Raw Disease Prevalence in Northern Ireland 2021/22

Based on administrative data recorded on General Practice Disease Registers at 31st March 2022

Introduction and Background

Prevalence is a measure of the frequency of a disease or health condition in a population at a particular point in time. This bulletin presents the latest prevalence statistics for those diseases and conditions specified in the 2021/22 Quality and Outcomes Framework (QOF) as recorded by general practices in Northern Ireland at 31st March 2022.

Quality and Outcomes Framework

The Quality and Outcomes Framework 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. The Framework measures achievement against a range of evidence-based indicators, with points and payments awarded according to the level of achievement.

Prevalence data are used within QOF to calculate points and payments within each of the clinical domain areas. Points can only be awarded to a practice for a given clinical domain area if the practice can produce a register of patients with that disease or condition. The value of a point (£178.25) in each clinical domain area is adjusted up or down according to each practice's prevalence for each disease or condition, relative to the estimated regional Northern Ireland prevalence for that disease or condition. Please see Annex A for an illustration of this calculation.

Data Source

The data source for QOF is the Payment Calculation and Analysis System (PCAS), a Northern Ireland IT system that supports the QOF payment process. The system ensures consistency in the calculation of quality achievement and prevalence, and is linked to payment. PCAS also gives general practices and the Health and Social Care Board (HSCB) objective evidence and feedback on the quality of care delivered to patients. The HSCB officially closed on 31 March 2022; responsibility for its functions transferred to the Department of Health.

Raw Prevalence Rates

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. The prevalence statistics presented in this bulletin are **raw prevalence rates**. This means that **they take no account of differences between populations in terms of their age or gender profiles, or other factors that influence the prevalence of health conditions**. The calculated rate is simply the total number of patients on the disease register (at 31st March 2022), expressed as a proportion of the total number of patients registered with a practice (at 1st January 2022). As such, care should be taken when looking at trends in prevalence over time, by practice or across geographic areas.

Year-on-year changes in the size of disease registers are influenced by various factors including: changes in prevalence of the condition within the population; demographic changes, such as an ageing population; improvements in case finding by practices; and changes to the definition of the registers (time series trends provided in this bulletin are only presented for years in which there is a consistent definition).

Contents

Interpretation of the prevalence figures included in this bulletin and some key limitations

Prevalence is a measure of the frequency of a disease or health condition in a population at a particular point in time (and is different to incidence, which is a measure of the number of newly diagnosed cases within a particular time period).

QOF registers are constructed to support indicators on quality of care, and they do not necessarily equate to prevalence as may be defined by epidemiologists. Prevalence figures based on QOF registers may differ from prevalence figures from other sources due to coding or definitional issues. The asthma register, for example, excludes patients who have not been prescribed asthma-related drugs in the previous twelve months. Care should be taken to understand definitional differences, for example when comparing QOF prevalence with expected prevalence rates using public health models.

QOF data are collected centrally at practice level. There are no centrally held data on patient details that can be directly linked to the prevalence registers, so the registers cannot be analysed by patient characteristics such as age or gender. The collection of the QOF data at an aggregate level for each practice also precludes robust analysis of co-morbidity. Many patients are likely to suffer from co-morbidity, i.e. they are diagnosed with more than one of the conditions included in the QOF clinical domain, but this cannot be analysed due to the lack of patient level data.

Data from registers should be treated with caution in the first few years of reporting, as they are still being established and validated. Apparent increases in prevalence may be due to improvement in recording and case finding by GPs, rather than a true increase in the prevalence in the population.

Detailed disease prevalence data for Northern Ireland, from 2010, can be found here, with data available at GP practice, LCG and GP Federation levels. Northern Ireland level data is available from 2004/05. Historical data is also included on now-closed registers.

Where can I find information on QOF and Disease Prevalence across the UK?

England

Wales

Scotland

Note, the diseases/clinical areas included in QOF may differ across the UK. In addition, there may be definitional differences between countries for diseases/clinical areas.

Official Statistics for Cancer Prevalence in Northern Ireland are also available from the Northern Ireland Cancer Registry. These will differ from the QOF figures presented in this bulletin. For example, the QOF prevalence figures exclude non-melanotic skin cancers and the QOF register excludes patients diagnosed prior to 1st April 2003.

Contact

For further information regarding this statistical bulletin, please contact:

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Department of Health,
Room 2, Annex 2, Castle Buildings,
Stormont Estate,
Belfast, BT4 3SQ
Telephone: 028 9052 2160
E-mail: qofdataenquiries@health-ni.gov.uk

This bulletin presents the Northern Ireland disease prevalence data in a new format and we would particularly appreciate any comments or feedback, which can be sent to Laura Baird at the following e-mail address.
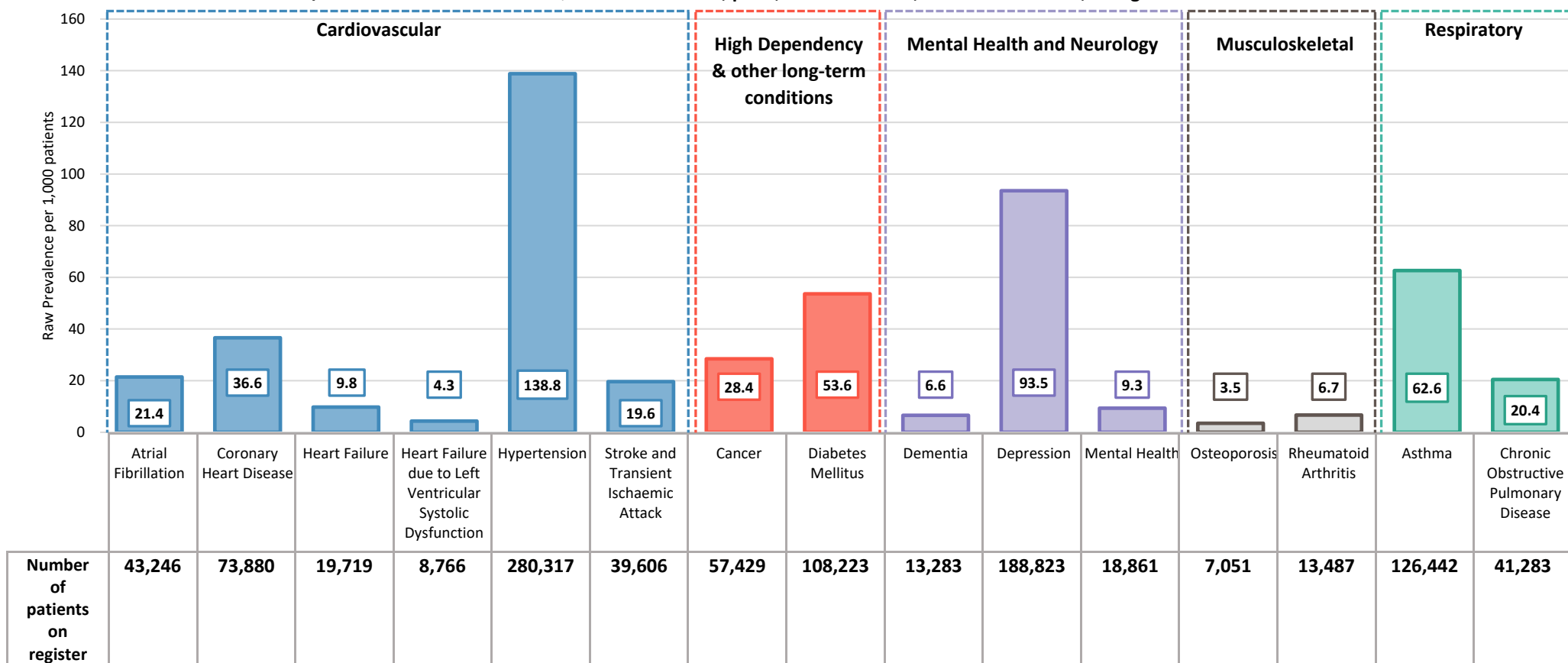
Email: laura.baird@health-ni.gov.uk

Raw Prevalence Rates by QOF Disease Register 2021/22

Overall Raw Prevalence Rates for 2021/22

Raw Prevalence of 15 disease/ conditions included in the QOF Clinical Domain, per 1,000 GP Patients, at 31st March 2022, All Ages

Disease	Atrial Fibrillation	Coronary Heart Disease	Heart Failure	Heart Failure due to Left Ventricular Systolic Dysfunction	Hypertension	Stroke and Transient Ischaemic Attack	Cancer	Diabetes Mellitus	Dementia	Depression	Mental Health	Osteoporosis	Rheumatoid Arthritis	Asthma	Chronic Obstructive Pulmonary Disease
Raw Prevalence	21.4	36.6	9.8	4.3	138.8	19.6	28.4	53.6	6.6	93.5	9.3	3.5	6.7	62.6	20.4
Number of patients on register	43,246	73,880	19,719	8,766	280,317	39,606	57,429	108,223	13,283	188,823	18,861	7,051	13,487	126,442	41,283

- The chart above shows the raw prevalence rates for the 15 registers that count patients with specific conditions or diseases as covered by the Quality and Outcomes Framework for 2021/22. The raw prevalence rate ranged from 138.8 per 1,000 patients for Hypertension to 3.5 per 1,000 patients for Osteoporosis.

- Four of the registers have a specific age requirement, but for QOF payment purposes, prevalence is calculated using the full patient list (all ages). While the rates presented in the chart above are expressed in terms of per 1,000 patients of **all ages**, the table across and the relevant pages in this report provide prevalence rates specifically in terms of the appropriate age-groups.

31-Mar-2022 Disease Register	Age Requirement	Number of patients on disease register	All Patients meeting age requirement	Raw prevalence rate per 1,000 patients meeting age requirement
Diabetes Mellitus	17+	108,223	1,600,222	**67.6**
Depression	18+	188,823	1,576,193	**119.8**
Osteoporosis	50+	7,051	729,061	**9.7**
Rheumatoid Arthritis	16+	13,487	1,624,248	**8.3**

Raw Prevalence Rates by QOF Disease Register

- **Time series**

- **by Local Commissioning Group Area (2021/22)**

- **by GP Federation Area (2021/22)**
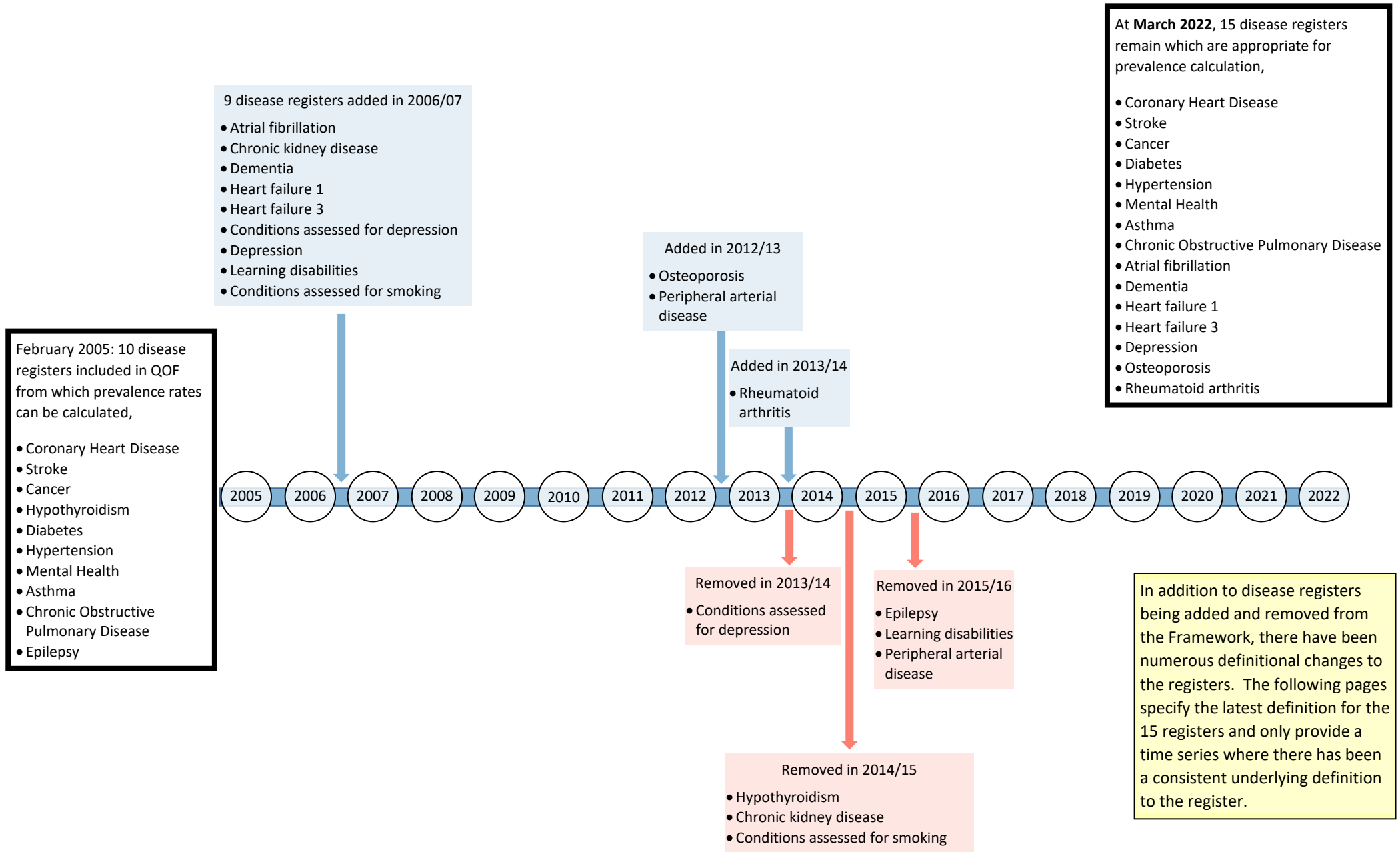
Comparing prevalence rates

Care should be taken when looking at trends in prevalence over time or across geographic areas.

