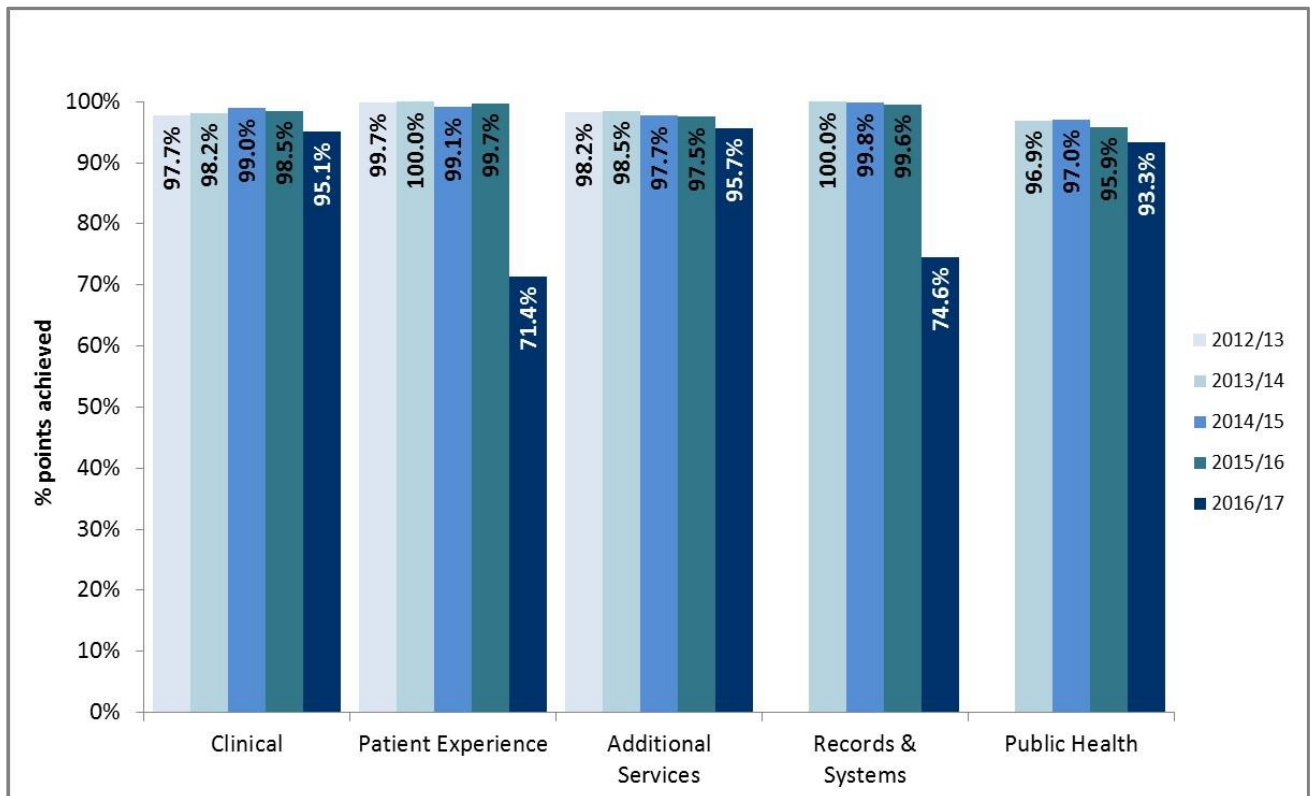


Source: PCAS, July 2017

6.3 Domain achievement summary

All domains show lower achievement in 2016/17 compared with previous years, with the greatest differences seen in the Patient Experience and Records & Systems domains. The Patient Experience domain had an achievement level of 71.4% in 2016/17, compared to 99.7% in 2015/16, while the Records & Systems domain had an achievement level of 74.6% in 2016/17 compared to 99.6% in 2015/16. As the Department confirmed in February that practices could take a QOF holiday, overall achievement is therefore down in all domains. This is most pronounced in the Records & Systems and Patient Experience domains, due to the fact that practices complete the work for these domains closer to year end, whereas work for the other domains is ongoing throughout the year.

Figure 9. Percentage of points achieved by practices in Northern Ireland in each domain, 2012/13 to 2016/17

