Raw Prevalence for Northern Ireland, as at 31st March 2017

1. The following report contains bar charts (Figures 1.1 & 1.2) of overall prevalence levels in Northern Ireland for the 15 registers which count patients with specific conditions or diseases as covered by the Quality & Outcomes Framework for 2016/17. Some registers do not count patients with diseases or conditions and therefore cannot be used to determine prevalence.

   This report contains figures for raw prevalence per 1,000 patients as at 31 March 2017, generated from 343 practice returns which comprise 1,964,209 patients.

   Of the 15 registers, 6 clinical areas have maintained consistent definition since April 2004: asthma, cancer, CHD, COPD, hypertension and stroke & TIA. Four of the registers maintained consistent definition since 2006/07: atrial fibrillation, dementia, heart failure 1 and diabetes.

   In 2012/13, two new registers were introduced, peripheral arterial disease and osteoporosis, and the depression register was amended to exclude patients diagnosed prior to April 2006.

   The definitions of the hypothyroid, mental health and heart failure 3 registers were updated for 2013/14 and a new register for rheumatoid arthritis was introduced. The hypothyroid register now excludes patients not currently treated with levothyroxine, the mental health register has been expanded to include other patients on lithium therapy, and the heart failure 3 register now only includes patients with heart failure due to left ventricular systolic dysfunction.

   In 2014/15, the hypothyroidism, chronic kidney disease and conditions assessed for smoking registers were removed.

   In 2015/16, the epilepsy, obesity and peripheral arterial disease registers were removed from the framework.

   Note that some registers have a specific age requirement (see below), but for QOF payment purposes, prevalence is always calculated using the full patient list (all ages).

   Comparative figures from 2004/05 (or most recent comparable year available) to 2016/17 are shown in Figures 2.1 - 2.2.

2. The report also contains frequency distribution charts (Figures 3.1 - 3.15) for each register, showing the number of practices within each band of raw prevalence/register size per 1,000 patients. You can therefore identify which band your practice falls into.

   Figure 3.1 Asthma (AST)
   Figure 3.2 Atrial Fibrillation (AF)
   Figure 3.3 Cancer (from 1 April 2003 and excluding non-melanotic skin cancers)
   Figure 3.4 Chronic Obstructive Pulmonary Disease (COPD)
   Figure 3.5 Coronary Heart Disease (CHD)
   Figure 3.6 Dementia
   Figure 3.7 Depression (patients aged 18 years and over with a new diagnosis of depression since April 2006)
   Figure 3.8 Diabetes (patients aged 17 years and over)
   Figure 3.9 Heart Failure 1
   Figure 3.10 Heart Failure 3 (heart failure due to Left Ventricular Systolic Dysfunction)
   Figure 3.11 Hypertension
   Figure 3.12 Mental Health (schizophrenia, bipolar disorder and other psychoses, and other patients on lithium therapy)

Figure 3.13 Osteoporosis (aged 50-74 with fragility fracture since April 2012 and osteoporosis diagnosis confirmed on DXA scan; or aged 75+ with fragility
Figure 3.14 Rheumatoid Arthritis (RA)
Figure 3.15 Stroke or Transient Ischaemic Attack (TIA)

3. Annex A illustrates how the Adjusted Practice Disease Factor (APDF) is calculated.

4. To understand the need for an "Adjusted Practice Disease Factor", it is worth noting the calculation for the Achievement Payment. The PCAS system automatically calculates the achievement payment and also assesses the points achievement of practices on National Quality Achievement Day (31st March 2017).

CALCULATION OF ACHIEVEMENT PAYMENT:

(i) For each clinical domain = £162.12 per point x APDF x Points Achieved

(ii) For the additional services domain = £162.12 per point adjusted by the relative size of the practice's target population compared to the NI target population x points achieved

(iii) For the other domains = £162.12 per point x Points Achieved.

TOTAL QUALITY & OUTCOMES FRAMEWORK PAYMENT =

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

5. For full details of the Quality & Outcomes Framework 2016/17, please see the Statement of Financial Entitlement at :

https://www.health-ni.gov.uk/publications/gp-contract-statements-financial-entitlements

For published QOF data please see:

https://www.health-ni.gov.uk/publications/quality-and-outcomes-framework-201415

ANNEX A

CALCULATION OF ADJUSTED PRACTICE DISEASE FACTOR (APDF): **Payment per Quality Point £162.12**

	STEP 1			STEP 2	STEP 3			STEP 4	
Practice	Registered List	No. of Patients on CHD Disease Register	Raw Prevalence per 1,000 patients	APDF	% different from NI Avg	Adjustment (£) from £162.12 Avg	Final £ per Clinical Quality Point	Population Factor	Final £ per Point
A	2,160	30	13.7	0.35	-65.0%	-£ 105.38	£ 56.74	0.395	£ 22.39
B	**2,737**	**160**	**58.5**	**1.51**	**51.0%**	**£ 82.68**	**£ 244.80**	**0.500**	**£ 122.40**
C	**5,474**	**213**	**38.8**	**1.00**	**0.0%**	**£ -**	**£ 162.12**	**1.000**	**£ 162.12**
D	4,850	210	43.3	1.12	12.0%	£ 19.45	£ 181.57	0.886	£ 160.88
E	6,675	236	35.4	0.91	-9.0%	-£ 14.59	£ 147.53	1.219	£ 179.90
F	**10,948**	**425**	**38.8**	**1.00**	**0.0%**	**£ -**	**£ 162.12**	**2.000**	**£ 324.24**
N.I.	32,844	1,273	38.8	1.00					
								NI Average List =	**5,474**

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

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

Likewise NI Raw Disease Prevalence is calculated as follows:

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

In the 2009/10 GMS contract negotiations NHS Employers agreed with the General Practitioners Committee (GPC) that the square root adjustment employed in previous years should be removed from the calculations from 2009/10 onwards, and that the 5% cut off would cease to be applied from 2010/11 onwards.

Step 2: **The Adjusted Practice Disease Factor for each practice is then calculated as follows:**

Adjusted Practice Disease Factor (APDF) for each Practice =

$$\frac{\text{Practice Adjusted Disease Prevalence}}{\text{N Ireland Adjusted Disease Prevalence}}$$

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

Step 3: **The APDFs are used to adjust the contractor's figures depending on how far above or below the NI average they are. This determines the pounds per clinical quality point. The average contractor is assumed to receive £162.12 per clinical quality point. Practice C has an average list size and average CHD prevalence and therefore receives £162.12 per clinical quality point. The APDF does not adjust the contractor's achieved points, but rather the pounds per point they receive. The adjustment only applies to the clinical domain of QOF.**

Step 4: **The payments per clinical quality point are then adjusted by the practice's list size relative to the NI average list size using a population factor.**

Population Factors for each Practice = Practice List Size / NI Average List Size

The pounds per Clinical Quality Point x Practice Population Factor = Final Pounds per Point in the QOF

Examples **Practice C has a list size equal to the NI average and an average CHD prevalence, it therefore has an APDF of 1.0 and receives £162.12 per QOF point.**

Practice B has a list size half the NI average but has higher than average CHD prevalence and therefore has an APDF of 1.51. Practice B therefore receives a payment that is 51% higher than the £162.12 base payment per point, receiving £244.80 per clinical quality point. When adjusted for relative list size, practice B receives £122.40 per overall QOF point.

Practice F has a list size twice that of the NI average and has average prevalence. Practice F has an APDF of 1.0, the same as the NI APDF, therefore Practice F receives £162.12 per clinical quality point. However, when adjusted for relative practice size, Practice F receives £324.24 per overall QOF point.

Produced by: Department of Health, Castle Buildings, Belfast, BT4 3SQ. Telephone: (028) 9052 2160 **www.health-ni.gov.uk** **May 2017**