The prevalence statistics presented in this bulletin are **raw prevalence rates**. This means that **they take no account of differences between populations in terms of their age or gender profiles, or other factors that influence the prevalence of health conditions**.

In addition, apparent increases in prevalence may be due to improvement in recording and case finding by GPs, rather than a true increase in the prevalence in the population.

Note, on each of the following disease pages, in the charts showing disease prevalence distribution among GP practices, raw prevalence per 1,000 is presented in bands of prevalence, such as zero to less than 5 (<5). For example, a practice with a prevalence rate of 4.8 per 1,000 would be included in this band.

Timeline of disease registers included in the Quality & Outcomes Framework – only includes those disease registers for which prevalence can be calculated

At **March 2022**, 15 disease registers remain which are appropriate for prevalence calculation,

- Coronary Heart Disease
- Stroke
- Cancer
- Diabetes
- Hypertension
- Mental Health
- Asthma
- Chronic Obstructive Pulmonary Disease
- Atrial fibrillation
- Dementia
- Heart failure 1
- Heart failure 3
- Depression
- Osteoporosis
- Rheumatoid arthritis

9 disease registers added in 2006/07

- Atrial fibrillation
- Chronic kidney disease
- Dementia
- Heart failure 1
- Heart failure 3
- Conditions assessed for depression
- Depression
- Learning disabilities
- Conditions assessed for smoking

Added in 2012/13

- Osteoporosis
- Peripheral arterial disease

Added in 2013/14

- Rheumatoid arthritis

February 2005: 10 disease registers included in QOF from which prevalence rates can be calculated,

- Coronary Heart Disease
- Stroke
- Cancer
- Hypothyroidism
- Diabetes
- Hypertension
- Mental Health
- Asthma
- Chronic Obstructive Pulmonary Disease
- Epilepsy

2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022

Removed in 2013/14

- Conditions assessed for depression

Removed in 2015/16

- Epilepsy
- Learning disabilities
- Peripheral arterial disease

Removed in 2014/15

- Hypothyroidism
- Chronic kidney disease
- Conditions assessed for smoking

In addition to disease registers being added and removed from the Framework, there have been numerous definitional changes to the registers. The following pages specify the latest definition for the 15 registers and only provide a time series where there has been a consistent underlying definition to the register.

Atrial Fibrillation – *Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate.*
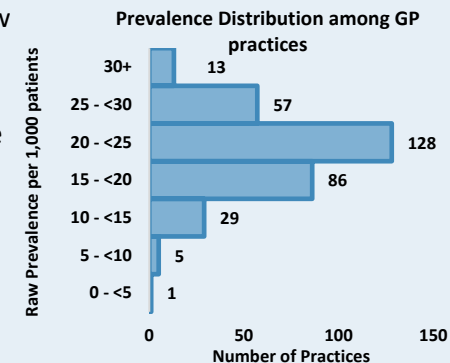
QOF Register Definition: Number of patients with atrial fibrillation. Prevalence data are available, on a consistent basis, from 2007.

Raw Prevalence of <u>Atrial Fibrillation</u> per 1,000 GP Patients at 31st March*, 2007-2022


*Prior to 2010, prevalence was as at 14th February
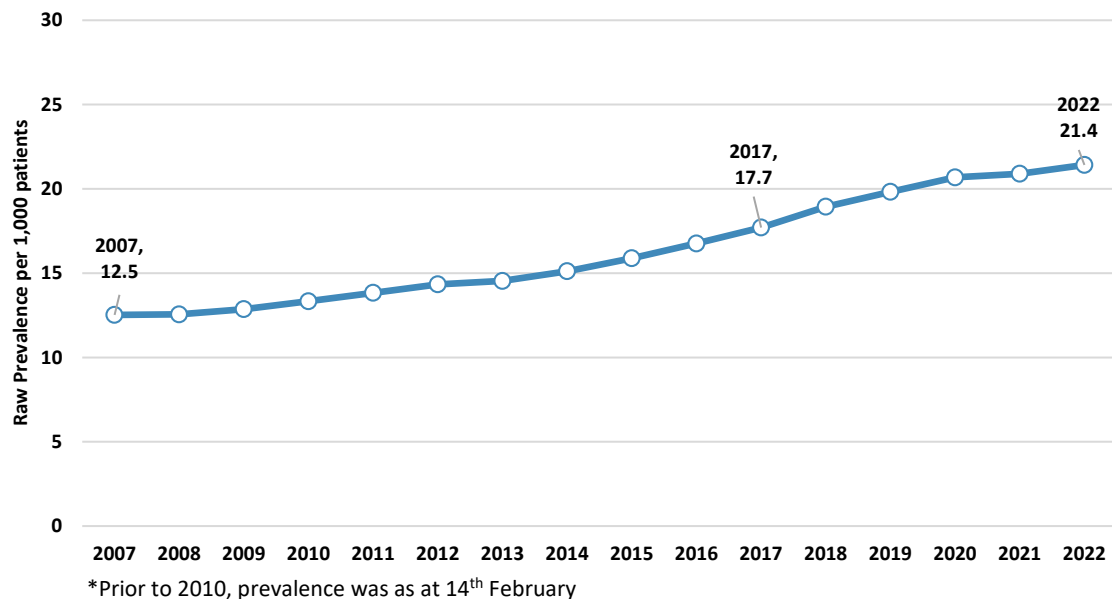
Atrial Fibrillation

- There were 43,246 GP patients recorded on the Atrial Fibrillation register at 31st March 2022. This equates to a raw prevalence rate of 21.4 per 1,000 patients.

- The raw prevalence rate ranged from 19.0 per 1,000 among practices in Southern LCG, to 24.7 per 1,000 in South Eastern LCG.

- The raw prevalence rate ranged from 17.9 per 1,000 among practices in South Belfast GP Federation area, to 26.2 per 1,000 in Ards.

- Among the 319 practices, the raw prevalence rate ranged from a minimum of 2.4 per 1,000 to a maximum of 45.2 per 1,000. The frequency chart (across) shows that for 128 practices (40%) the rate fell in the range of 20 to <25 per 1,000.

Prevalence Distribution among GP practices

Raw Prevalence of <u>Atrial Fibrillation</u> per 1,000 GP Patients at 31st March 2022 by Local Commissioning Group Area

GP Federation Area
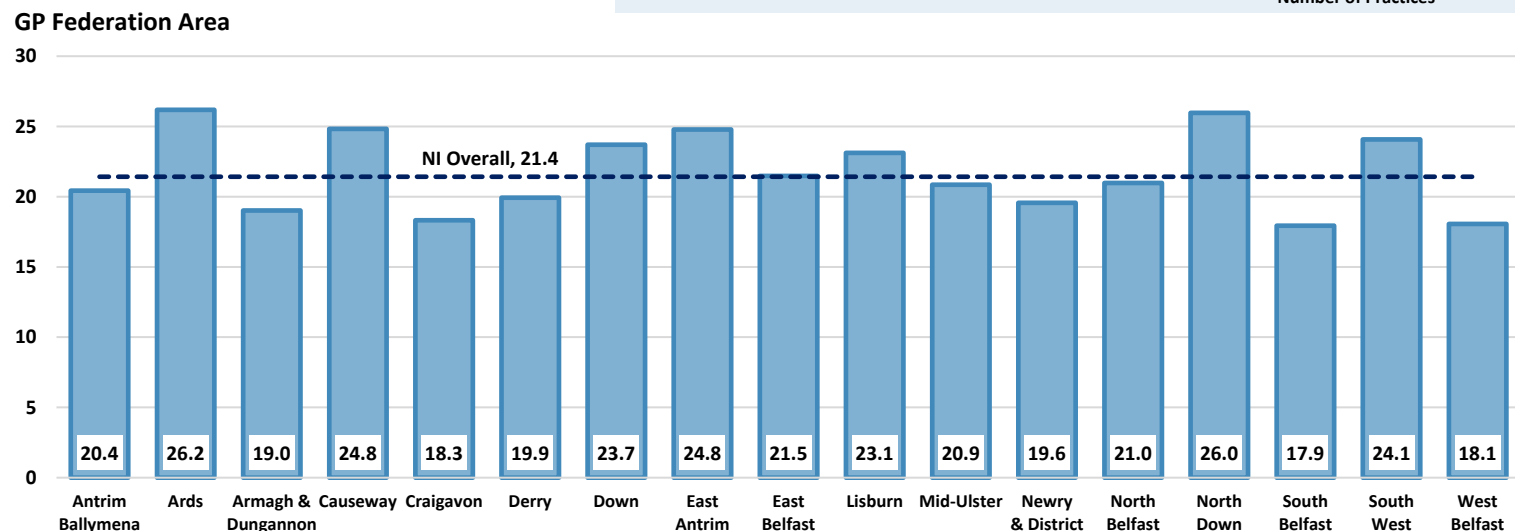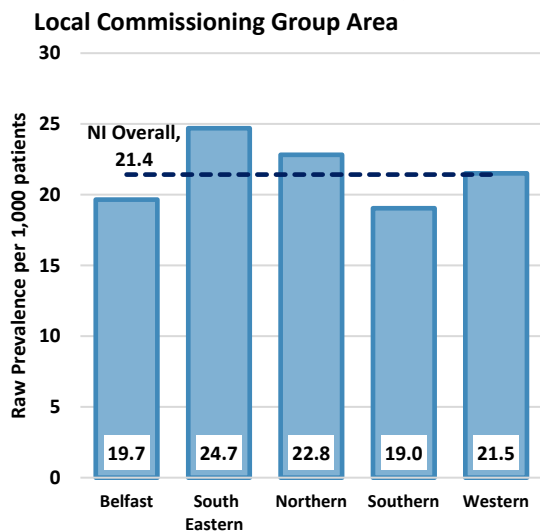
Coronary Heart Disease – *Coronary heart disease is sometimes called ischaemic heart disease or coronary artery disease.*
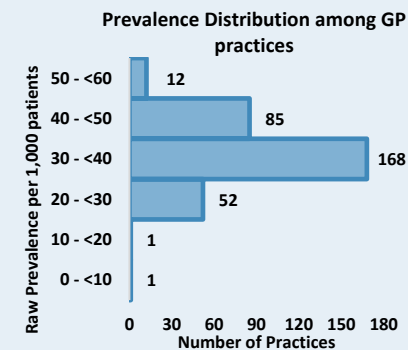
QOF Register Definition: Number of patients with coronary heart disease. Prevalence data are available, on a consistent basis, from 2005

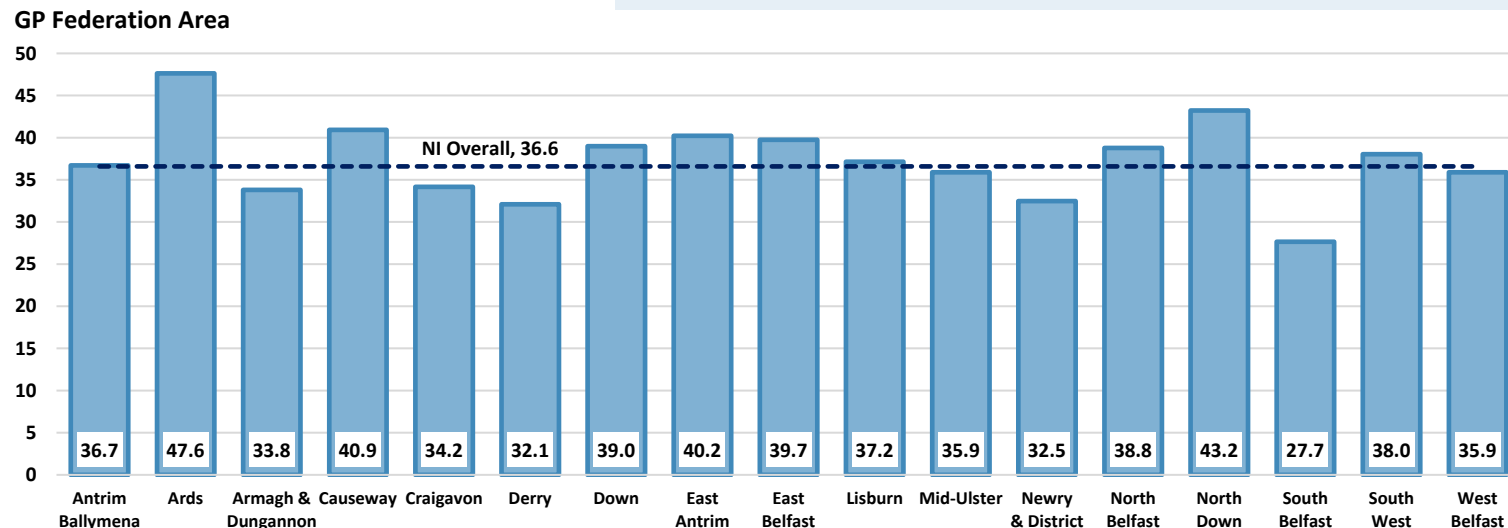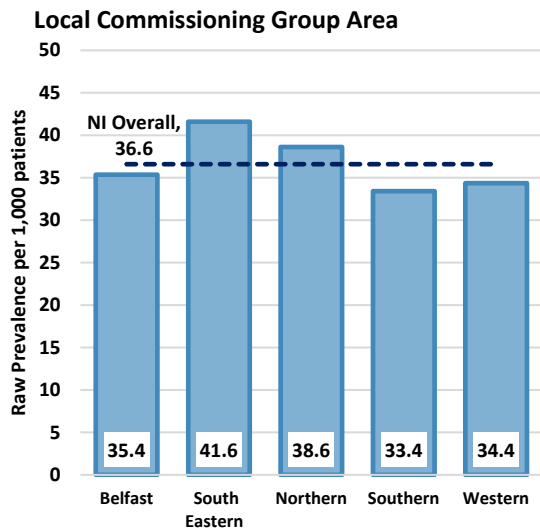**Raw Prevalence of <u>Coronary Heart Disease</u> per 1,000 GP Patients at 31st March*, 2005-2022**