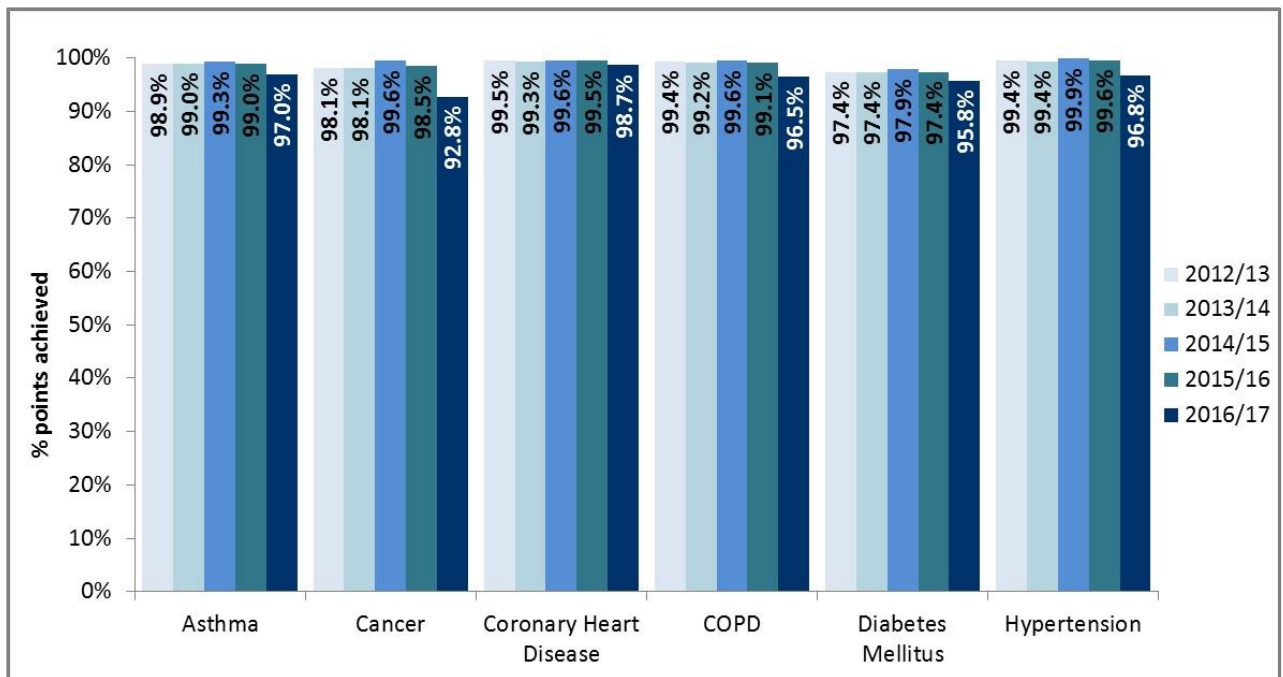


Source: PCAS, July 2017

6.4 Clinical and Public Health domains

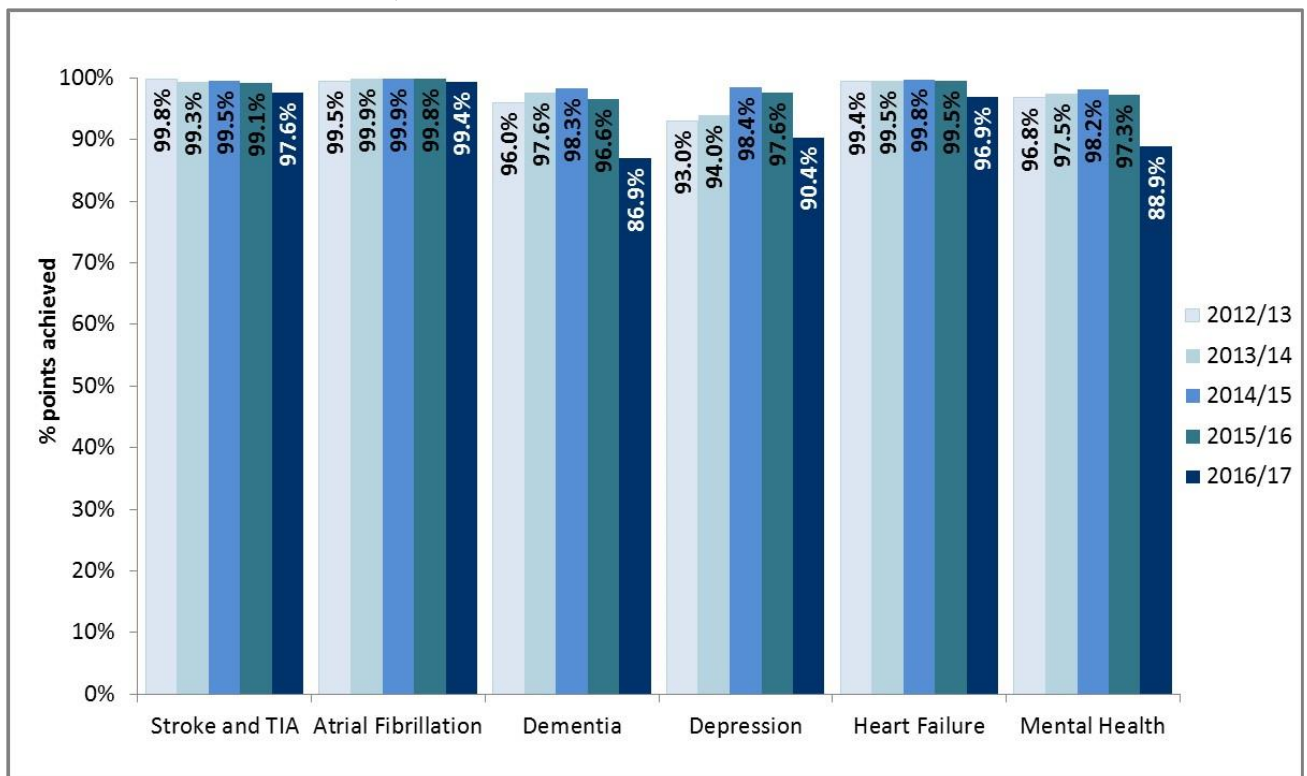
Figures 10a, 10b and 10c show the levels of QOF achievement for indicators within the Clinical and Public Health domains; levels of achievement decreased in 2016/17 for all clinical and public health indicators.