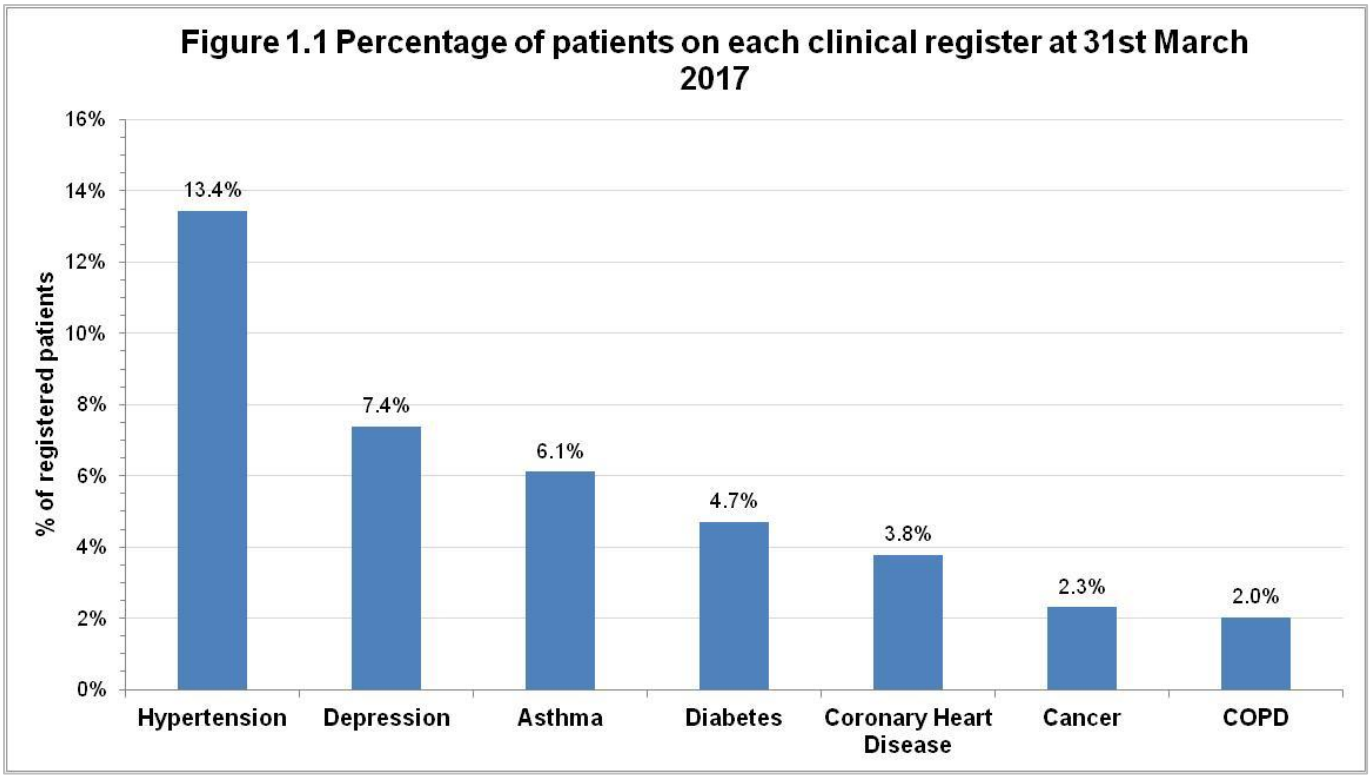
Figure 1.1 Percentage of patients on each clinical register at 31st March 2017
% of registered patients
16%
14%
12%
10%
8%
6%
4%
2%
0%
13.4%
7.4%
6.1%
4.7%
3.8%
2.3%
2.0%
Hypertension
Depression
Asthma
Diabetes
Coronary Heart Disease
Cancer
COPD

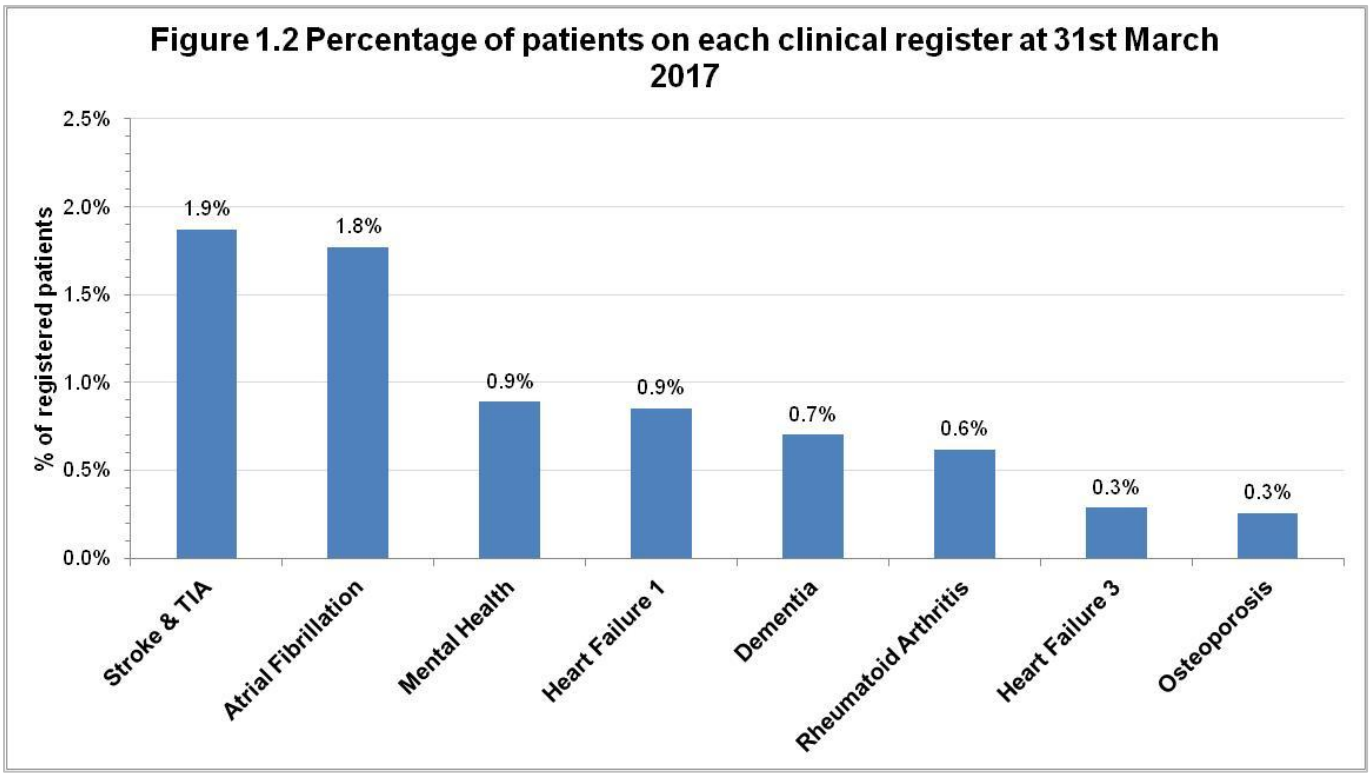
Figure 1.2 Percentage of patients on each clinical register at 31st March 2017
% of registered patients
2.5%
2.0%
1.5%
1.0%
0.5%
0.0%
1.9%
1.8%
0.9%
0.9%
0.7%
0.6%
0.3%
0.3%
Stroke & TIA
Atrial Fibrillation
Mental Health
Heart Failure 1
Dementia
Rheumatoid Arthritis
Heart Failure 3
Osteoporosis

Figure 2.1 Percentage of patients on each clinical disease register, 2004/05 to 2016/17

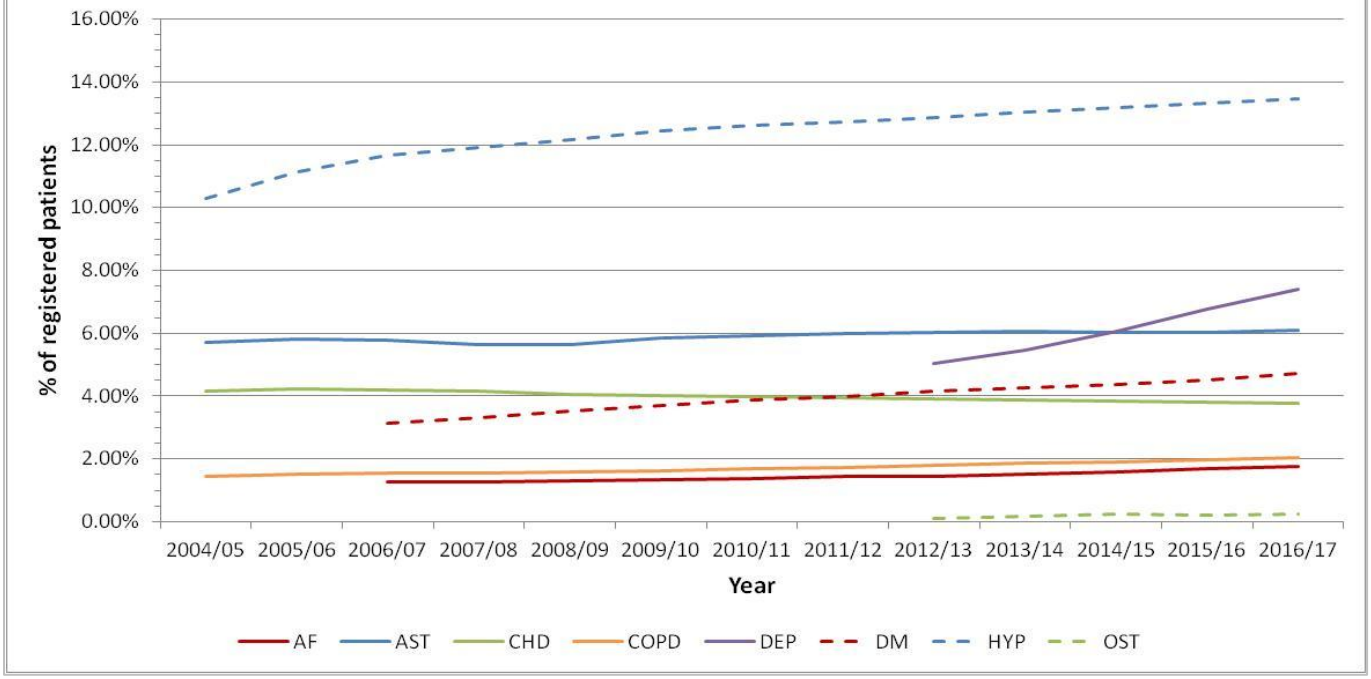

Figure 2.2 Percentage of patients on each clinical disease register, 2004/05 to 2016/17