2005, 41.7 — 2017, 37.8 — 2022, 36.6

*Prior to 2010, prevalence was as at 14th February
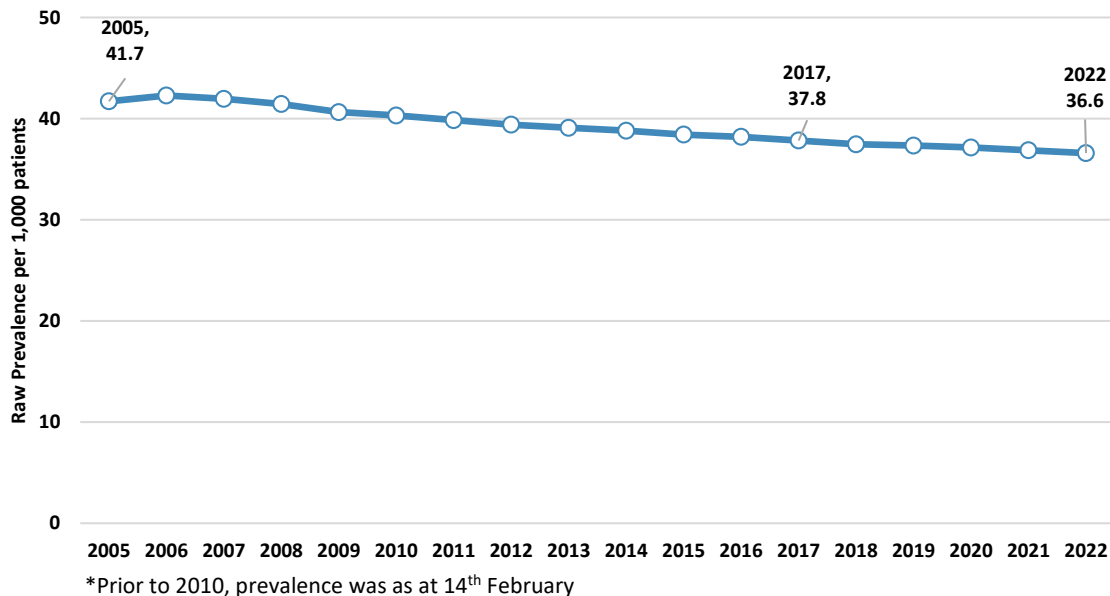
Coronary Heart Disease

- There were 73,880 GP patients recorded on the Coronary Heart Disease register at 31st March 2022. This equates to a raw prevalence rate of 36.6 per 1,000 patients.
- The raw prevalence rate ranged from 33.4 per 1,000 among practices in Southern LCG to 41.6 per 1,000 in South Eastern LCG.
- The raw prevalence rate ranged from 27.7 per 1,000 among practices in South Belfast GP Federation area to 47.6 per 1,000 in Ards.
- Among the 319 practices, the raw prevalence rate ranged from a minimum of 2.8 per 1,000 to a maximum of 55.3 per 1,000. The frequency chart (across) shows that for 168 practices (53%) the rate fell in the range of 30 to <40 per 1,000.

Prevalence Distribution among GP practices

Range	Practices
50 - <60	12
40 - <50	85
30 - <40	168
20 - <30	52
10 - <20	1
0 - <10	1

Raw Prevalence of <u>Coronary Heart Disease</u> per 1,000 GP Patients at 31st March 2022 by

Local Commissioning Group Area

NI Overall, 36.6

Belfast	South Eastern	Northern	Southern	Western
35.4	41.6	38.6	33.4	34.4

GP Federation Area

NI Overall, 36.6

Antrim Ballymena	Ards	Armagh & Dungannon	Causeway	Craigavon	Derry	Down	East Antrim	East Belfast	Lisburn	Mid-Ulster	Newry & District	North Belfast	North Down	South Belfast	South West	West Belfast
36.7	47.6	33.8	40.9	34.2	32.1	39.0	40.2	39.7	37.2	35.9	32.5	38.8	43.2	27.7	38.0	35.9

Heart Failure – *Heart failure means that the heart is unable to pump blood around the body properly. It usually occurs because the heart has become too weak or stiff.*
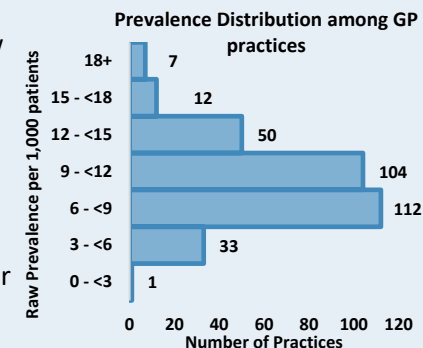
QOF Register Definition: Number of patients with heart failure. Prevalence data are available, on a consistent basis, from 2007.

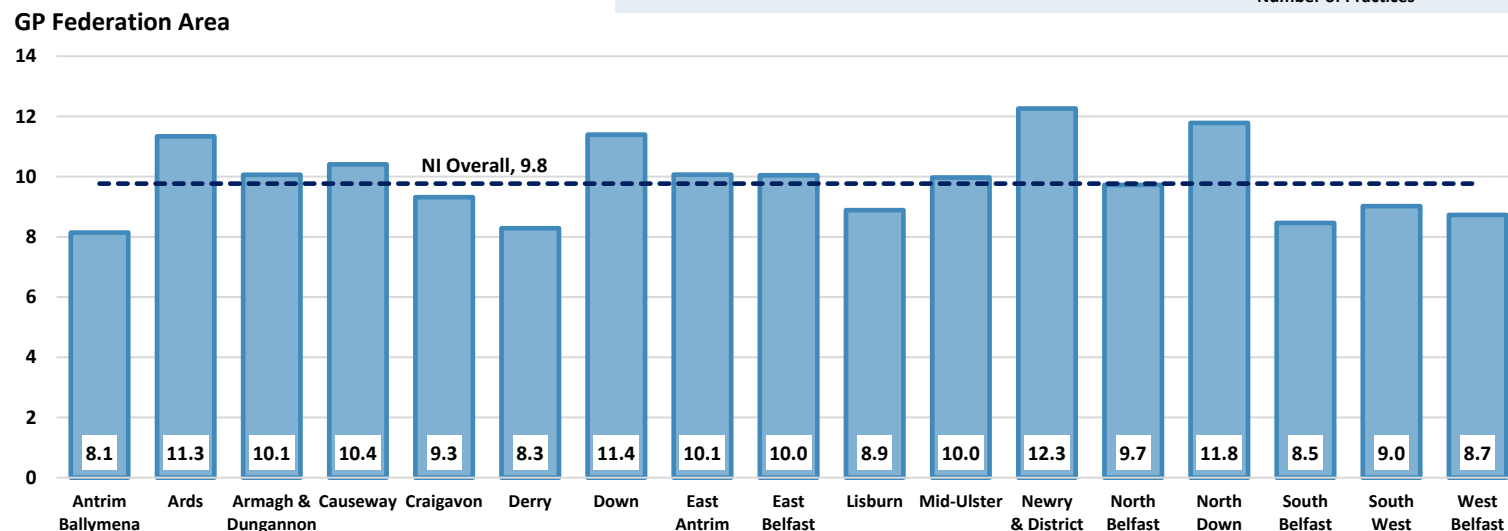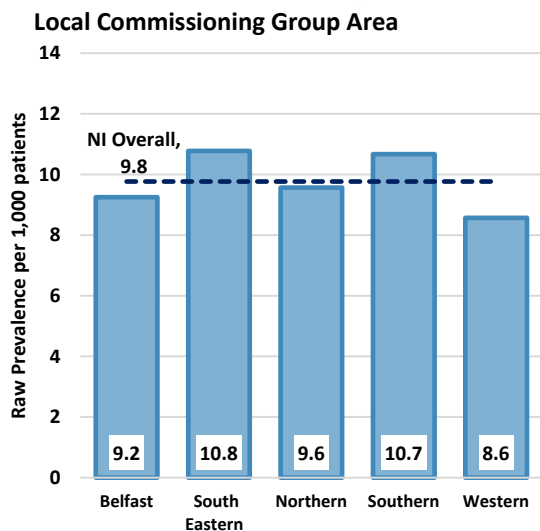**Raw Prevalence of <u>Heart Failure</u> per 1,000 GP Patients at 31st March*, 2007-2022**

2007, 8.2
2017, 8.5
2022, 9.8

*Prior to 2010, prevalence was as at 14th February
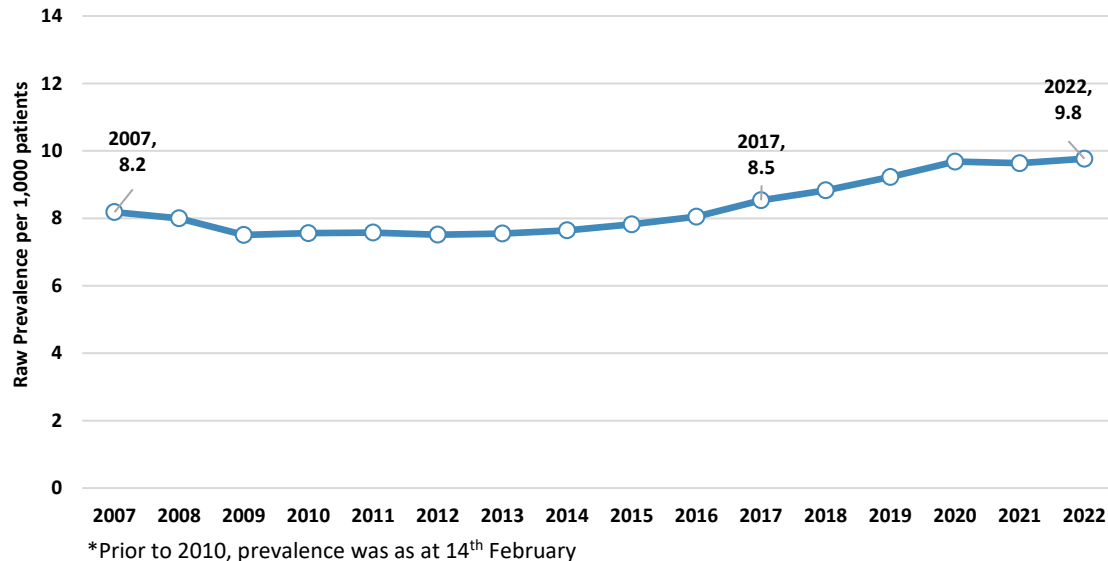
Heart Failure

- There were 19,719 GP patients recorded on the Heart Failure register at 31st March 2022. This equates to a raw prevalence rate of 9.8 per 1,000 patients.

- The raw prevalence rate ranged from 8.6 per 1,000 among practices in Western LCG to 10.8 per 1,000 in South Eastern LCG.

- The raw prevalence rate ranged from 8.1 per 1,000 among practices in Antrim Ballymena GP Federation areas to 12.3 per 1,000 in Newry & District.

- Among the 319 practices, the raw prevalence rate ranged from a minimum of 0.5 per 1,000 to a maximum of 28.0 per 1,000. The frequency chart (across) shows that for 112 practices (35%) the rate fell in the range of 6 to <9 per 1,000.

Prevalence Distribution among GP practices

Range	Number of Practices
18+	7
15 - <18	12
12 - <15	50
9 - <12	104
6 - <9	112
3 - <6	33
0 - <3	1

Raw Prevalence of <u>Heart Failure</u> per 1,000 GP Patients at 31st March 2022 by

Local Commissioning Group Area

NI Overall, 9.8

Belfast	South Eastern	Northern	Southern	Western
9.2	10.8	9.6	10.7	8.6

GP Federation Area

NI Overall, 9.8

Antrim Ballymena	Ards	Armagh & Dungannon	Causeway	Craigavon	Derry	Down	East Antrim	East Belfast	Lisburn	Mid-Ulster	Newry & District	North Belfast	North Down	South Belfast	South West	West Belfast
8.1	11.3	10.1	10.4	9.3	8.3	11.4	10.1	10.0	8.9	10.0	12.3	9.7	11.8	8.5	9.0	8.7

Heart Failure due to Left Ventricular Systolic Dysfunction – *Left ventricular systolic dysfunction - the heart does not pump efficiently, and does not contract the way it should between heartbeats*
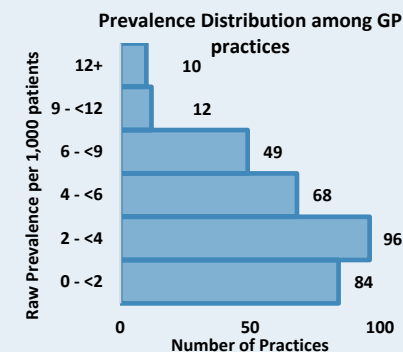
QOF Register Definition: Number of patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction (LVSD) and currently treated with an ACE-I or ARB. Prevalence data are available, on a consistent basis, from 2014.