Figure 10a. Percentage of points achieved by practices in Northern Ireland in each clinical domain area, 2012/13 to 2016/17



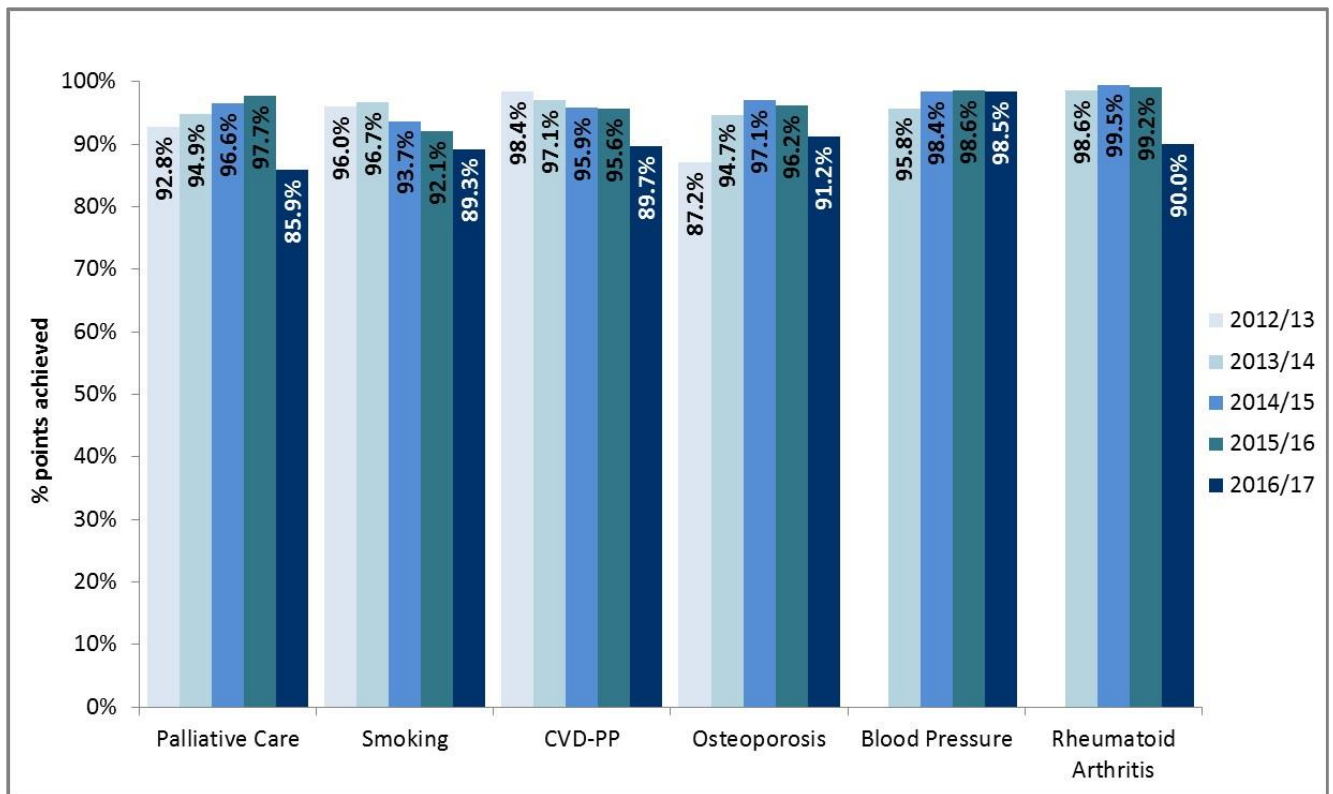
Source: PCAS, July 2017

Figure 10b. Percentage of points achieved by practices in Northern Ireland in each clinical domain area, 2012/13 to 2016/17



Source: PCAS, July 2017

Figure 10c. Percentage of points achieved by practices in Northern Ireland in each clinical domain area, 2012/13 to 2016/17