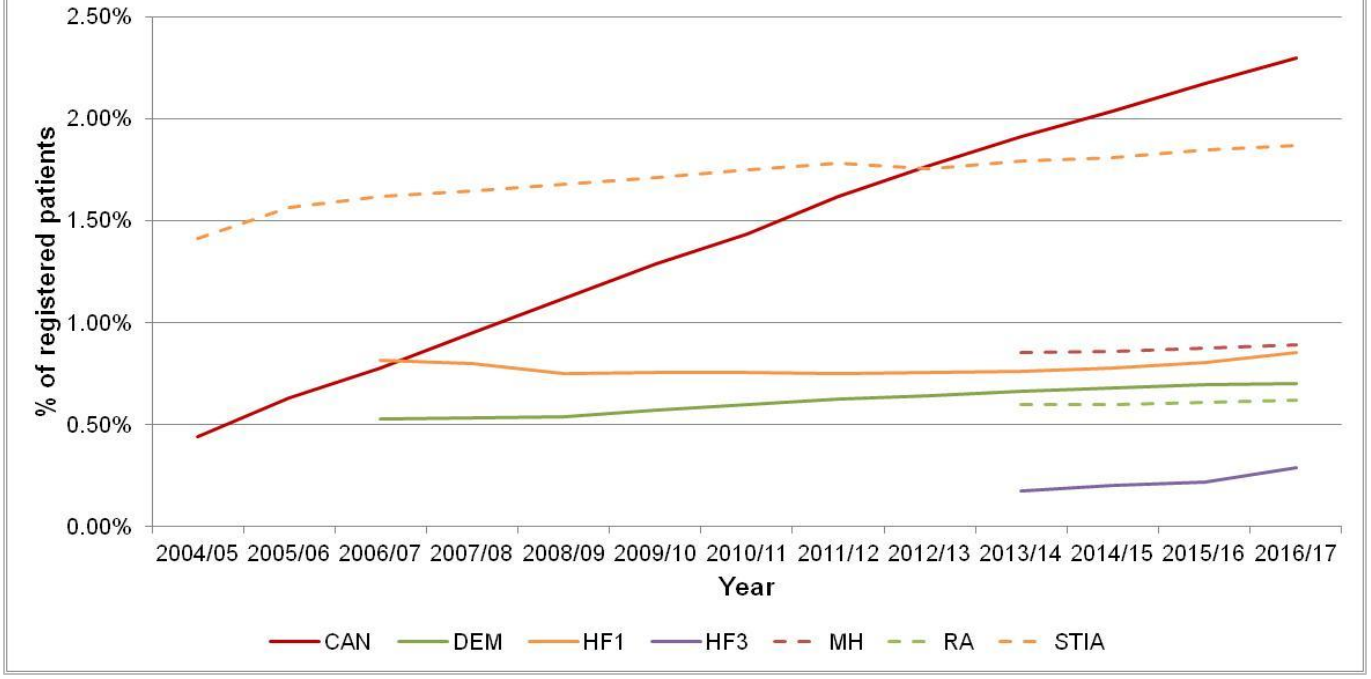

Figure 3.1 Frequency distribution of Asthma prevalence

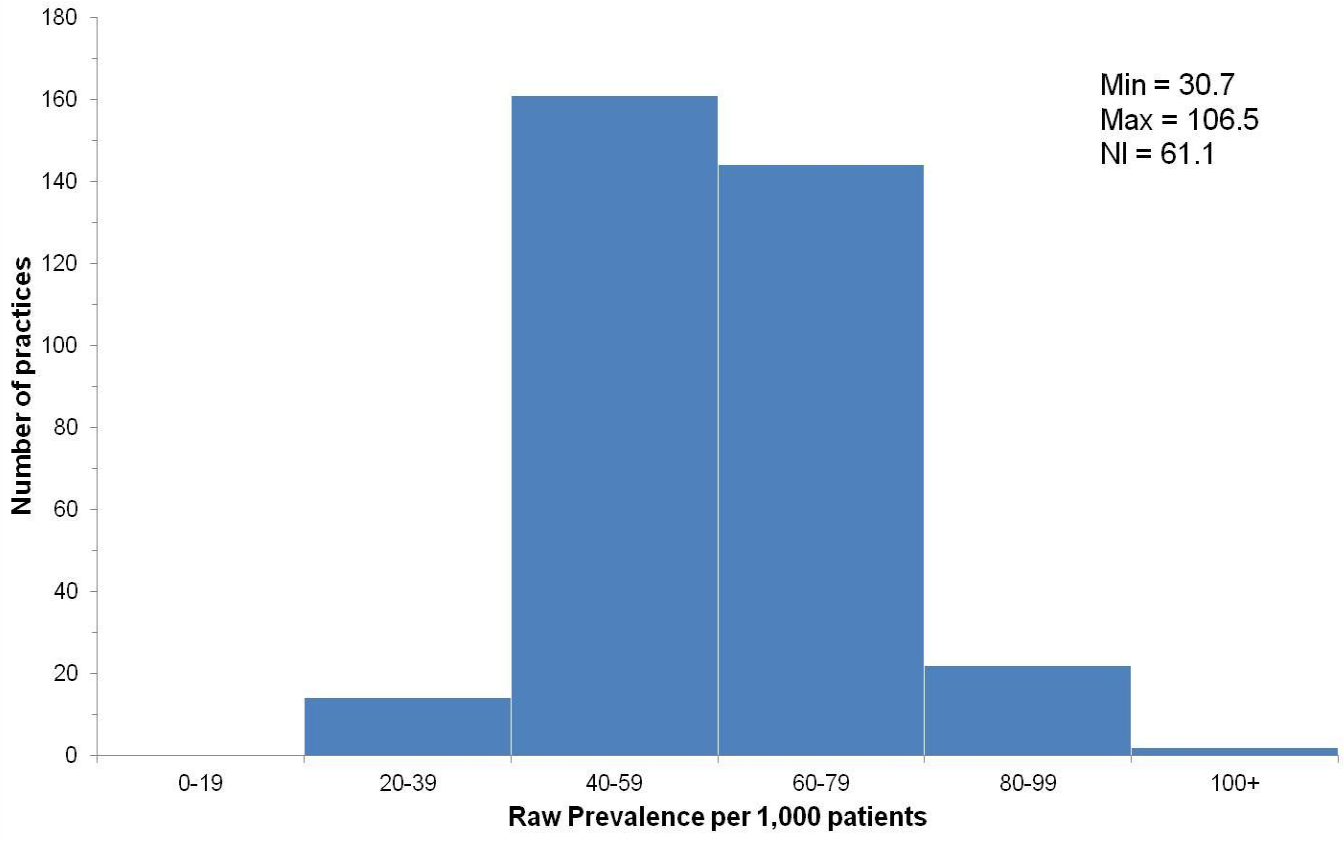

Figure 3.2 Frequency distribution of Atrial Fibrillation prevalence