Raw Prevalence of <u>Heart Failure due to Left Ventricular Systolic Dysfunction</u> **per 1,000 GP Patients, at 31ˢᵗ March, 2014-2022**
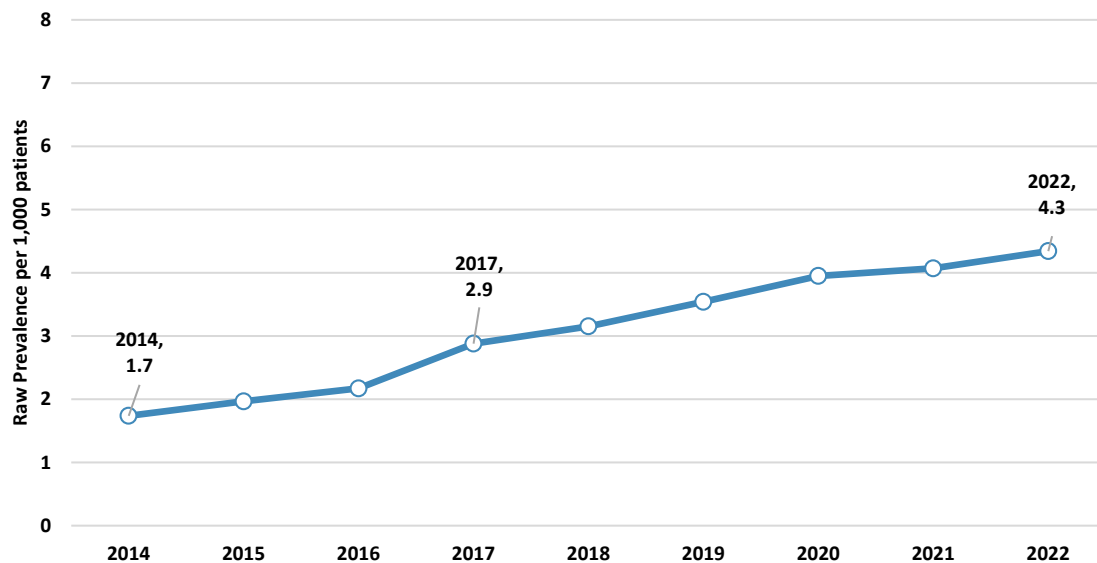
Heart Failure due to Left Ventricular Systolic Dysfunction

- There were 8,766 GP patients recorded on the Heart Failure due to Left Ventricular Systolic Dysfunction register at 31ˢᵗ March 2022. This equates to a raw prevalence rate of 4.3 per 1,000 patients.
- The raw prevalence rate ranged from 3.8 per 1,000 among practices in Western LCG to 5.1 per 1,000 in Southern LCG.
- The raw prevalence rate ranged from 3.0 per 1,000 among practices in Antrim Ballymena GP Federation area to 7.0 per 1,000 in Newry & District.
- Among the 319 practices, the raw prevalence rate ranged from a minimum of zero per 1,000 to a maximum of 21.0 per 1,000. The frequency chart (across) shows that for 96 practices (30%) the rate fell in the range of 2 to <4 per 1,000.


Raw Prevalence of <u>Heart Failure due to Left Ventricular Systolic Dysfunction</u> **per 1,000 GP Patients at 31ˢᵗ March 2022 by**

Local Commissioning Group Area

GP Federation Area
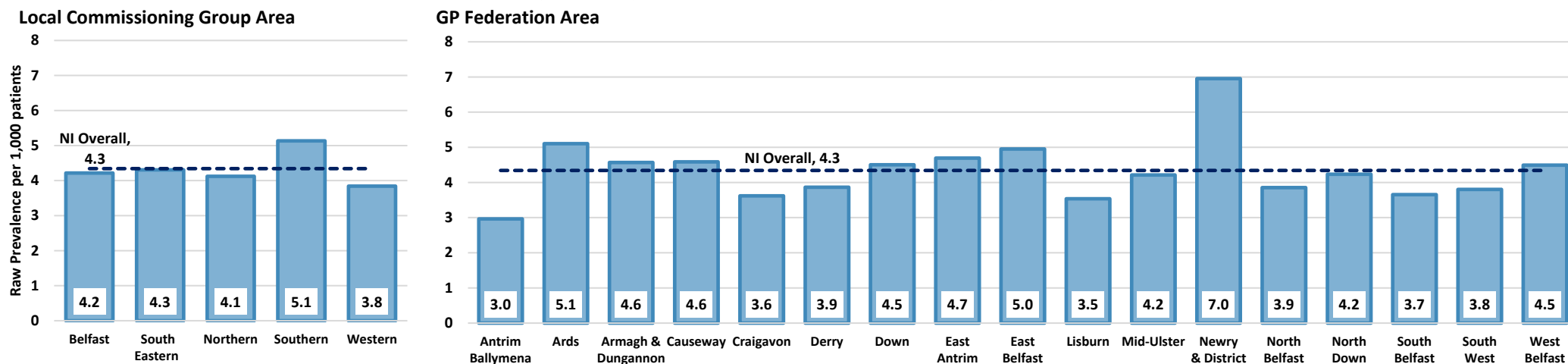
Hypertension – *High blood pressure*

QOF Register Definition: Number of patients with established hypertension. Prevalence data are available, on a consistent basis, from 2005.
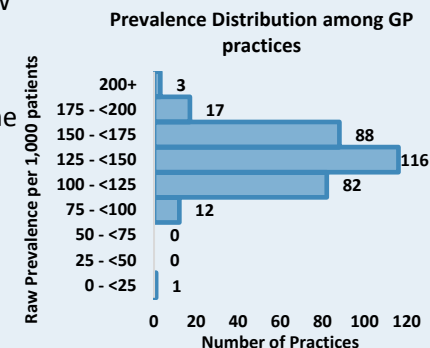
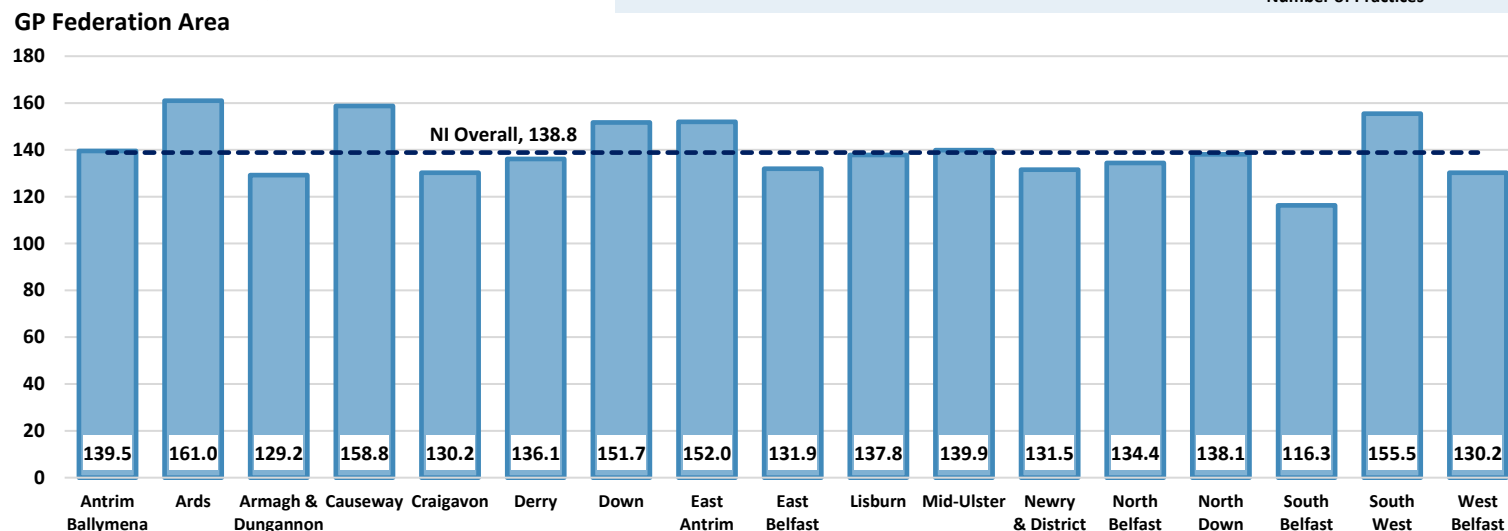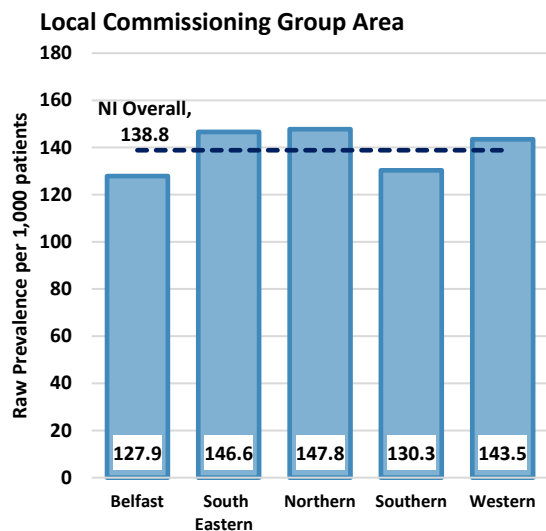**Raw Prevalence of Hypertension per 1,000 GP Patients at 31st March*, 2005-2022**
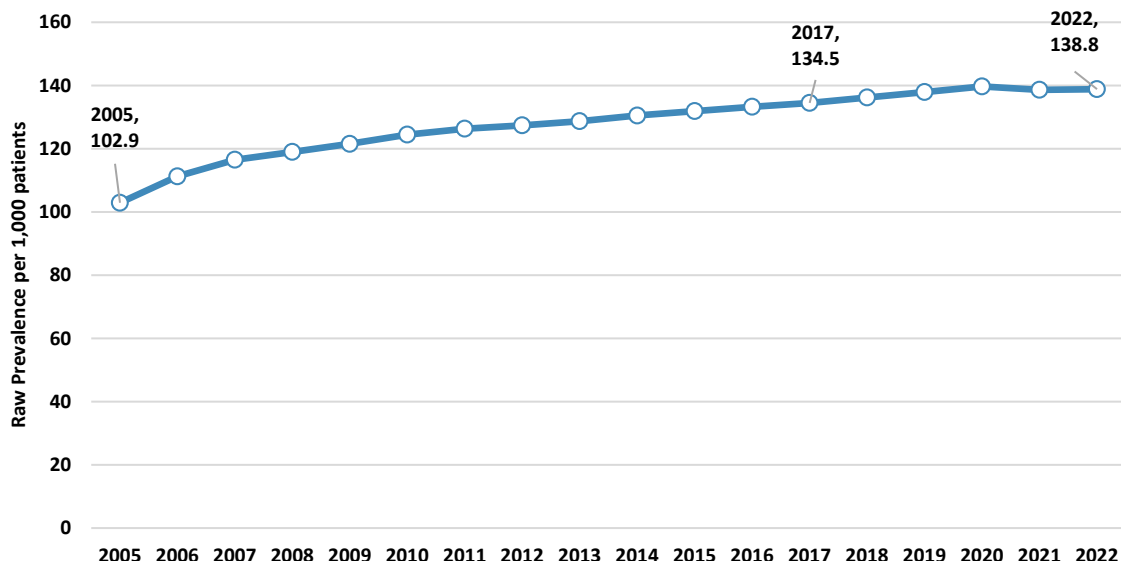
*Prior to 2010, prevalence was as at 14th February

Hypertension

- There were 280,317 GP patients recorded on the Hypertension register at 31st March 2022. This equates to a raw prevalence rate of 138.8 per 1,000 patients.

- The raw prevalence rate ranged from 127.9 per 1,000 among practices in Belfast LCG to 147.8 per 1,000 in Northern LCG.

- The raw prevalence rate ranged from 116.3 per 1,000 among practices in South Belfast GP Federation area to 161.0 per 1,000 in Ards.

- Among the 319 practices, the raw prevalence rate ranged from a minimum of 20.7 per 1,000 to a maximum of 227.4 per 1,000. The frequency chart (across) shows that for 116 practices (36%) the rate fell in the range of 125 to <150 per 1,000.

Prevalence Distribution among GP practices

Raw Prevalence of Hypertension per 1,000 GP Patients at 31st March 2022 by

Local Commissioning Group Area

Belfast	South Eastern	Northern	Southern	Western
127.9	146.6	147.8	130.3	143.5

NI Overall, 138.8

GP Federation Area

Antrim Ballymena	Ards	Armagh & Dungannon	Causeway	Craigavon	Derry	Down	East Antrim	East Belfast	Lisburn	Mid-Ulster	Newry & District	North Belfast	North Down	South Belfast	South West	West Belfast
139.5	161.0	129.2	158.8	130.2	136.1	151.7	152.0	131.9	137.8	139.9	131.5	134.4	138.1	116.3	155.5	130.2