Source: PCAS, July 2017

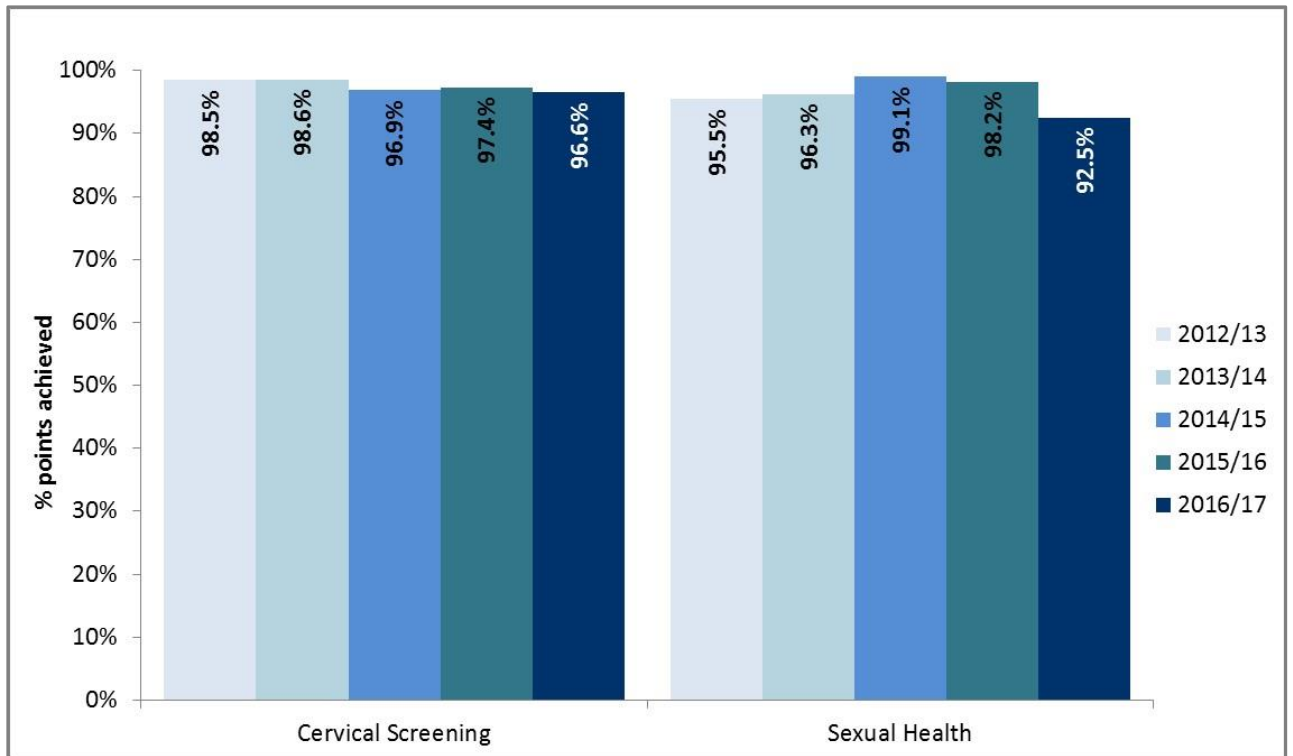
(Blood Pressure and Rheumatoid arthritis were first introduced in 2013/14).

Low performance in certain clinical domain areas may be due to low achievement in individual indicators of that domain, rather than the domain as a whole. For example, there was an overall achievement rate of 85.9% for the palliative care domain. However, within this domain, practices achieved 98.3% of available points for the PC001 indicator, which is the establishment and maintenance of a register of patients in need of palliative care/support. In comparison, practices overall achieved only 73.5% of the available points for the PC002 indicator, which concerns the contractor having regular multi-disciplinary case review meetings relating to patients on the register. It is suggested that practices did not submit the evidence for this indicator due to the QOF holiday arrangement.

6.5 Public Health – Additional Services domain

There was a small decrease in achievement for cervical screening, from 97.4% in 2015/16 to 96.6% in 2016/17. Similarly, achievement for sexual health decreased from 98.2% to 92.5%.