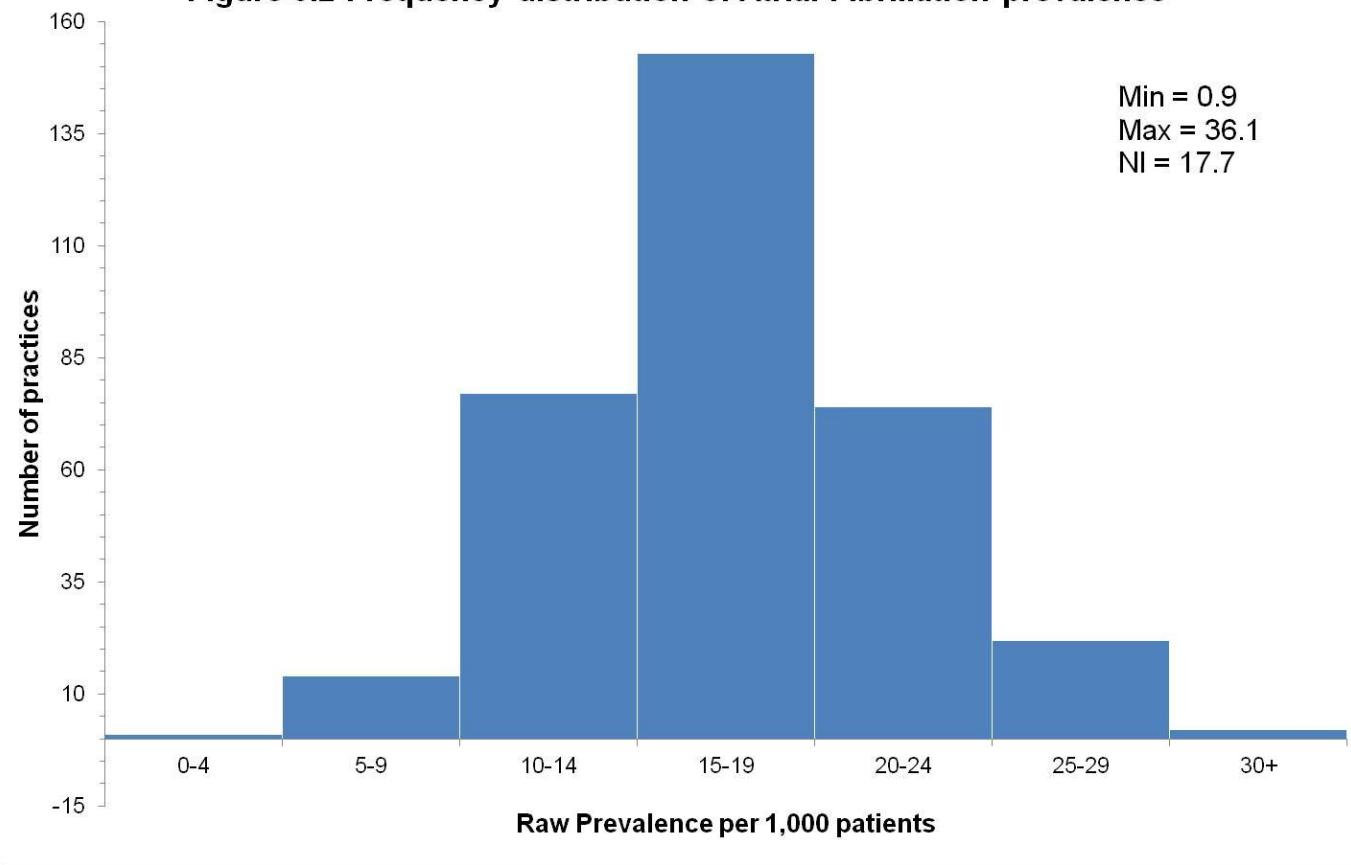

Figure 3.3 Frequency distribution of Cancer prevalence

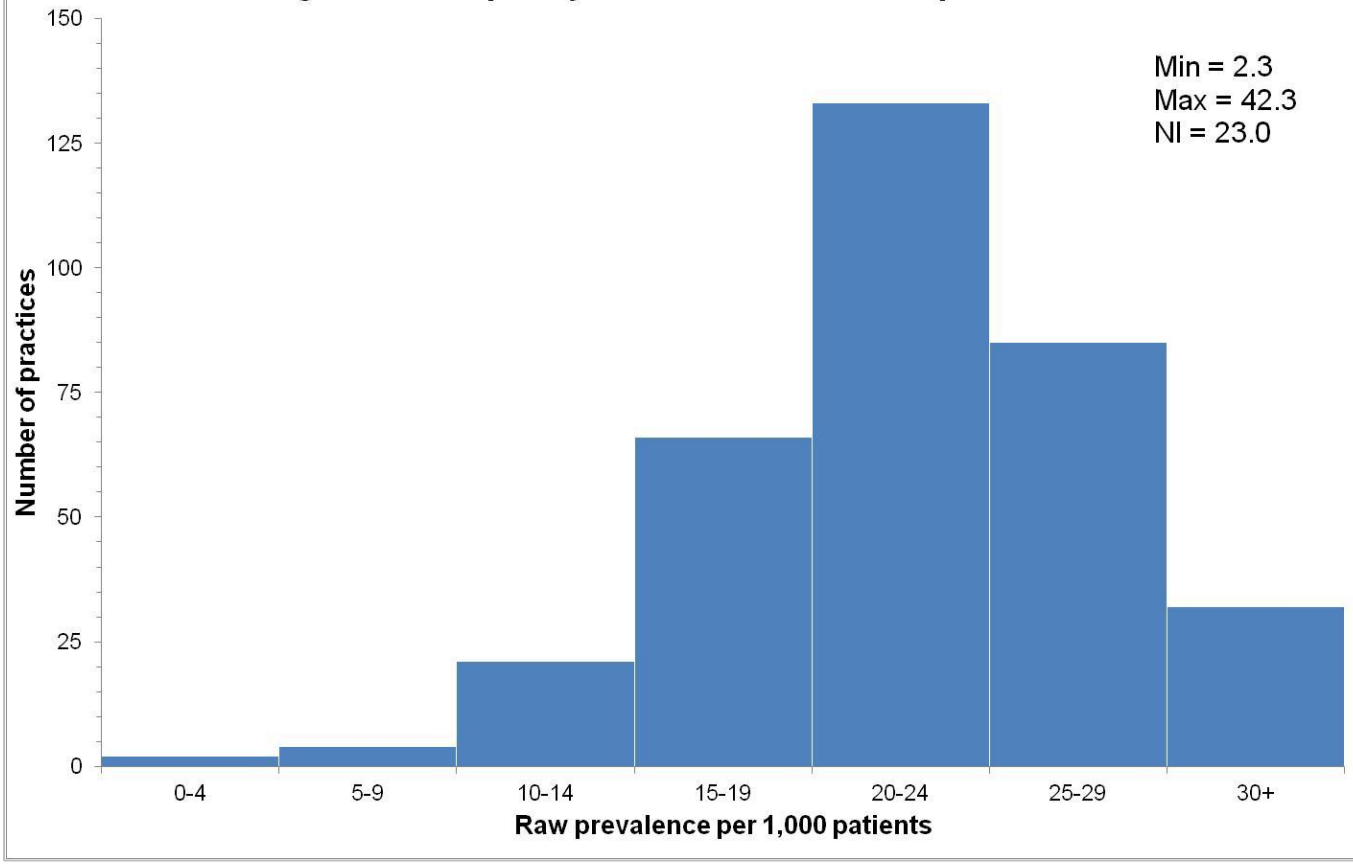

Figure 3.4 Frequency distribution of Chronic Obstructive Pulmonary Disease prevalence