NI Overall, 138.8

Stroke and Transient Ischaemic Attack – *A stroke is a serious life-threatening medical condition that happens when the blood supply to part of the brain is cut off. A transient ischaemic attack (TIA) or "mini stroke" is caused by a temporary disruption in the blood supply to part of the brain.*
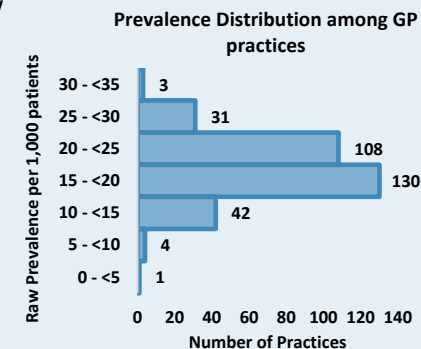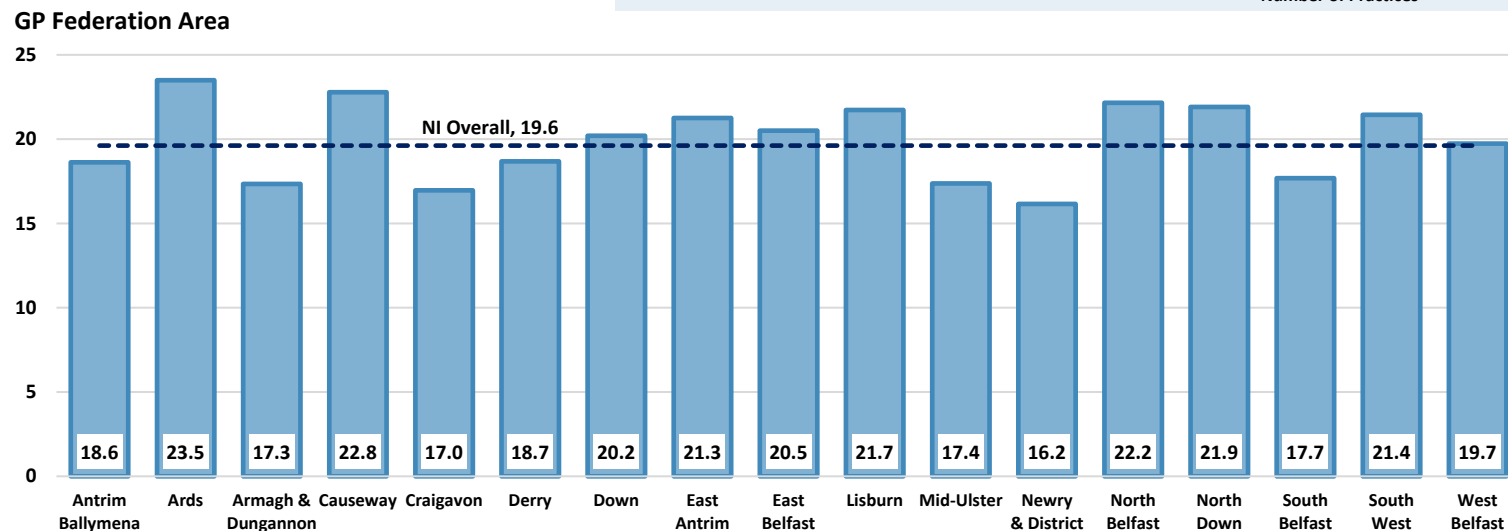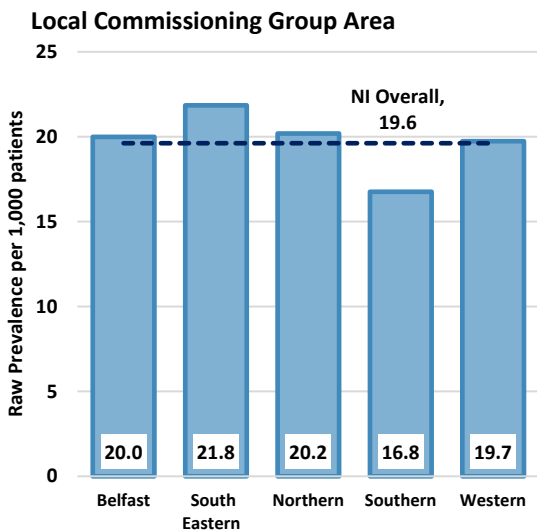
QOF Register Definition: Number of patients with stroke or transient ischaemic attack (TIA). Prevalence data are available, on a consistent basis, from 2005.

Raw Prevalence of <u>Stroke and Transient Ischaemic Attack</u> per 1,000 GP Patients at 31ˢᵗ March*, 2005-2022

*Prior to 2010, prevalence was as at 14ᵗʰ February
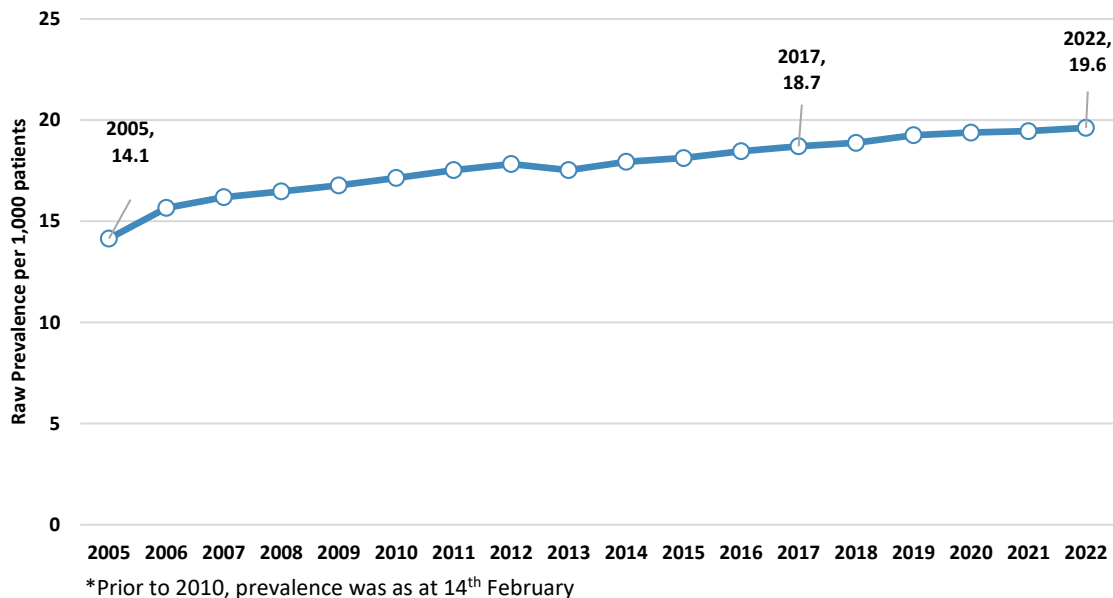
Stroke and Transient Ischaemic Attack

- There were 39,606 GP patients recorded on the Stroke and Transient Ischaemic Attack register at 31ˢᵗ March 2022. This equates to a raw prevalence rate of 19.6 per 1,000 patients.
- The raw prevalence rate ranged from 16.8 per 1,000 among practices in Southern LCG to 21.8 per 1,000 in South Eastern LCG.
- The raw prevalence rate ranged from 16.2 per 1,000 among practices in Newry & District GP Federation area to 23.5 per 1,000 in Ards.
- Among the 319 practices, the raw prevalence rate ranged from a minimum of 2.2 per 1,000 to a maximum of 34.7 per 1,000. The frequency chart (across) shows that for 130 practices (41%) the rate fell in the range of 15 to <20 per 1,000.

Prevalence Distribution among GP practices

Raw Prevalence of <u>Stroke and Transient Ischaemic Attack</u> per 1,000 GP Patients at 31ˢᵗ March 2022 by

Local Commissioning Group Area

GP Federation Area

Cancer – *Cancer is a condition where cells in a specific part of the body grow and reproduce uncontrollably.*
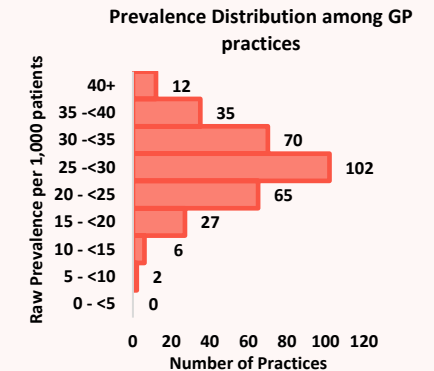
QOF Register Definition: Number of patients with a diagnosis of cancer, excluding non-melanotic skin cancers, from 1st April 2003. Prevalence data are available, on a consistent basis, from 2005. *Because of the cut-off date in this definition, prevalence trends are obscured by the increase in the size of the register due to the cumulative accrual of new cancer cases onto practice registers with each passing year. Increases in the register size will be, at least in part, due to the cumulative nature of the register.*

Raw Prevalence of <u>Cancer</u> per 1,000 GP Patients at 31st March*, 2005-2022

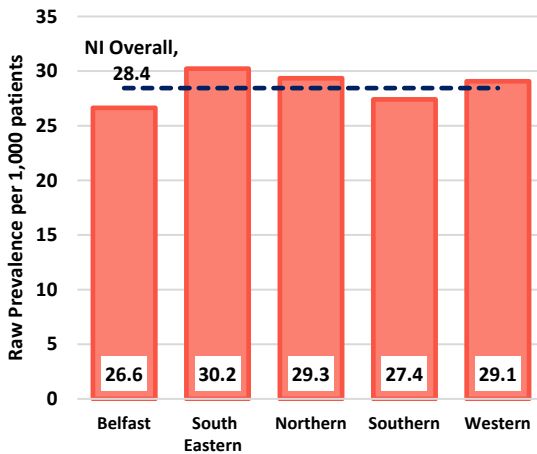**Prior to 2010, prevalence was as at 14th February*
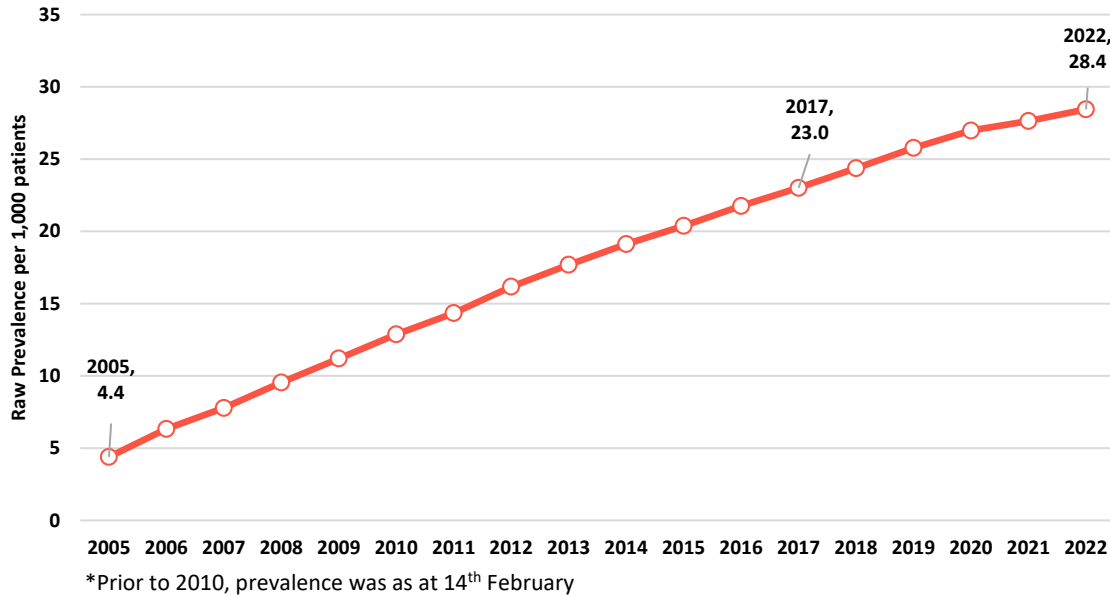
Cancer

- There were 57,429 GP patients recorded on the Cancer register at 31st March 20212. This equates to a raw prevalence rate of 28.4 per 1,000 patients.

- The raw prevalence rate ranged from 26.6 per 1,000 among practices in Belfast LCG to 30.2 per 1,000 in South Eastern LCG.

- The raw prevalence rate ranged from 24.8 per 1,000 among practices in West Belfast GP Federation area to 33.8 per 1,000 in North Down.

- Among the 319 practices, the raw prevalence rate ranged from a minimum of 6.1 per 1,000 to a maximum of 51.6 per 1,000. The frequency chart (across) shows that for 102 practices (32%) the rate fell in the range of 25 to <30 per 1,000.
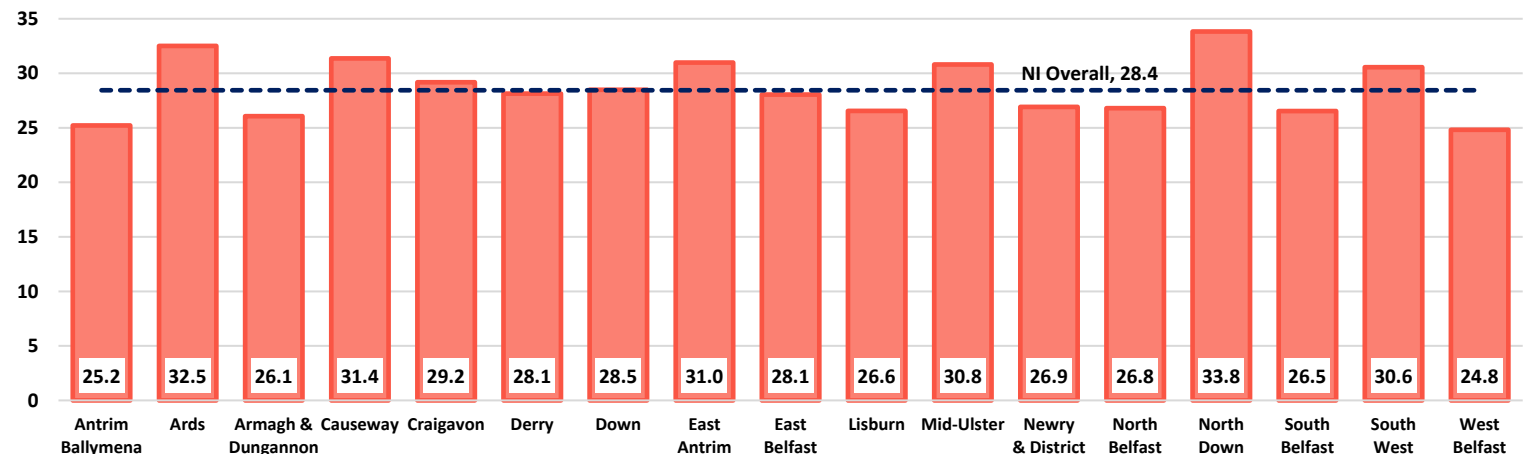
Prevalence Distribution among GP practices

Raw Prevalence of <u>Cancer</u> per 1,000 GP Patients at 31st March 2022 by

Local Commissioning Group Area

Belfast	South Eastern	Northern	Southern	Western
26.6	30.2	29.3	27.4	29.1

NI Overall, 28.4

GP Federation Area

| Antrim Ballymena	Ards	Armagh & Dungannon	Causeway	Craigavon	Derry	Down	East Antrim	East Belfast	Lisburn	Mid-Ulster	Newry & District	North Belfast	North Down	South Belfast	South West	West Belfast
25.2	32.5	26.1	31.4	29.2	28.1	28.5	31.0	28.1	26.6	30.8	26.9	26.8	33.8	26.5	30.6	24.8

NI Overall, 28.4

Diabetes Mellitus – *Diabetes is a lifelong condition that causes a person's blood sugar level to become too high.*
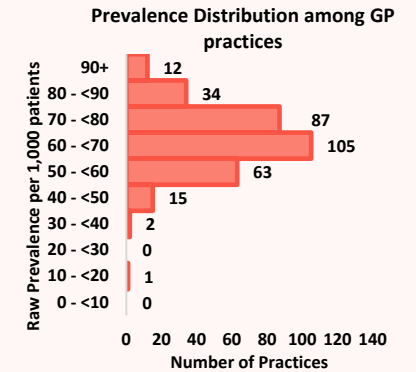
QOF Register Definition: Number of patients aged 17 years and over with diabetes mellitus, which specifies the type of diabetes where a diagnosis has been confirmed. Prevalence data are available, on a consistent basis, from 2007.

