INFORMATION ANALYSIS DIRECTORATE

Background Quality Report for -

Annual Publications in Northern Ireland:

(i) Raw Disease Prevalence

(ii) Quality & Outcomes Framework

Background Quality Report Covering:

(i) Raw Disease Prevalence Annual Publication
(ii) Quality and Outcomes Framework (QOF) Statistics Annual Publication

Dimension	Assessment by the author
Introduction	***Context for the quality report.***
	This report assesses the quality of the annual raw disease prevalence and Quality and Outcomes Framework (QOF) statistics in Northern Ireland. 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. The information presented in the raw disease prevalence and QOF annual publications derives from register counts, 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).[#] 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 payment purpose, and is also used to produce raw disease prevalence statistics. Project Support Analysis Branch (PSAB), Department of Health (DOH) produce a raw disease prevalence annual publication for Northern Ireland. This publication presents disease register sizes and raw disease prevalence rates per 1,000 list population; broken down to LCG, GP Federation and general practice level. The publication includes a report, a spreadsheet and an interactive tool; these can be accessed here: https://www.health-ni.gov.uk/articles/prevalence-statistics [#] From the 1st July 2022, PCAS will be replaced with an in-house solution developed by the Strategic Planning & Performance Group (SPPG) DOH and the Business Services Organisation Information Technology Services. The new system will be known as the General Practice Intelligence Platform (GPIP-QOF). As at national prevalence day and QOF achievement day 2021/22, PCAS was still in operation; it has therefore been referred to throughout this document.

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	QOF achievement statistics are presented in an annual report, published online in conjunction with QOF achievement data online tables and an interactive tool; broken down by clinical indicator and domains. The clinical domain is further presented by disease groups. The data is published at GP practice, GP Federation, LCG and NI level. Exception reporting statistics are also published in the annual report and again are accompanied by online tables. The data is again published at GP practice, GP Federation, LCG and NI level. https://www.health-ni.gov.uk/articles/quality-and-outcomes-framework-qof-statistics-annual-report A Quality Assessment of Administrative Data (QAAD) is available for QOF and raw disease prevalence; this is published alongside the annual publications.
Relevance	***The degree to which the statistical product meets user needs in both coverage and content.***
	Whilst voluntary, it is custom that all GP practices in Northern Ireland participate in the QOF and so are included in raw disease prevalence and QOF achievement/exceptions analysis. Although rare, on occasion agreements may be in place between the Health & Social Care Board (HSCB)* and an individual practice regarding QOF achievement, such that they may be excluded from analysis for the publications. In addition to presenting the annual QOF 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 by clinical indicator. 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). 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 this other publication, monitoring any changes or developments and if necessary, take on board such changes to improve our publication. *The HSCB officially closed on 31 March 2022; responsibility for its functions transferred to the DoH. As at national prevalence day and QOF achievement day 2021/22, the HSCB was still responsible for QOF; it has therefore been referred to throughout this document.

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Accuracy and Reliability	***The proximity between an estimate and the unknown true value.***
	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. The IT Solutions Company responsible for maintaining PCAS have their own internal quality assurance checks. The HSCB also validates the figures. 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.
Timeliness and Punctuality	***Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates.***
	There is a strict year end process for practices to submit both achievement and exception reporting data (the raw disease prevalence data forms part of this submission process). PSAB carries out quality assurance of the raw disease prevalence counts and the Adjusted Practice Disease Factors derived from this data. Any issues are raised with the HSCB, who in turn liaise with the contracted IT Company as required. Once figures are agreed, confirmation is sent to the IT Company allowing them to deploy the figures live within the payment system. PSAB can then compile and analyse the data for the annual raw disease prevalence publication. Publication of the annual raw disease prevalence report, data tables and interactive tool occurs in May each year. The achievement and exceptions 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 deadline date, although PSAB will await confirmation from the HSCB that the appeals process has been signed off. 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

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	operational and fit for purpose. This group is the forum where any issues can be discussed and resolved. Publication of the annual QOF Achievement and Exception Reporting Statistics occurs in late October each year. Twelve months advance notice of publications is given in the IAD Statistical Releases Calendar on the DoH website: *https://www.health-ni.gov.uk/publications/statistical-releases-calendar* 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.
Accessibility and Clarity	***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.***
	PSAB publishes (i) a raw disease prevalence report (including a spreadsheet and interactive tool) and (ii) a QOF annual report (covering achievement data and exception reporting statistics). The annual report is accompanied by online data tables and an interactive tool. All of the files are freely available on the Department of Health website at https://www.health-ni.gov.uk/articles/quality-and-outcomes-framework-qof-statistics-annual-report The report and accompanying quality documentation are available to download in PDF format and the achievement data files and exception files are available as Excel files. The publication is also accessible through the UK National Statistics Publication Hub at: http://www.statistics.gov.uk/hub/index.html Footnotes/caveats and annexes are provided in the publication which cover a range of explanatory information, such as sources and missing data. 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. Prevalence User Guidance Notes and QOF User Guidance Notes are available to download at https://www.health-ni.gov.uk/publications/qof-user-guidance-notes Contact information for further information if required is also provided in the report and User Guidance Notes. Links are provided to QOF publications in the other UK countries.

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Coherence and Comparability	***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.***
	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 moved to 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 HSCB objective evidence and feedback on the quality of care delivered to patients. QOF achievement data is available from 2004/05 onwards (data is published and archived back to 2015/16; previous years are available on request). Overall QOF achievement levels at LCG are compared across a 5 year period. Achievement at domain level (Clinical, Public Health including Additional Services, Patient Experience and Records & Systems) 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. Raw disease prevalence is available from 2004/05 onwards; note that new registers have been introduced at various stages since the QOF introduction and likewise some registers have been removed over the same time period. All available data for the time period that each register has been/was in operation is presented. The NI QOF has remained unchanged in terms of indicators, definitions and points since 2016/17. 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.

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	Limitations for Comparative Analysis: Comparative analysis of general practice 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. 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. 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. QOF comparability across the UK: • Although QOF is also in operation in England, the framework differs in terms of the indicators it contains and is therefore not directly comparable. • 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. QAIF replaced the Quality and Outcome Framework (QOF), which was originally introduced as part of the new GMS contract in 2004. It is not directly comparable with the NI QOF.
Trade-offs between Output Quality Components	***Trade-offs are the extent to which different aspects of quality are balanced against each other.***
	None
Assessment of User Needs and Perceptions	***The processes for finding out about users and uses, and their views on the statistical products.***
	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 this other 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.

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	Readers are provided with contact details for further information. Regular interaction with Departmental policy colleagues, ensures their user needs are met. We also gain awareness of users of our data from ad hoc requests for information. Both publications invite feedback from users.
Performance, Cost and Respondent Burden	***The effectiveness, efficiency and economy of the statistical output.***
	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.
Confidentiality, Transparency and Security	***The procedures and policy used to ensure sound confidentiality, security and transparent practices.***
	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. Disclosure controls are applied (i) to suppress register counts of less than 5 patients and the associated prevalence per 1,000 and (ii) to suppress less than 5 patients (both numerators and denominators) in the QOF achievement data files. 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. DoH's 'Statistical Policy Statement on Confidentiality' can be found in the Statistics Charter at: https://www.health-ni.gov.uk/publications/doh-statistics-charter