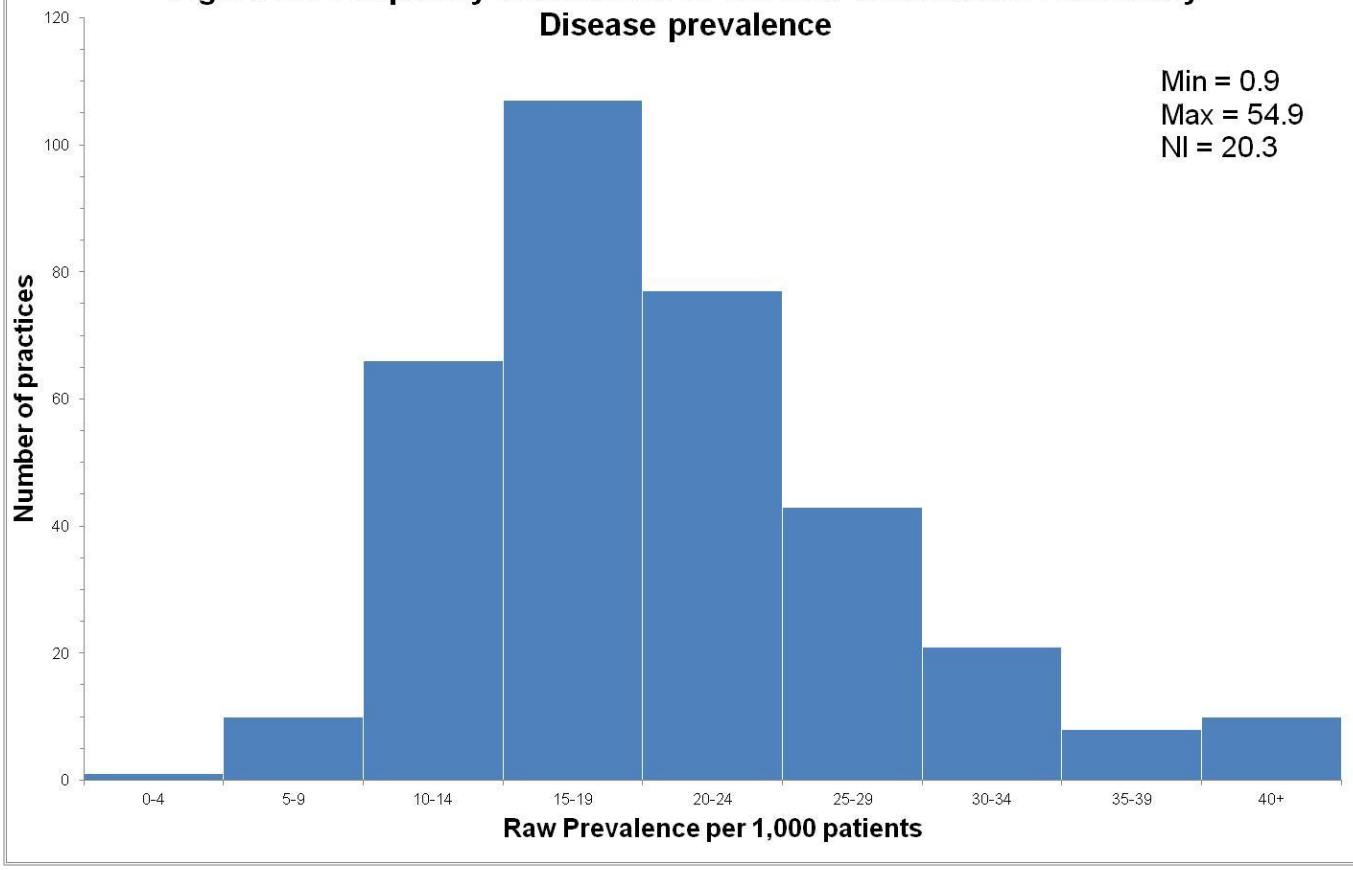

Figure 3.5 Frequency distribution of Coronary Heart Disease prevalence

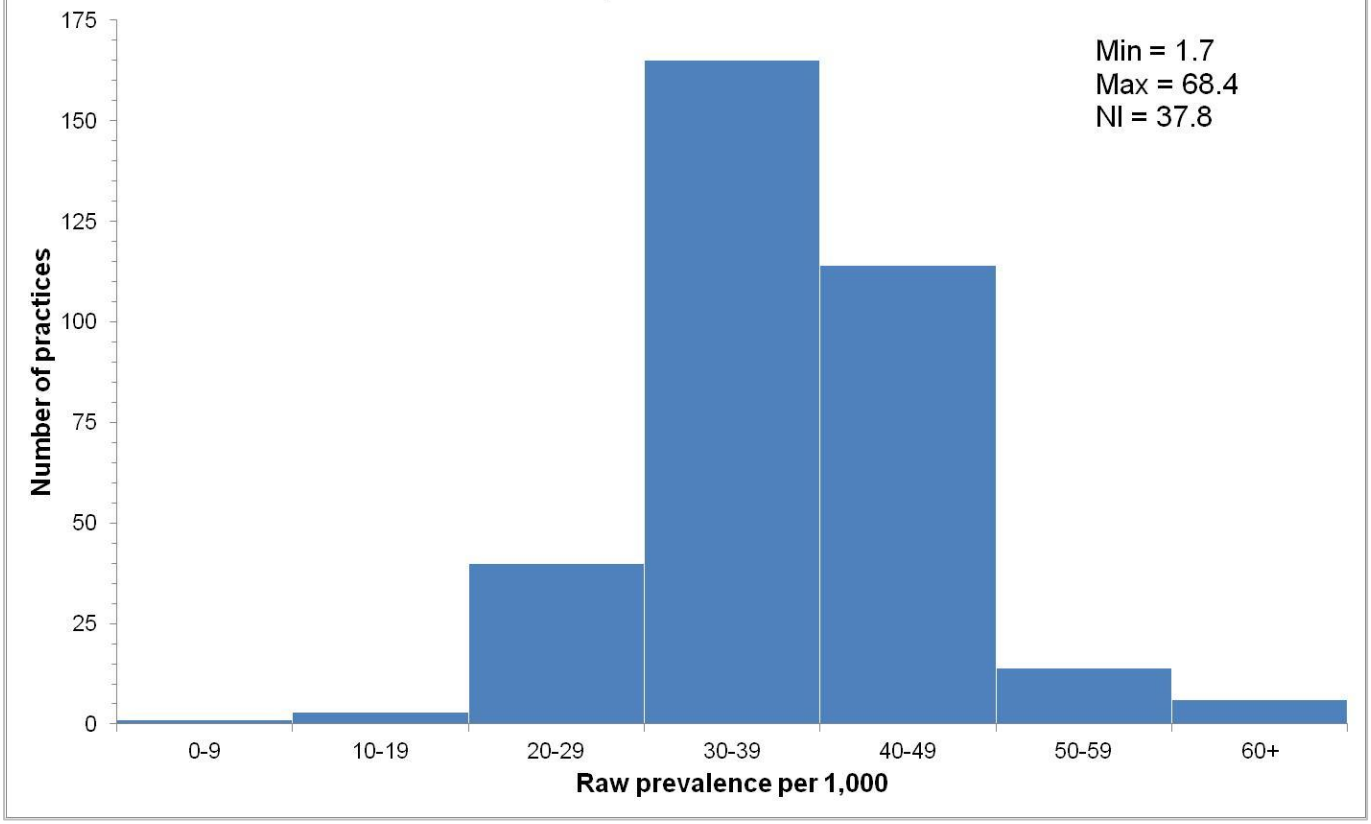

Figure 3.6 Frequency distribution of Dementia prevalence

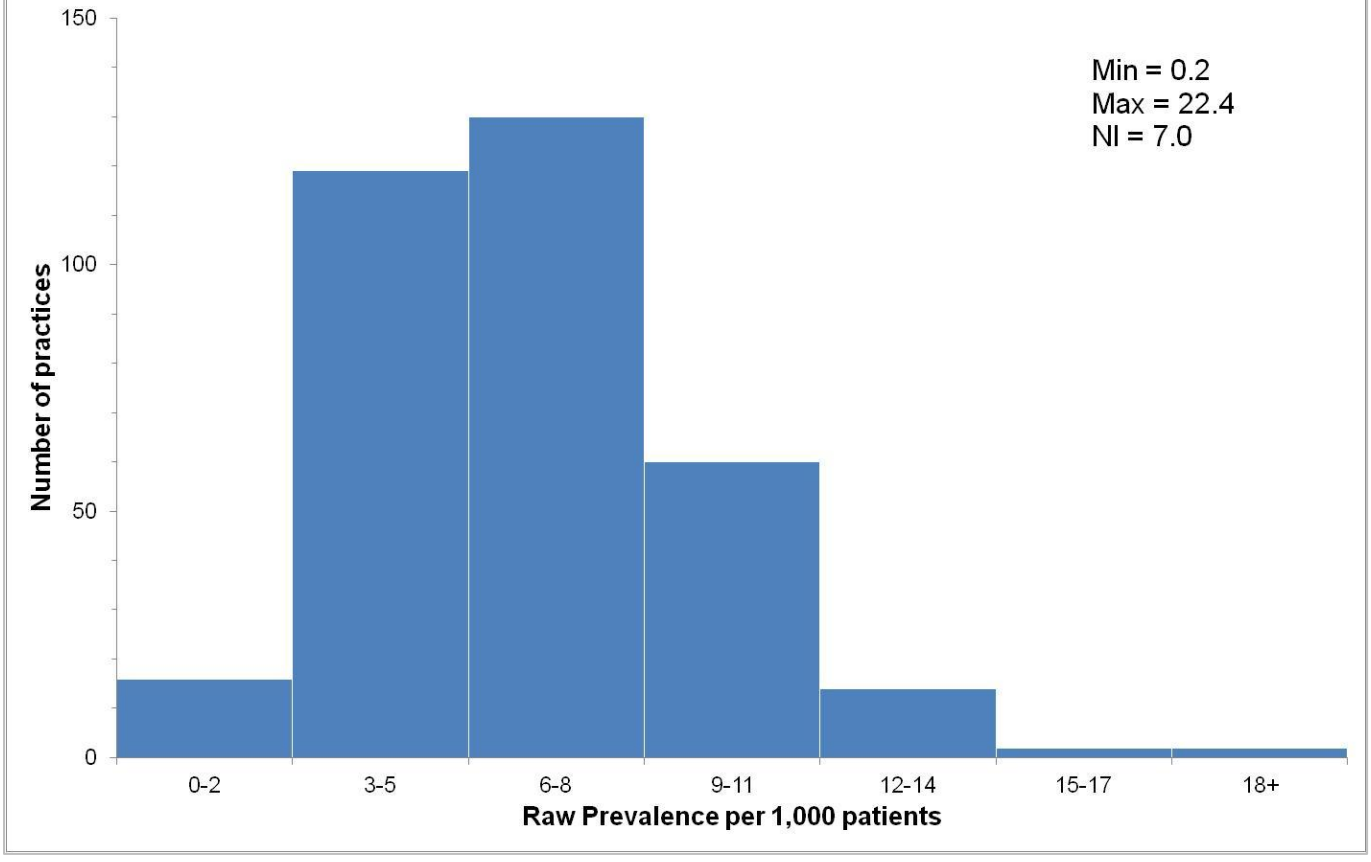

Figure 3.7 Frequency distribution of Depression prevalence