Figure 11. Percentage of points achieved by practices in Northern Ireland in each additional services domain area, 2012/13 to 2016/17



Source: PCAS, July 2017

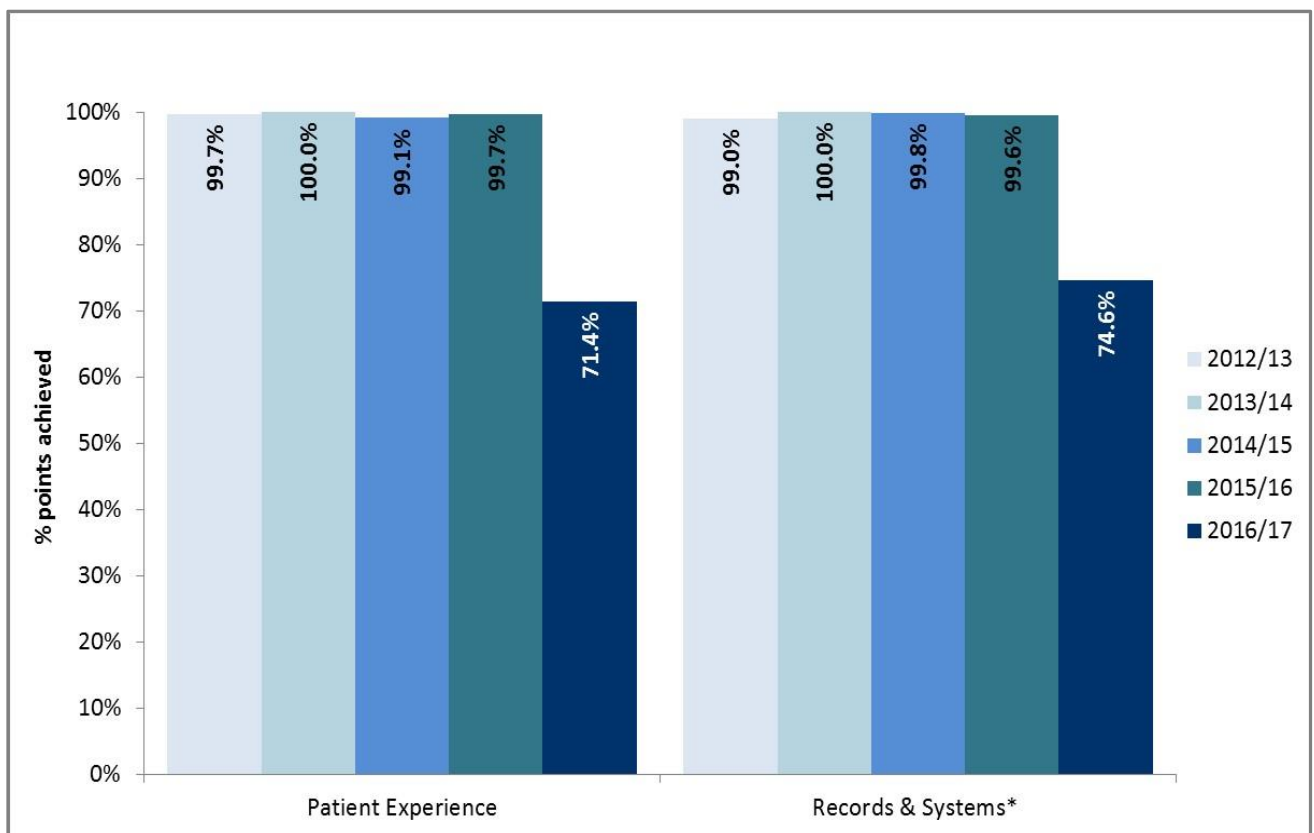
6.6 Patient Experience and Records & Systems domains

As detailed earlier, whilst changes were made to the indicator definitions within the Records & Systems domain, these changes did not impact on what the indicators actually measured.

As the Department confirmed in February that practices could take a QOF holiday, overall achievement is therefore down in all domains. This is most pronounced in the Records & Systems and Patient Experience domains, due to the fact that practices complete the work for these domains closer to year end, whereas work for the other domains is ongoing throughout the year.

Achievement within both the Patient Experience and the Records & Systems domains decreased noticeably in 2016/17. Achievement for Patient Experience fell from 99.7% to 71.4%, while achievement for Records & Systems fell from 99.6% to 74.6%. Achievement in both of these domains had been consistently high in previous years.

Figure 12. Percentage of points achieved by practices in Northern Ireland in the Patient Experience and Records & Systems domains, 2012/2013 to 2016/17



Source: PCAS, July 2017

* Records & Systems was previously Quality & Productivity

Annex A Clinical and Public Health indicator types

Indicator area	Indicator ID	Indicator definition	Points available (per practice)	Points Available (NI)	Points Achieved (NI)	% of points achieved
Asthma (AST)	AST002	The percentage of patients aged 8 or over with asthma (diagnosed on or after 1 April 2006), on the register, with measures of variability or reversibility recorded between 3 months before or anytime after diagnosis	15	5,145	5,063	98.41%
	AST003	The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 15 months that includes an assessment of asthma control using the 3 RCP questions	20	6,860	6,589	96.05%
	AST004	The percentage of patients with asthma aged 14 or over and who have not attained the age of 20, on the register, in whom there is a record of smoking status in the preceding 15 months	6	2,058	1,990	96.69%
Atrial fibrillation	AF006NI	The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA ₂ DS ₂ -VASc score risk stratification scoring system in the preceding 3 years (excluding those patients with a previous CHADS ₂ or CHA ₂ DS ₂ -VASc score of 2 or more)	12	4,116	4,071	98.90%
	AF007	In those patients with atrial fibrillation whose latest record of a CHA ₂ DS ₂ -VASc score is 2 or more, the percentage of patients who are currently treated with anticoagulation drug therapy	10	3,430	3,430	100.00%
Cancer (CAN)	CAN003	The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the contractor receiving confirmation of the diagnosis	6	2,058	1,910	92.80%