Raw Prevalence of <u>Diabetes Mellitus</u> per 1,000 GP Patients aged 17+, at 31st March*, 2007-2022

2017, 59.7
2007, 40.4
2022, 67.6

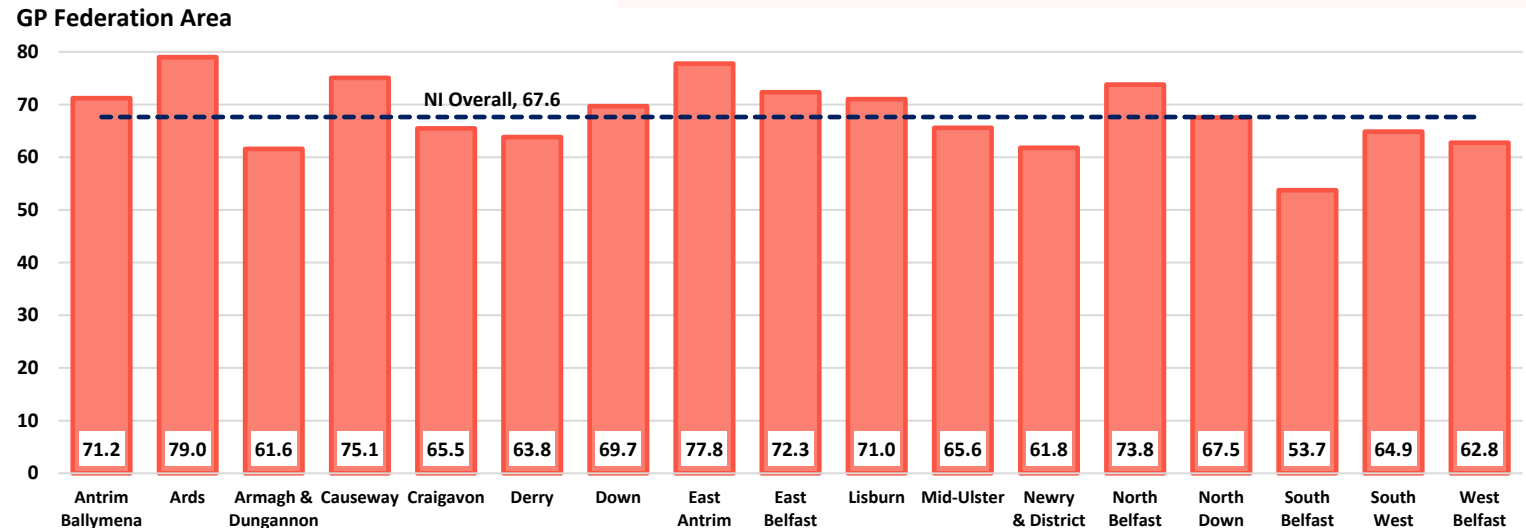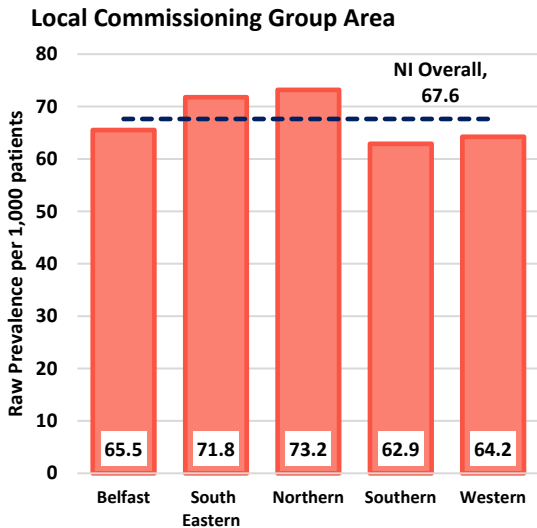*Prior to 2010, prevalence was as at 14th February
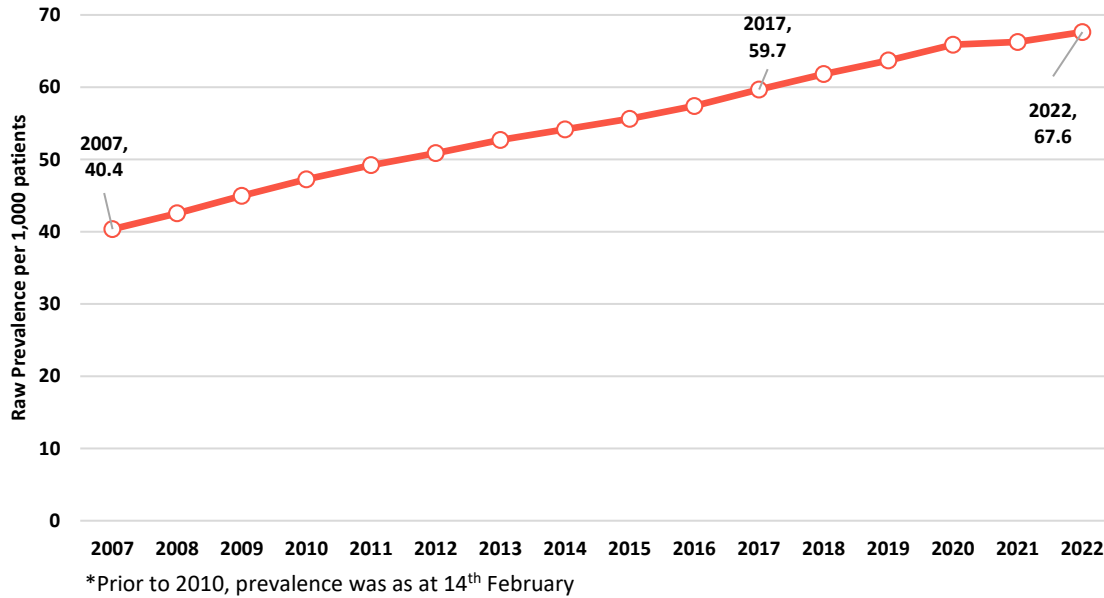
Diabetes Mellitus

- There were 108,223 GP patients recorded on the Diabetes Mellitus register at 31st March 2021. This equates to a raw prevalence rate of 67.6 per 1,000 patients (aged 17+).
- The raw prevalence rate ranged from 62.9 per 1,000 among practices in Southern LCG to 73.2 per 1,000 in Northern LCG.
- The raw prevalence rate ranged from 53.7 per 1,000 among practices in South Belfast GP Federation area to 79.0 per 1,000 in Ards.
- Among the 319 practices, the raw prevalence rate ranged from a minimum of 10.8 per 1,000 to a maximum of 116.7 per 1,000. The frequency chart (across) shows that for 105 practices (33%) the rate fell in the range of 60 to <70 per 1,000.

*All calculations use the 17+ registered list*

Prevalence Distribution among GP practices

Range	Number of Practices
90+	12
80 - <90	34
70 - <80	87
60 - <70	105
50 - <60	63
40 - <50	15
30 - <40	2
20 - <30	0
10 - <20	1
0 - <10	0

Raw Prevalence of <u>Diabetes Mellitus</u> per 1,000 GP Patients aged 17+, at 31st March 2022 by

Local Commissioning Group Area

NI Overall, 67.6

Belfast	South Eastern	Northern	Southern	Western
65.5	71.8	73.2	62.9	64.2

GP Federation Area

NI Overall, 67.6

Antrim Ballymena	Ards	Armagh & Dungannon	Causeway	Craigavon	Derry	Down	East Antrim	East Belfast	Lisburn	Mid-Ulster	Newry & District	North Belfast	North Down	South Belfast	South West	West Belfast
71.2	79.0	61.6	75.1	65.5	63.8	69.7	77.8	72.3	71.0	65.6	61.8	73.8	67.5	53.7	64.9	62.8

Dementia – *Dementia is the name for problems with mental abilities caused by gradual changes and damage in the brain.*
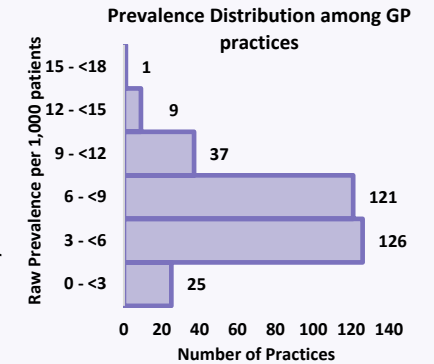
QOF Register Definition: Number of patients diagnosed with dementia. Prevalence data are available, on a consistent basis, from 2007.

**Raw Prevalence of Dementia per 1,000 GP Patients at 31st March*, 2007-2022**

*Prior to 2010, prevalence was as at 14th February
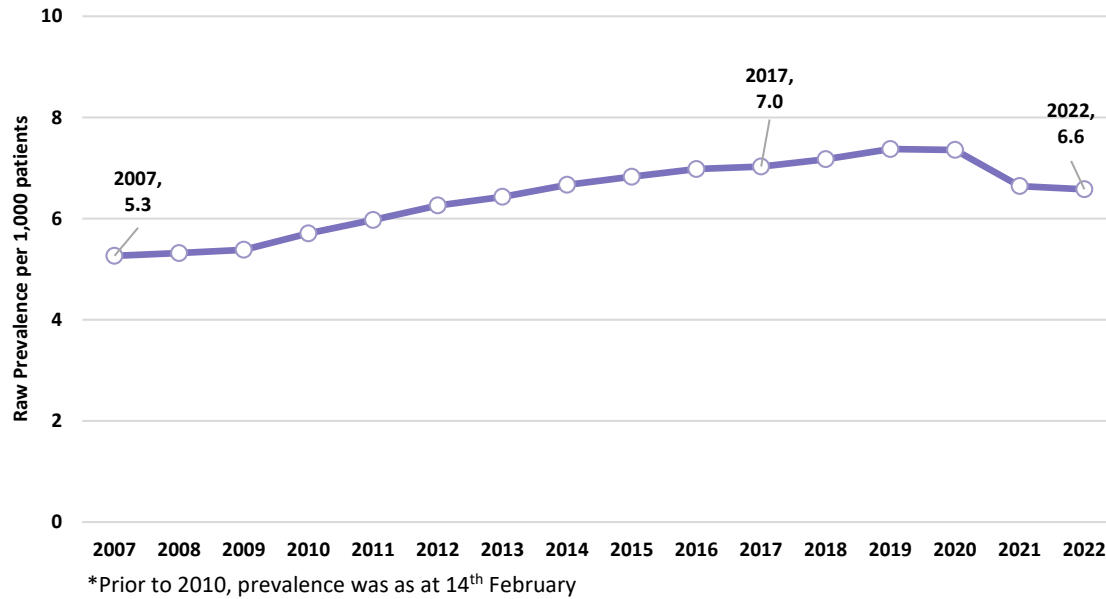
Dementia

- There were 13,283 GP patients recorded on the Dementia register at 31st March 2022. This equates to a raw prevalence rate of 6.6 per 1,000 patients.
- The raw prevalence rate ranged from 5.5 per 1,000 among practices in Southern LCG to 7.9 per 1,000 in Western LCG.
- The raw prevalence rate ranged from 5.1 per 1,000 among practices in Causeway GP Federation area to 8.6 per 1,000 in North Down.
- Among the 319 practices, the raw prevalence rate ranged from a minimum of 0.5 per 1,000 to a maximum of 16.2 per 1,000. The frequency chart (across) shows that for 126 practices (39%) the rate fell in the range of 3 to <6 per 1,000.