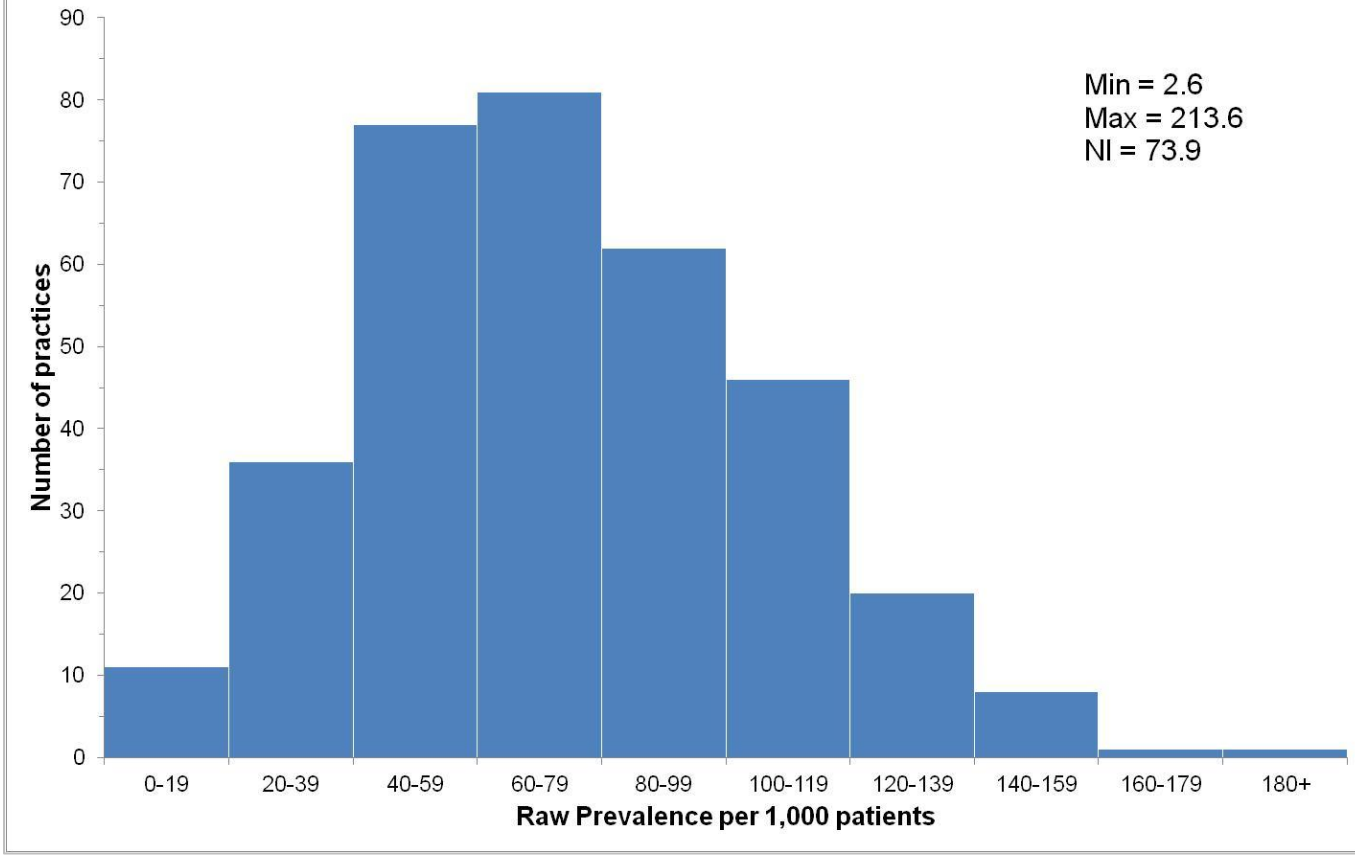

Figure 3.8 Frequency distribution of Diabetes Mellitus prevalence

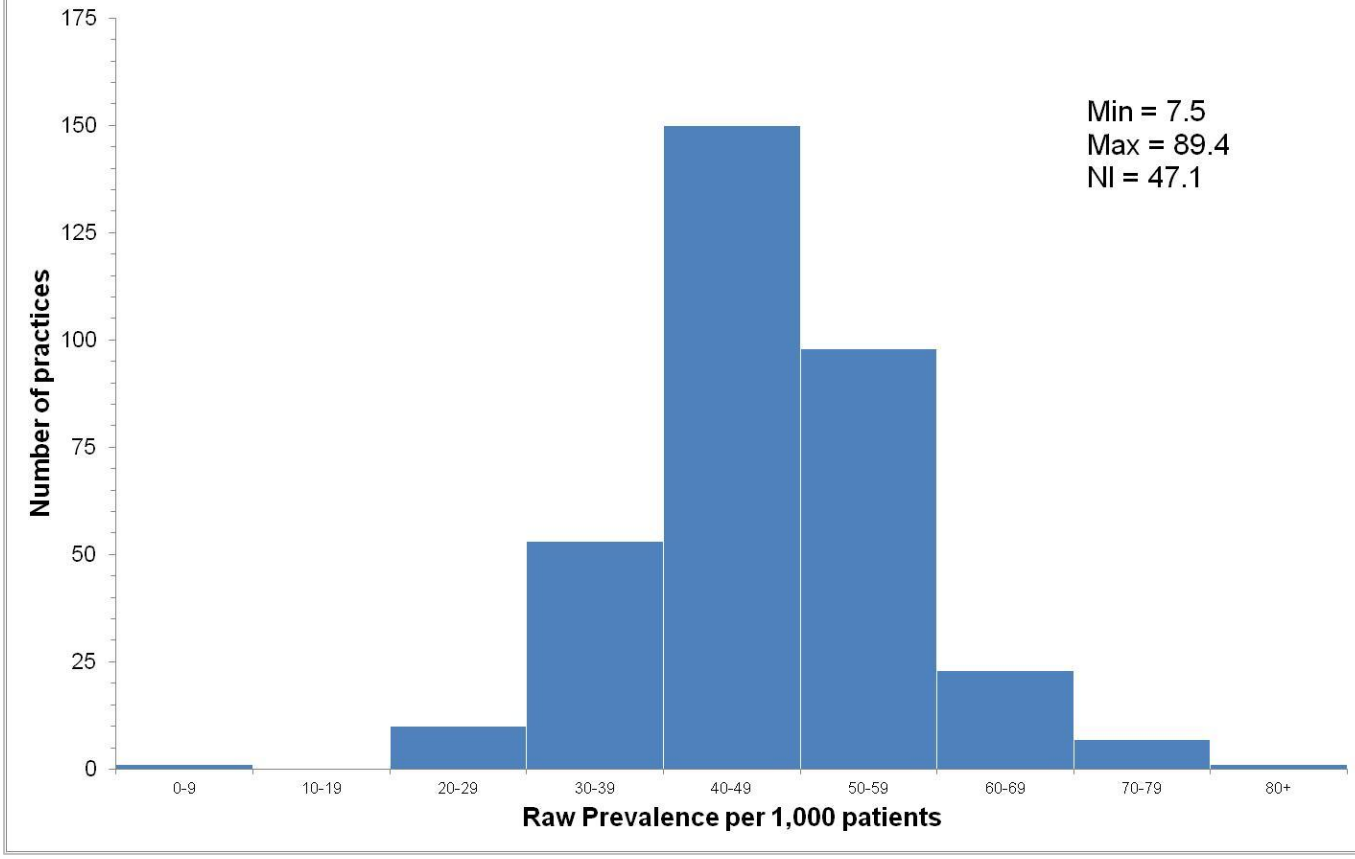

Figure 3.9 Frequency distribution of Heart Failure 1 prevalence

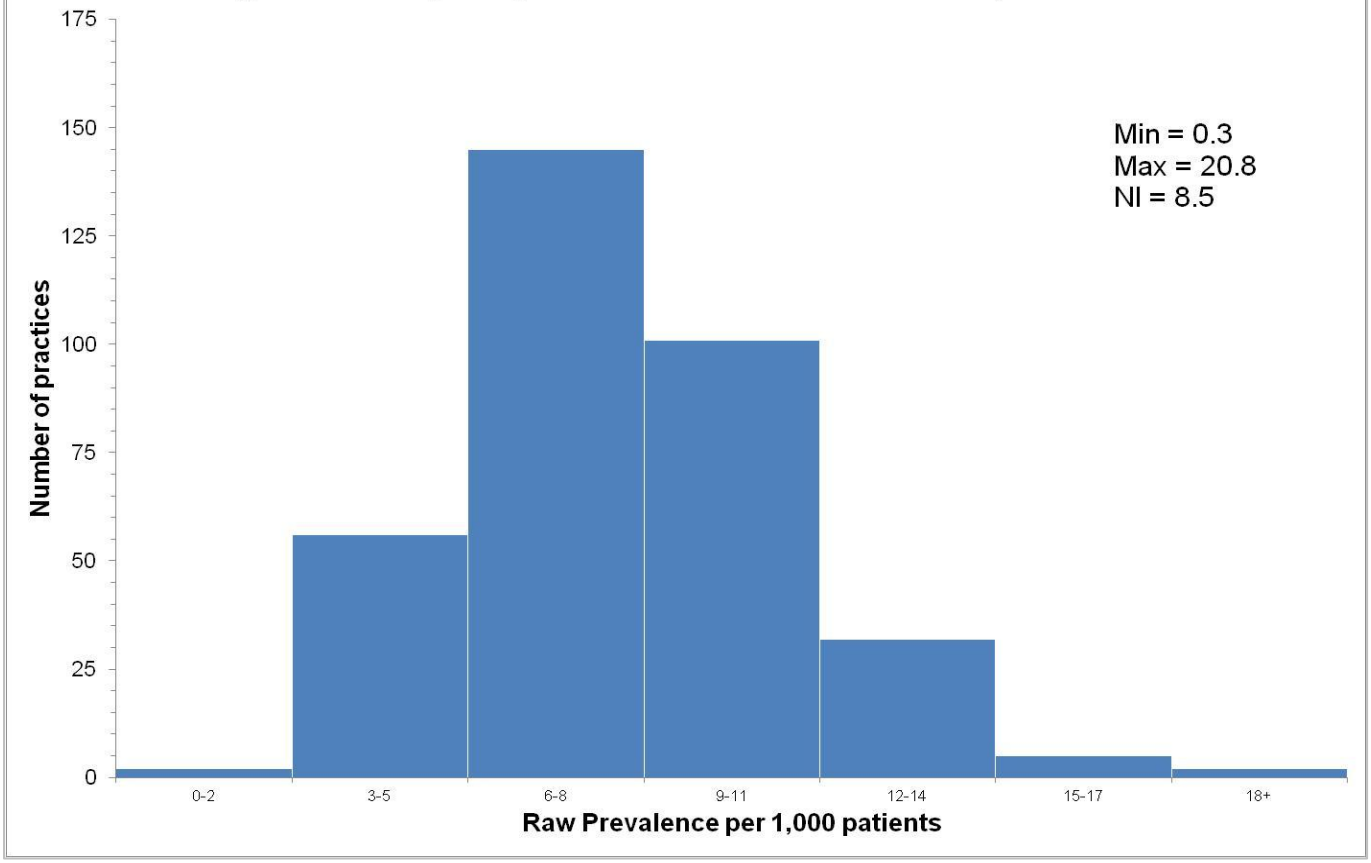