Annex A Clinical and Public Health indicator types

Indicator area	Indicator ID	Indicator definition	Points available (per practice)	Points Available (NI)	Points Achieved (NI)	% of points achieved
Secondary prevention of coronary heart disease (CHD)	CHD002	The percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 mmHg or less	17	5,831	5,819	99.79%
	CHD003NI	The percentage of patients with coronary heart disease whose last measured total cholesterol (measured in the preceding 3 years) is 5 mmol/l or less	17	5,831	5,814	99.70%
	CHD005	The percentage of patients with coronary heart disease with a record in the preceding 15 months that aspirin, an alternative anti-platelet therapy, or anti-coagulant is being taken	7	2,401	2,399	99.91%
	CHD007	The percentage of patients with coronary heart disease who have had influenza immunisation in the preceding 1 August to 31 March	7	2,401	2,213	92.17%
Chronic obstructive pulmonary disease (COPD)	COPD002NI	The percentage of patients with COPD (diagnosed on or after 1 April 2011) in whom the diagnosis has been confirmed by post bronchodilator spirometry between 3 months before and 15 months after entering on to the register	5	1,715	1,679	97.90%
	COPD003	The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 15 months	9	3,087	2,899	93.92%
	COPD004NI	The percentage of patients with COPD with a record of FEV1 in the preceding 3 years	7	2,401	2,394	99.71%
	COPD005NI	The percentage of patients with COPD and Medical Research Council dyspnoea grade >3 at any time in the preceding 12 months, with a record of oxygen saturation value within the preceding 15 months	5	1,715	1,693	98.69%
	COPD007	The percentage of patients with COPD who have had influenza immunisation in the preceding 1 August to 31 March	6	2,058	1,930	93.78%

Annex A Clinical and Public Health indicator types

Indicator area	Indicator ID	Indicator definition	Points available (per practice)	Points Available (NI)	Points Achieved (NI)	% of points achieved
Dementia (DEM)	DEM002	The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 15 months	15	5,145	4,600	89.41%
	DEM003	The percentage of patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March with a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded between 6 months before and 6 months after entering on to the register	6	2,058	1,662	80.76%
Depression (DEP)	DEP001NI	The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who have had an assessment of the physical, psychological and social aspects of the condition by the point of diagnosis. The completion of the assessment is to be recorded on the same day as the diagnosis is recorded	21	7,203	6,509	90.36%

Annex A Clinical and Public Health indicator types

Indicator area	Indicator ID	Indicator definition	Points available (per practice)	Points Available (NI)	Points Achieved (NI)	% of points achieved
Diabetes mellitus (DM)	DM002NI	The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 mmHg or less	8	2,744	2,743	99.95%
	DM003NI	The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 15 months) is 140/80 mmHg or less	10	3,430	3,369	98.21%
	DM004NI	The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 15 months) is 5 mmol/l or less	6	2,058	1,997	97.04%
	DM006	The percentage of patients with diabetes, on the register, with a diagnosis of nephropathy (clinical proteinuria) or micro-albuminuria who are currently treated with an ACE-I (or ARBs)	3	1,029	946	91.91%
	DM007	The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 59 mmol/mol or less in the preceding 15 months	17	5,831	5,815	99.73%
	DM008	The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 15 months	8	2,744	2,582	94.09%
	DM009	The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 75 mmol/mol or less in the preceding 15 months	10	3,430	3,100	90.37%
	DM010	The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March	3	1,029	937	91.08%
	DM012	The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification: 1) low risk (normal sensation, palpable pulses), 2) increased risk (neuropathy or absent pulses), 3) high risk (neuropathy or absent pulses plus deformity or skin changes in previous ulcer) or 4) ulcerated foot within the preceding 15 months	4	1,372	1,150	83.84%
	DM015NI	The percentage of male patients with diabetes, on the register, with whom erectile dysfunction has been discussed. Where appropriate patients should have been offered advice/investigation/treatment.	4	1,372	1,340	97.64%