Prevalence Distribution among GP practices

Raw Prevalence of Dementia per 1,000 GP Patients at 31st March 2022 by Local Commissioning Group Area / GP Federation Area
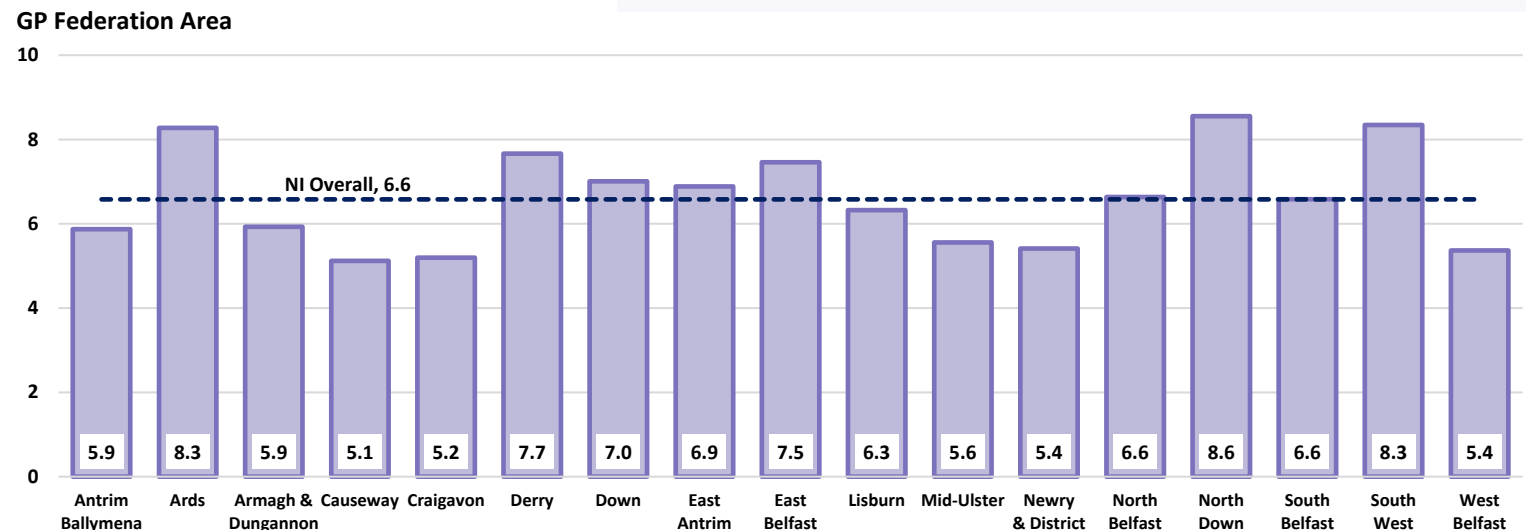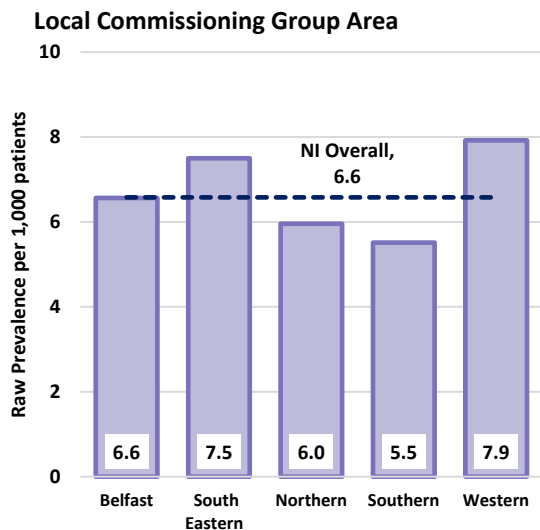
Depression – *The symptoms of depression range from mild to severe. At its mildest, you may simply feel persistently low in spirit, while severe depression can make you feel suicidal, that life is no longer worth living.*
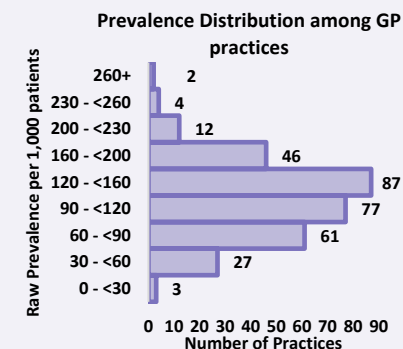
QOF Register Definition: Number of patients aged 18 years and over diagnosed with depression since April 2006. *Prevalence data are available, on a consistent basis, from 2013. Increases in the register size will be, at least in part, due to the cumulative nature of the register.*

Raw Prevalence of <u>Depression</u> per 1,000 GP Patients aged 18+, at 31st March, 2013-2022
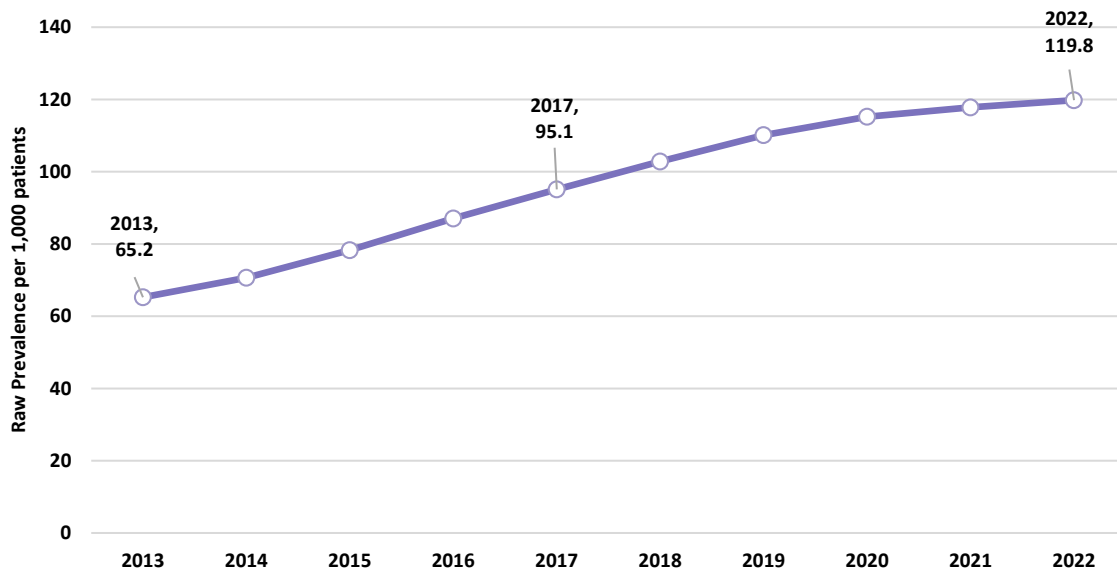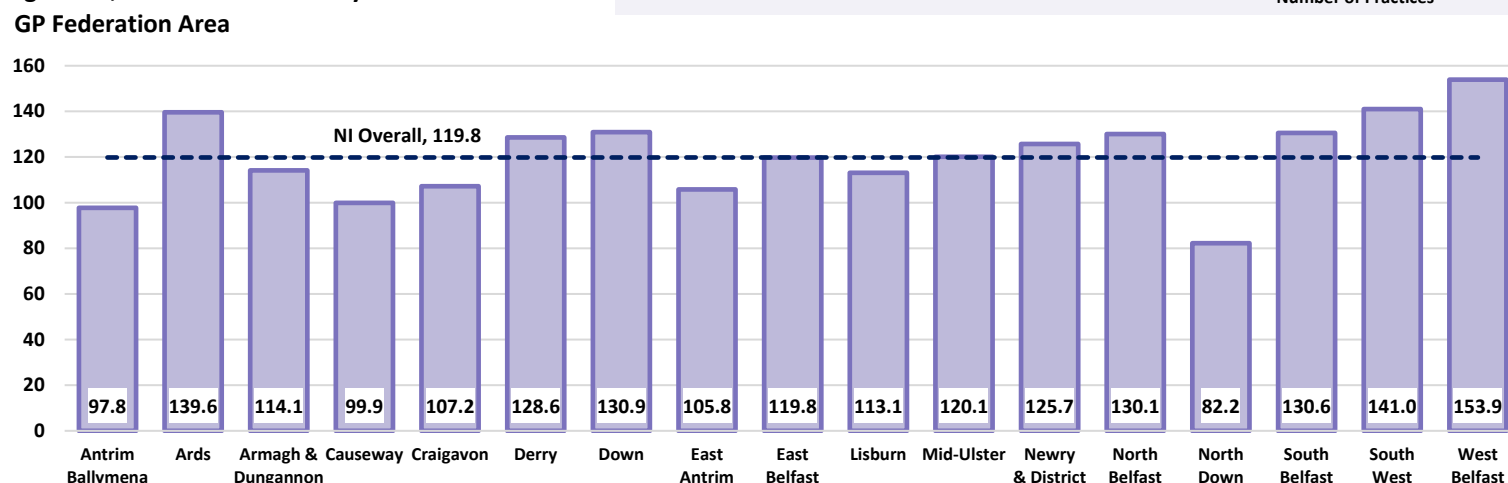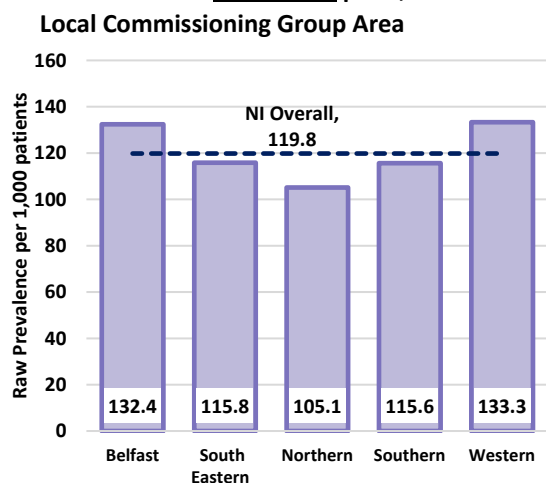

Depression

- There were 188,823 GP patients recorded on the Depression register at 31st March 2022. This equates to a raw prevalence rate of 119.8 per 1,000 patients (aged 18+).

- The raw prevalence rate ranged from 105.1 per 1,000, among practices in Northern LCG to 133.3 per 1,000 in Western LCG.

- The raw prevalence rate ranged from 82.2 per 1,000 among practices in North Down GP Federation area to 153.9 per 1,000 in West Belfast.

- Among the 319 practices, the raw prevalence rate ranged from a minimum of 12.4 per 1,000 to a maximum of 367.3 per 1,000. The frequency chart (across) shows that for 87 practices (27%) the rate fell in the range of 120 to <160 per 1,000.

All calculations use the 18+ registered list

Prevalence Distribution among GP practices

Raw Prevalence of <u>Depression</u> per 1,000 GP Patients aged 18+, at 31st March 2022 by

Local Commissioning Group Area

Belfast	South Eastern	Northern	Southern	Western
132.4	115.8	105.1	115.6	133.3

GP Federation Area

Antrim Ballymena	Ards	Armagh & Dungannon	Causeway	Craigavon	Derry	Down	East Antrim	East Belfast	Lisburn	Mid-Ulster	Newry & District	North Belfast	North Down	South Belfast	South West	West Belfast
97.8	139.6	114.1	99.9	107.2	128.6	130.9	105.8	119.8	113.1	120.1	125.7	130.1	82.2	130.6	141.0	153.9

Mental Health – For QOF purposes this relates to the prevalence of those serious mental illnesses specified in the definition below.
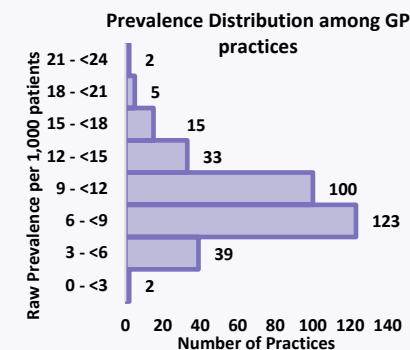
QOF Register Definition: Number of patients with schizophrenia, bipolar affective disorder, and other psychoses, and other patients on lithium therapy. Prevalence data are available, on a consistent basis, from 2014.

**Raw Prevalence of Mental Health per 1,000 GP Patients at 31st March, 2014-2022**
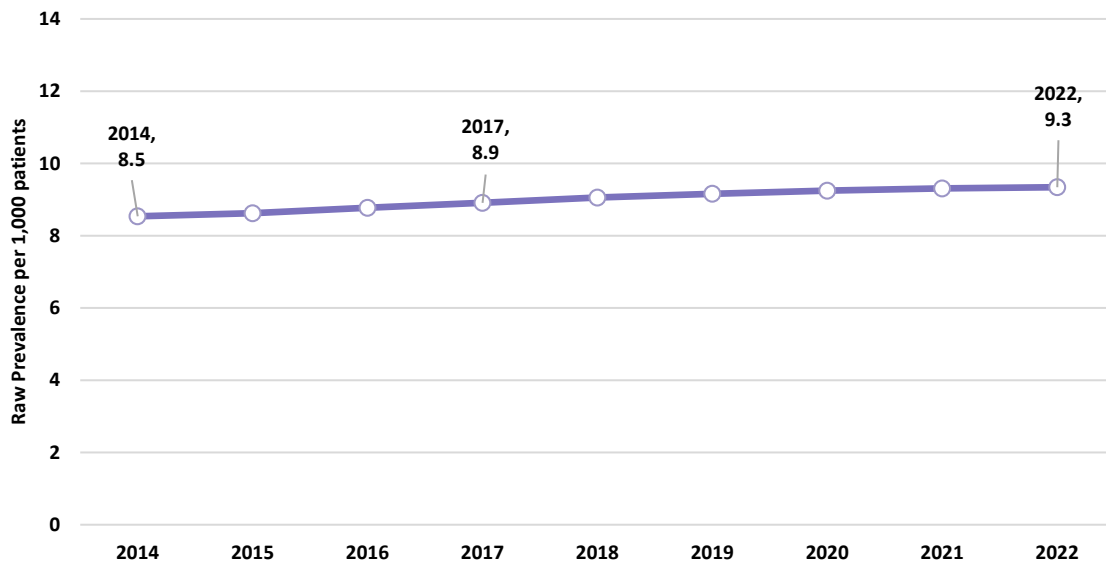
Mental Health

- There were 18,861 GP patients recorded on the Mental Health register at 31st March 2022. This equates to a raw prevalence rate of 9.3 per 1,000 patients.

- The raw prevalence rate ranged from 7.8 per 1,000 among practices in Southern LCG to 11.8 per 1,000 in Belfast LCG.

- The raw prevalence rate ranged from 7.0 per 1,000 among practices in Ards GP Federation area to 12.5 per 1,000 in South Belfast.

- Among the 319 practices, the raw prevalence rate ranged from a minimum of 2.1 per 1,000 to a maximum of 23.2 per 1,000. The frequency chart (across) shows that for 123 practices (39%) the rate fell in the range of 6 to <9 per 1,000.