Figure 3.10 Frequency distribution of Heart Failure 3 prevalence

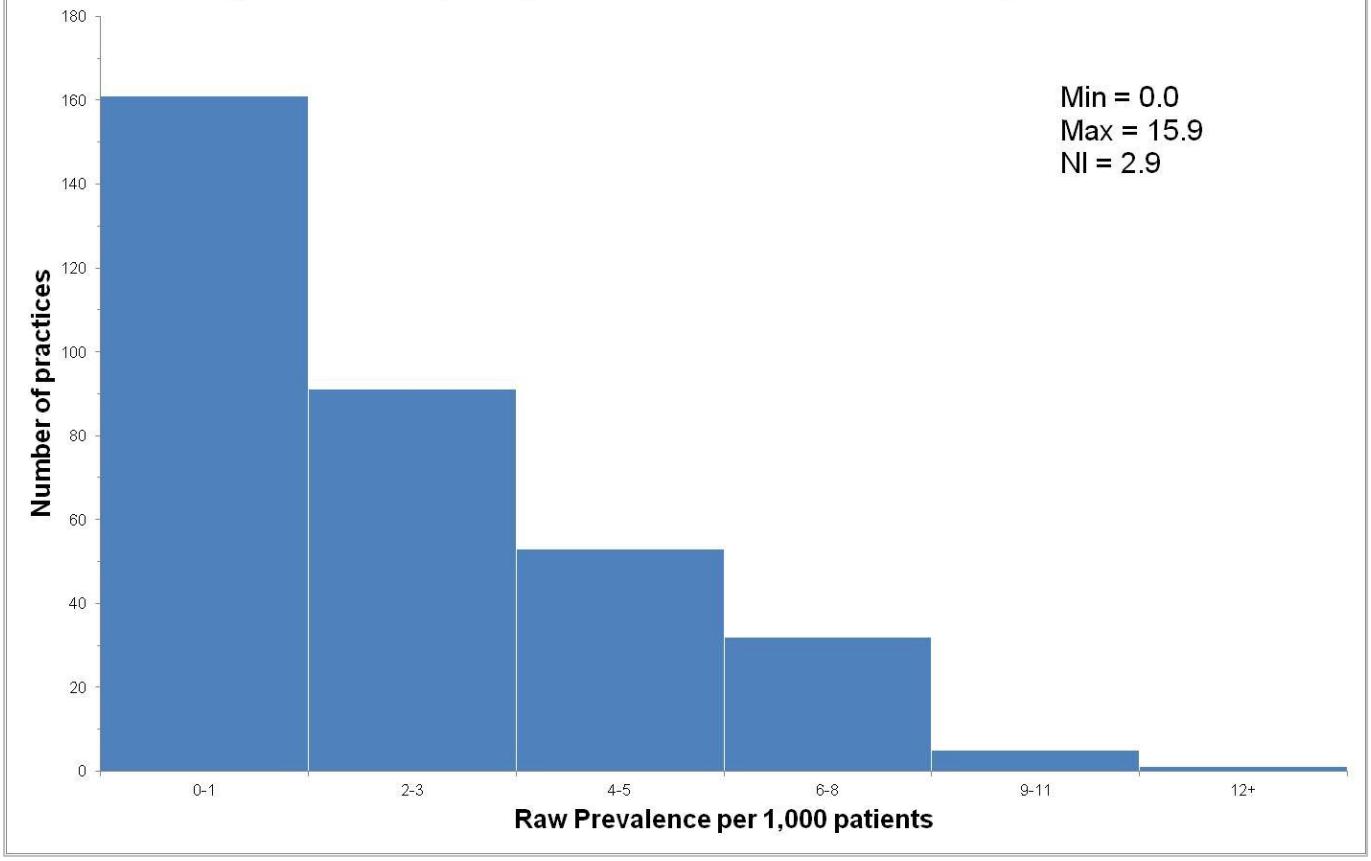

Figure 3.11 Frequency distribution of Hypertension prevalence

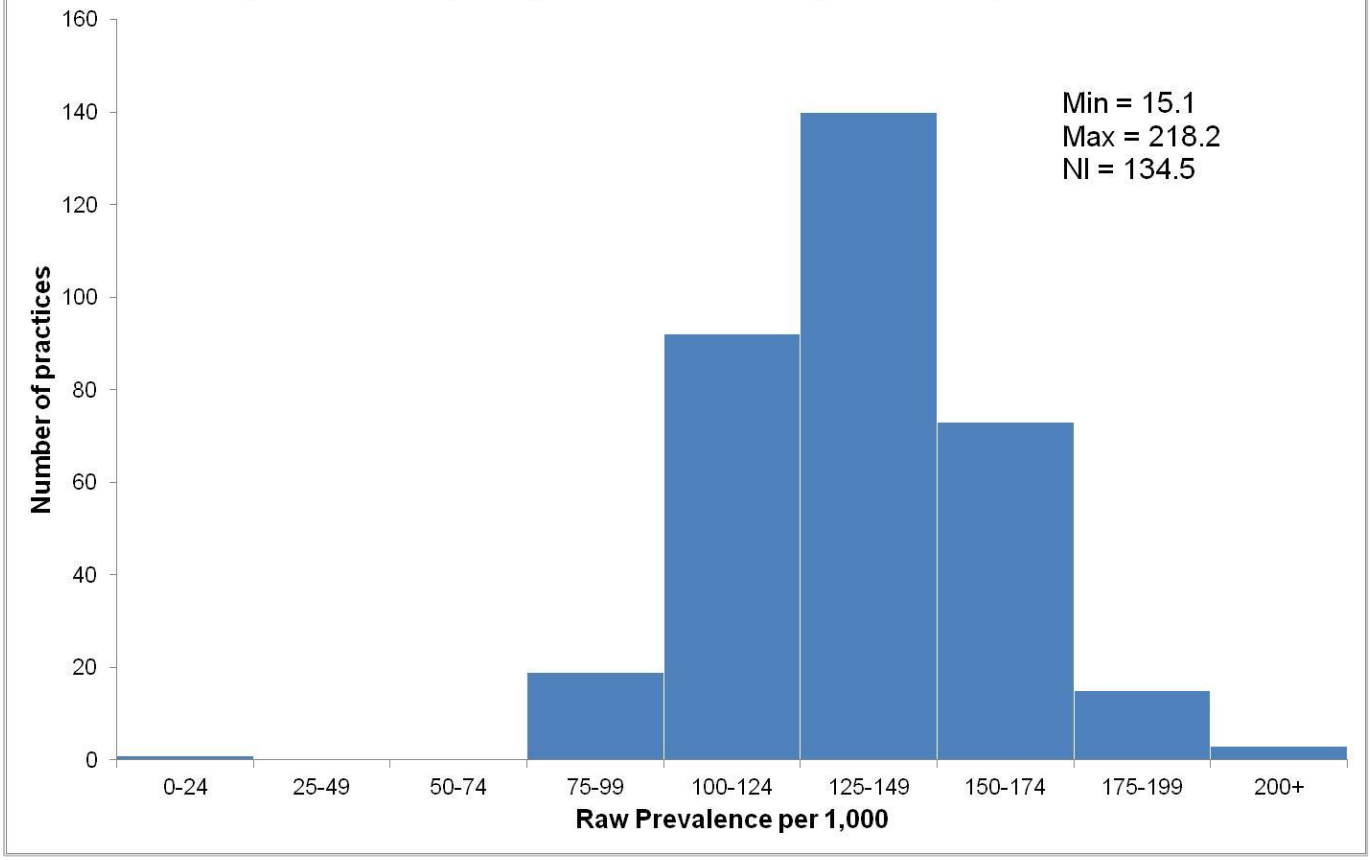

Figure 3.12 Frequency distribution of Mental Health prevalence

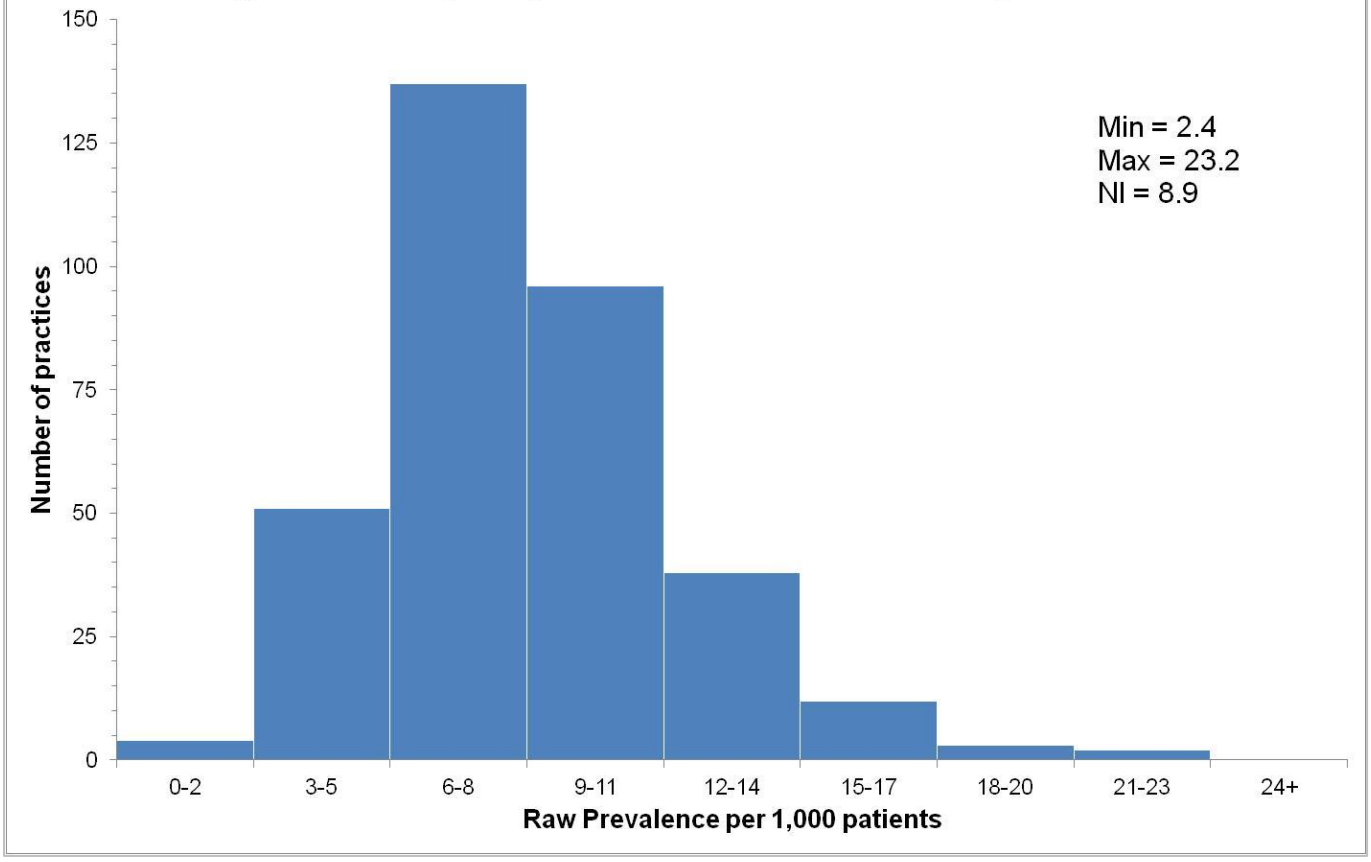