Annex A Clinical and Public Health indicator types

Indicator area	Indicator ID	Indicator definition	Points available (per practice)	Points Available (NI)	Points Achieved (NI)	% of points achieved
Heart failure	HF002NI	The percentage of patients with a diagnosis of heart failure (diagnosed on or after 1 April 2006) which has been confirmed by an echocardiogram or by specialist assessment between 3 months before and 15 months after entering on to the register	6	2,058	1,989	96.67%
	HF003	In those patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction, the percentage of patients who are currently treated with an ACE-I or ARB	10	3,430	3,250	94.75%
	HF004	In those patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction who are currently treated with an ACE-I or ARB, the percentage of patients who are additionally currently treated with a betablocker licensed for heart failure	9	3,087	3,069	99.42%
Hypertension	HYP002NI	The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 mmHg or less	20	6,860	6,641	96.81%

Annex A Clinical and Public Health indicator types

Indicator area	Indicator ID	Indicator definition	Points available (per practice)	Points Available (NI)	Points Achieved (NI)	% of points achieved
Mental health (MH)	MH002	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 15 months, agreed between individuals, their family and/or carers as appropriate	6	2,058	1,835	89.14%
	MH003	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 15 months	4	1,372	1,242	90.53%
	MH007	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 15 months	4	1,372	1,149	83.71%
	MH008NI	The percentage of women aged 25 or over and who have not attained the age of 65 with schizophrenia, bipolar affective disorder and other psychoses whose notes record that a cervical screening test has been performed in the preceding 5 years	5	1,715	1,616	94.21%
	MH009	The percentage of patients on lithium therapy with a record of serum creatinine and TSH in the preceding 9 months	1	343	314	91.40%
	MH010	The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range in the preceding 4 months	2	686	556	81.04%
Osteoporosis: secondary prevention of fragility fractures	OST002	The percentage of patients aged 50 or over and who have not attained the age of 75, with a fragility fracture on or after 1 April 2012, in whom osteoporosis is confirmed on DXA scan, who are currently treated with an appropriate bone-sparing agent	3	1,029	928	90.18%
	OST005	The percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who are currently treated with an appropriate bone-sparing agent	3	1,029	950	92.31%
Palliative Care (PC)	PC001	The contractor establishes and maintains a register of all patients in need of palliative care/support irrespective of age	3	1,029	1,011	98.25%
	PC002	The contractor has regular (at least 3 monthly) multi-disciplinary case review meetings where all patients on the palliative care register are discussed	3	1,029	756	73.47%

Annex A Clinical and Public Health indicator types

Indicator area	Indicator ID	Indicator definition	Points available (per practice)	Points Available (NI)	Points Achieved (NI)	% of points achieved
Rheumatoid arthritis (RA)	RA002	The percentage of patients with rheumatoid arthritis, on the register, who have had a face-to-face review in the preceding 15 months	5	1,715	1,524	88.89%
	RA003NI	The percentage of patients with rheumatoid arthritis aged 30 or over and who have not attained the age of 85 who have had a cardiovascular risk assessment using a CVD risk assessment tool adjusted for RA in the preceding 3 years	7	2,401	2,240	93.28%
	RA004	The percentage of patients aged 50 or over and who have not attained the age of 91 with rheumatoid arthritis who have had an assessment of fracture risk using a risk assessment tool adjusted for RA in the preceding 3 years	5	1,715	1,484	86.54%
Stroke and transient ischaemic attack (STIA)	STIA003	The percentage of patients with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 15months) is 150/90 mmHg or less	5	1,715	1,699	99.06%
	STIA004NI	The percentage of patients with stroke and is shown to be non-haemorrhagic or a history of TIA who have a record of total cholesterol in the preceding 3 years	2	686	678	98.86%
	STIA005NI	The percentage of patients with stroke shown to be non-haemorrhagic, or a history of TIA, whose last measured total cholesterol (measured in the preceding 3 years) is 5 mmol/l or less	5	1,715	1,692	98.67%
	STIA007	The percentage of patients with a stroke shown to be non-haemorrhagic, or a history of TIA, who have a record in the preceding 15 months that an anti-platelet agent, or an anti-coagulant is being taken	4	1,372	1,370	99.86%
	STIA008NI	The percentage of patients with a stroke or TIA (diagnosed on or after 1 April 2008) who have a record of a referral for further investigation between 3 months before and 1 month after the date of the latest recorded stroke or the first TIA	2	686	639	93.13%
	STIA009	The percentage of patients with stroke or TIA who have had influenza immunisation in the preceding 1 August to 31 March	2	686	617	89.91%

Annex A Clinical and Public Health indicator types

Indicator area	Indicator ID	Indicator definition	Points available (per practice)	Points Available (NI)	Points Achieved (NI)	% of points achieved
Cardiovascular disease – primary prevention (CVD-PP)	CVD-PP011NI	The percentage of patients with a new diagnosis of hypertension recorded in the preceding 1 April to 31 March (excluding those with pre-existing CHD, diabetes, stroke and/or TIA), who are aged 30 or over and who have not attained the age of 75, who have a CVD risk assessment score recorded in the preceding 15 months.	5	1,715	1,586	92.47%
	CVD-PP012NI	In those patients with a new diagnosis of hypertension aged 30 or over and who have not attained the age of 75, recorded between the preceding 1 April to 31 March (excluding those with pre-existing CHD, diabetes, stroke and/or TIA), who have a recorded CVD risk assessment score in the preceding 15 months of $\geq 20\%$: the percentage who are currently treated with statins.	5	1,715	1,491	86.96%
Blood Pressure (BP)	BP002	The percentage of patients aged 45 or over who have a record of blood pressure in the preceding 5 years	15	5,145	5,068	98.50%
Smoking (SMOK)	SMOK001NI	The percentage of patients aged 15 or over whose notes record smoking status in the preceding 3 years	10	3,430	3,061	89.25%
Cervical Screening	CS002NI	The percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years	11	3,773	3,643	96.56%
Sexual Health	CON003NI	The percentage of women, on the register, prescribed emergency hormonal contraception one or more times in the preceding 12 months by the contractor who have received information from the contractor about long acting reversible methods of contraception in the preceding 3 years.	3	1,029	952.31	92.55%

Annex A Clinical and Public Health indicator types

Indicator area	Indicator ID	Indicator definition	Points available (per practice)	Points Available (NI)	Points Achieved (NI)	% of points achieved
Patient Experience (PE)	PE001NI	The practice undertakes a survey of patients who have had contact with the practice (face to face or telephone consultation or prescription) within the past year with the question "Would you recommend your GP practice to someone who has just moved into the local area?" and one follow-up question (see guidance). The practice should survey at least 2% of the practice list size and need to get a minimum of 50 responses. A summary report is required to be submitted to the Regional Board by 31 March 2017	18	6,174.00	4,410.00	71.43%
Records & Systems	RS001	General Practitioners in the contracting practice should use Clinical Communications Gateway (CCG) for referrals to all available Consultant led specialties.	10	3,430.00	2,620.00	76.38%
	RS002	The Practice reviews its own CCG Referral Data. Firstly to ensure that ALL GPs, including locums, are using CCG for referrals to all (available) Consultant led specialties. Secondly to look at referral patterns compared to previous years and neighbouring practices.	20	6,860.00	5,240.00	76.38%
	RS003	The practice engages with between three and six neighbouring practices to discuss outpatient referrals. This should include identifying any issues with CCG use and looking at referral patterns and pathways.	20	6,860.00	4,960.00	72.30%
	RS004	The Practice codes Emergency/Unplanned Admissions on receipt of the final paper or electronic discharge letter. Information should include Date of Admission, Specialty and Diagnosis	20	6,860.00	5,120.00	74.64%
	RS005	The Practice runs the Data Quality in Practice (DQIP) minimum dataset queries (to include queries to calculate the electronic frailty index) in conjunction with the R&S tool, supported by the clinical informatics team on a six monthly basis. The extracts are shared with the HSCB in pseudonymised form. The practice will create and maintain a patient frailty register by coding patients identified by the electronic frailty index, presented in a dashboard in the R&S tool, using the appropriate Read code for mild, moderate or severe frailty.	30	10,290.00	7,650.00	74.34%

Annex B QOF group and Condition/ Measure reference table

QOF Group	Condition/ Measure		Domain	Number of Indicators	Points available
Cardiovascular	AF	Atrial Fibrillation	Clinical	2	22
	BP	Blood Pressure	Public Health	1	15
	CHD	Secondary prevention of coronary heart disease	Clinical	4	48
	CVD-PP	Cardiovascular disease - primary prevention	Public Health	2	10
	HF	Heart Failure	Clinical	3	25
	HYP	Hypertension	Clinical	1	20
	STIA	Stroke and transient ischaemic attack	Clinical	6	20
Total				19	160
High dependency & other long-term conditions	CAN	Cancer	Clinical	1	6
	DM	Diabetes mellitus	Clinical	10	73
	PC	Palliative care	Clinical	2	6
Total				13	85
Fertility, obstetrics & gynaecology	CS	Cervical screening	Public Health - additional services	1	11
	CON	Sexual health	Public Health - additional services	1	3
Total				2	14
Lifestyle	SMOK	Smoking	Public Health	1	10
Total				1	10
Mental health and neurology	DEM	Dementia	Clinical	2	21
	DEP	Depression	Clinical	1	21
	MH	Mental health	Clinical	6	22
Total				9	64
Musculoskeletal	OST	Osteoporosis: secondary prevention of fragility fractures	Clinical	2	6
	RA	Rheumatoid arthritis	Clinical	3	17
Total				5	23
Respiratory	AST	Asthma	Clinical	3	41
	COPD	Chronic obstructive pulmonary disease	Clinical	5	32
Total				8	73
Undefined group	PE	Patient Experience	Patient Experience	1	18
	R&S	Records & Systems	Records & Systems	5	100
Total				6	118
Grand Total				63	547