Figure 3.13 Frequency distribution of Osteoporosis prevalence

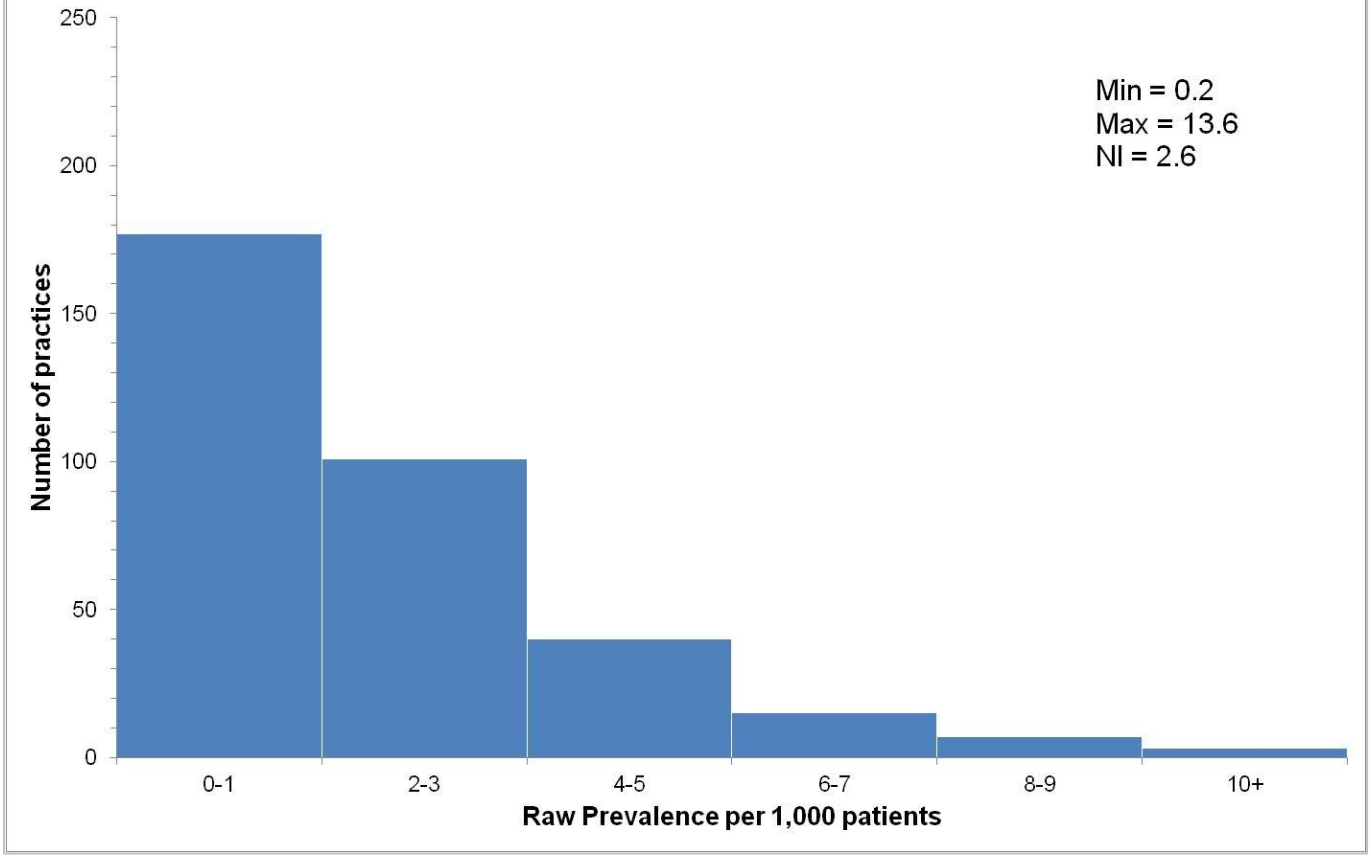

Figure 3.14 Frequency distribution of Rheumatoid Arthritis prevalence

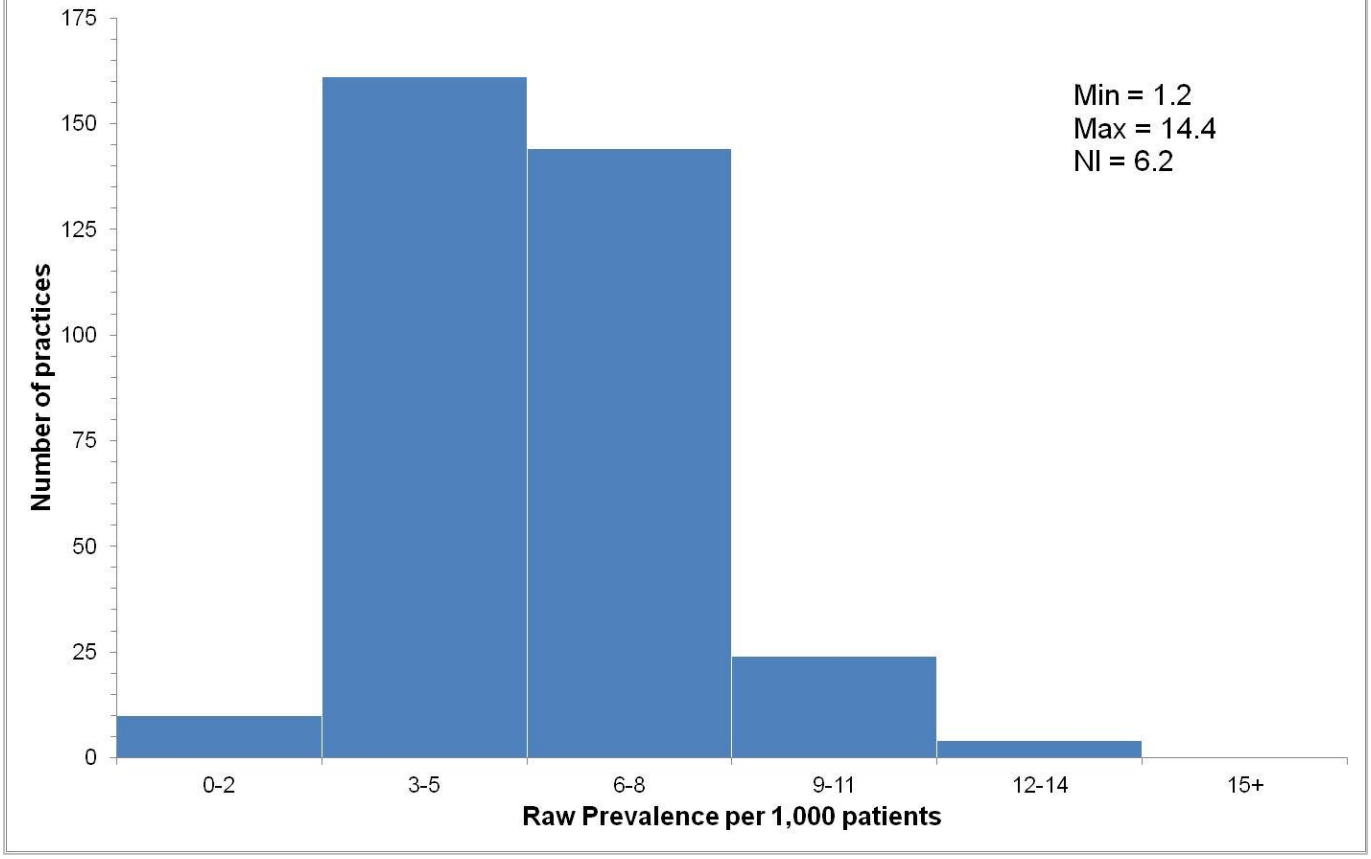

Figure 3.15 Frequency distribution of Stroke and Transient Ischaemic Attack prevalence