Prevalence Distribution among GP practices

Raw Prevalence of Mental Health per 1,000 GP Patients at 31st March 2022 by Local Commissioning Group Area

GP Federation Area
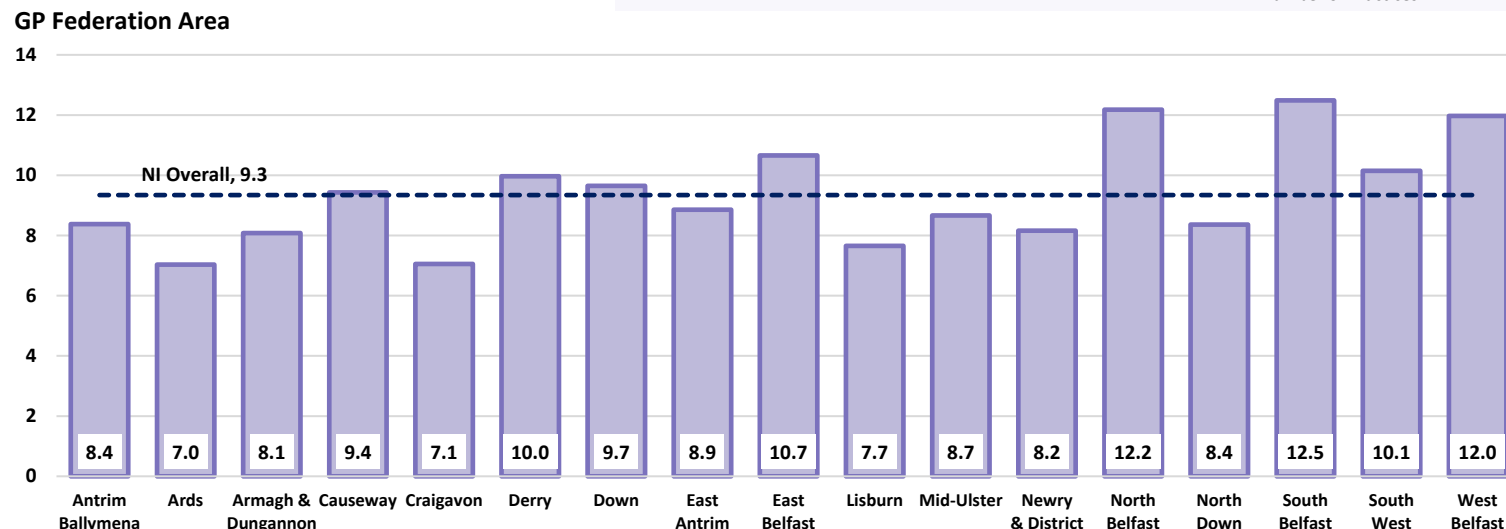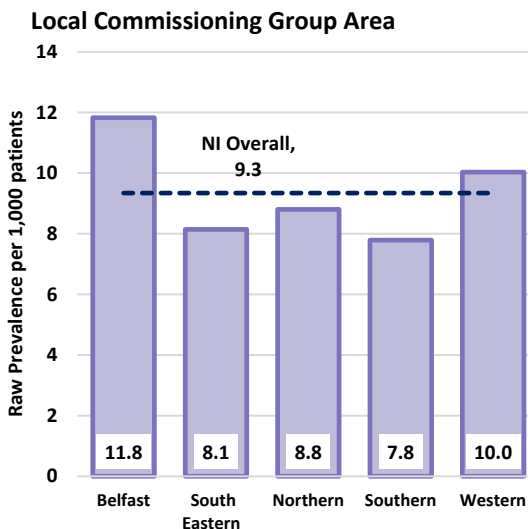
Osteoporosis – *Osteoporosis is a health condition that weakens bones, making them fragile and more likely to break.*

QOF Register Definition: Number of patients aged 50-74 years with a record of fragility fracture after 1 April 2012 and osteoporosis diagnosis confirmed on DXA scan, or those aged 75 years and over with a record of fragility fracture after 1 April 2012. *Increases in the register size will be, at least in part, due to the cumulative nature of the register.* Prevalence data are available, on a consistent basis, from 2013.

Raw Prevalence of <u>Osteoporosis</u> per 1,000 GP Patients aged 50+, at 31st March, 2013-2022
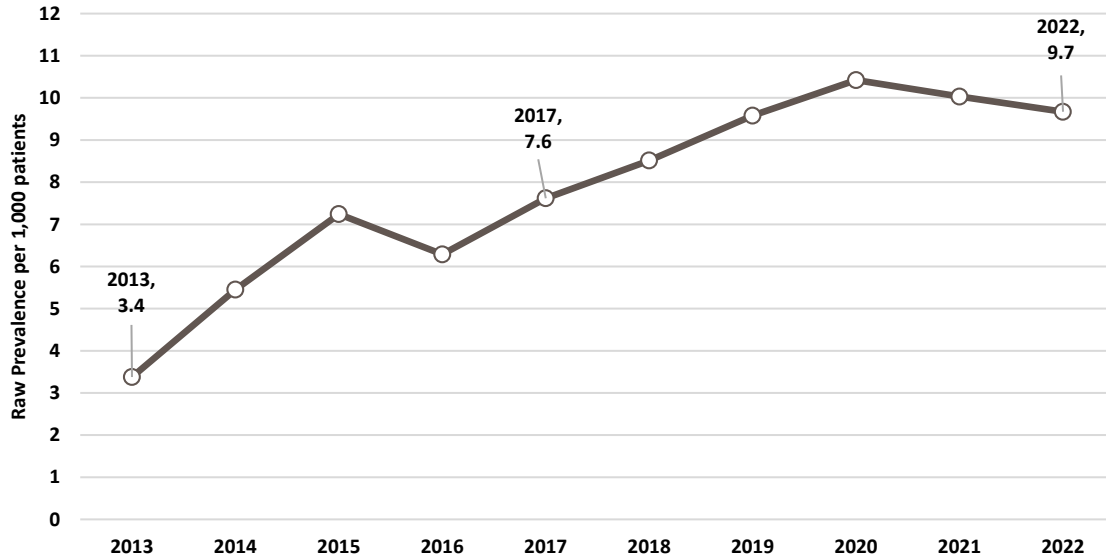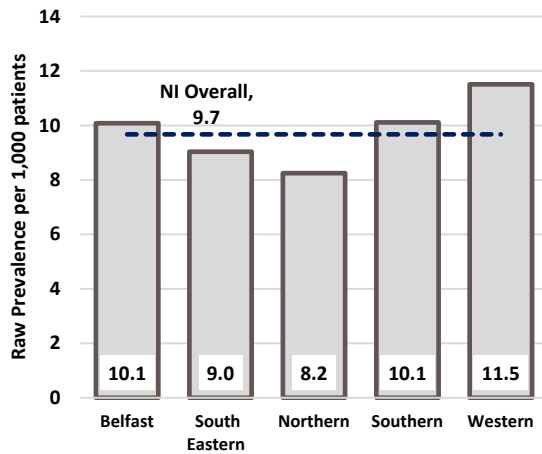

Osteoporosis

- There were 7,051 GP patients recorded on the Osteoporosis register at 31st March 2022. This equates to a raw prevalence rate of 9.7 per 1,000 patients (aged 50+).

- The raw prevalence rate ranged from 8.2 per 1,000 among practices in Northern LCG to 11.5 per 1,000 in Western LCG.

- The raw prevalence rate ranged from 6.1 per 1,000 among practices in East Antrim GP Federation area to 13.3 per 1,000 in East Belfast.

- Among the 319 practices, the raw prevalence rate ranged from a minimum of 0.5 per 1,000 to a maximum of 60.5 per 1,000. The frequency chart (across) shows that for 115 practices (36%) the rate fell in the range of 5 to <10 per 1,000.
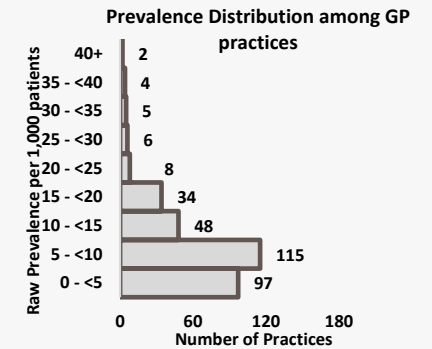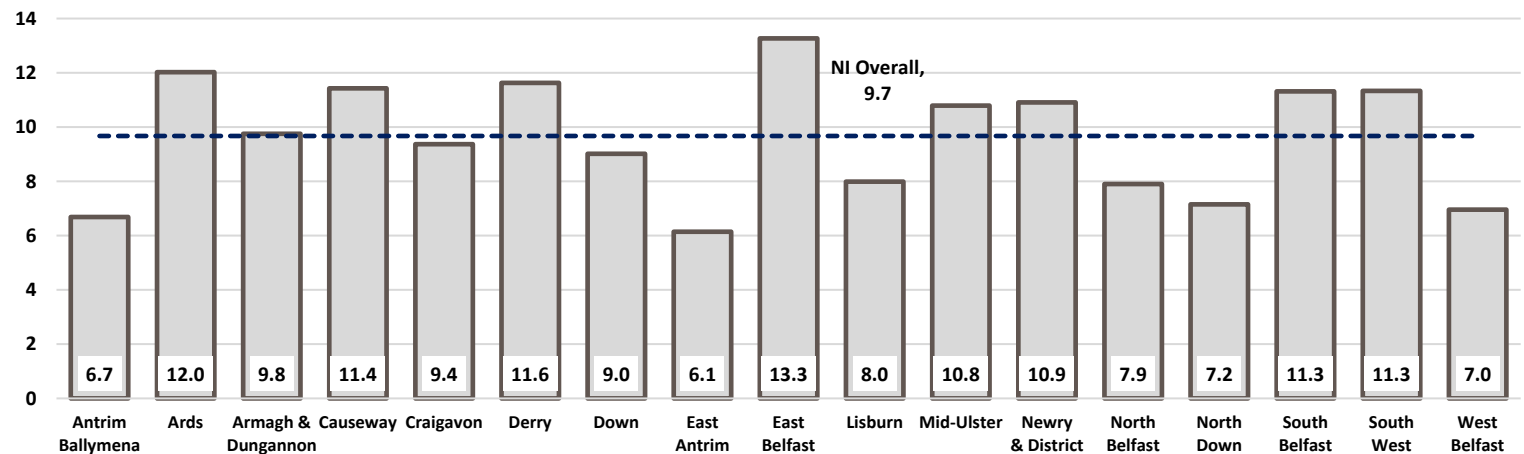
All calculations use the 50+ registered list

Prevalence Distribution among GP practices

Raw Prevalence of <u>Osteoporosis</u> per 1,000 GP Patients aged 50+, at 31st March 2022 by

Local Commissioning Group Area

Belfast	South Eastern	Northern	Southern	Western
10.1	9.0	8.2	10.1	11.5

GP Federation Area

| Antrim Ballymena	Ards	Armagh & Dungannon	Causeway	Craigavon	Derry	Down	East Antrim	East Belfast	Lisburn	Mid-Ulster	Newry & District	North Belfast	North Down	South Belfast	South West	West Belfast
6.7	12.0	9.8	11.4	9.4	11.6	9.0	6.1	13.3	8.0	10.8	10.9	7.9	7.2	11.3	11.3	7.0

Rheumatoid Arthritis – *Rheumatoid arthritis is a long-term condition that causes pain, swelling and stiffness in the joints.*
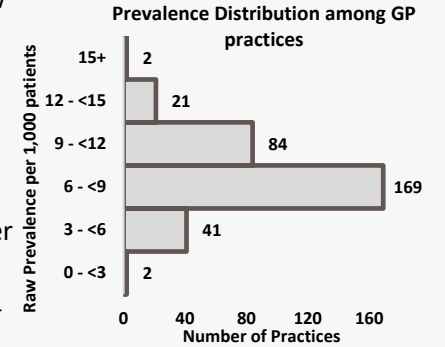
QOF Register Definition: Number of patients aged 16 or over with rheumatoid arthritis. Prevalence data are available, on a consistent basis, from 2014.

Raw Prevalence of <u>Rheumatoid Arthritis</u> per 1,000 GP Patients aged 16+, at 31st March, 2014-2022
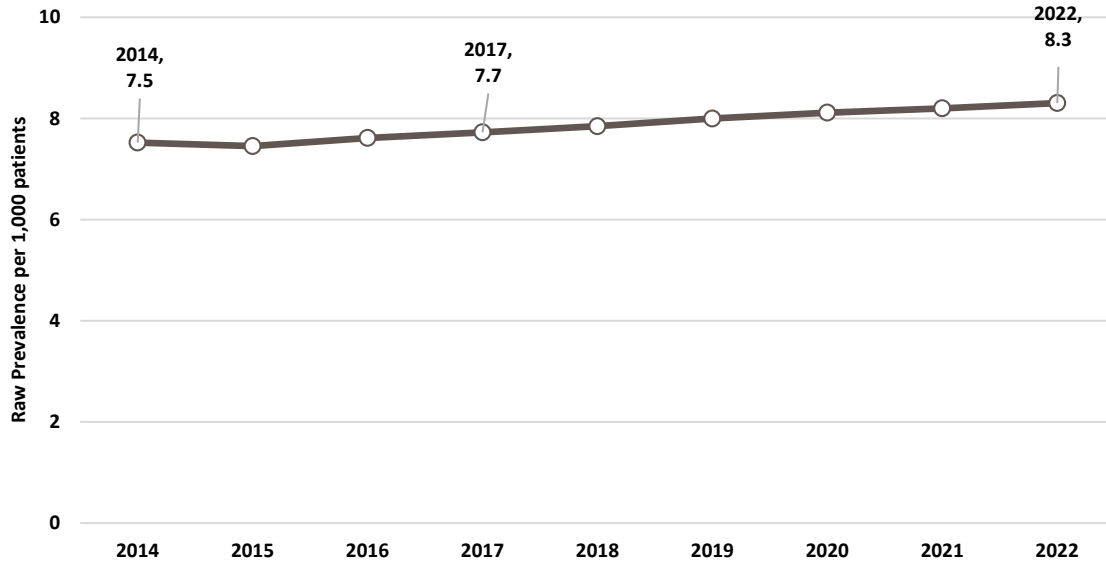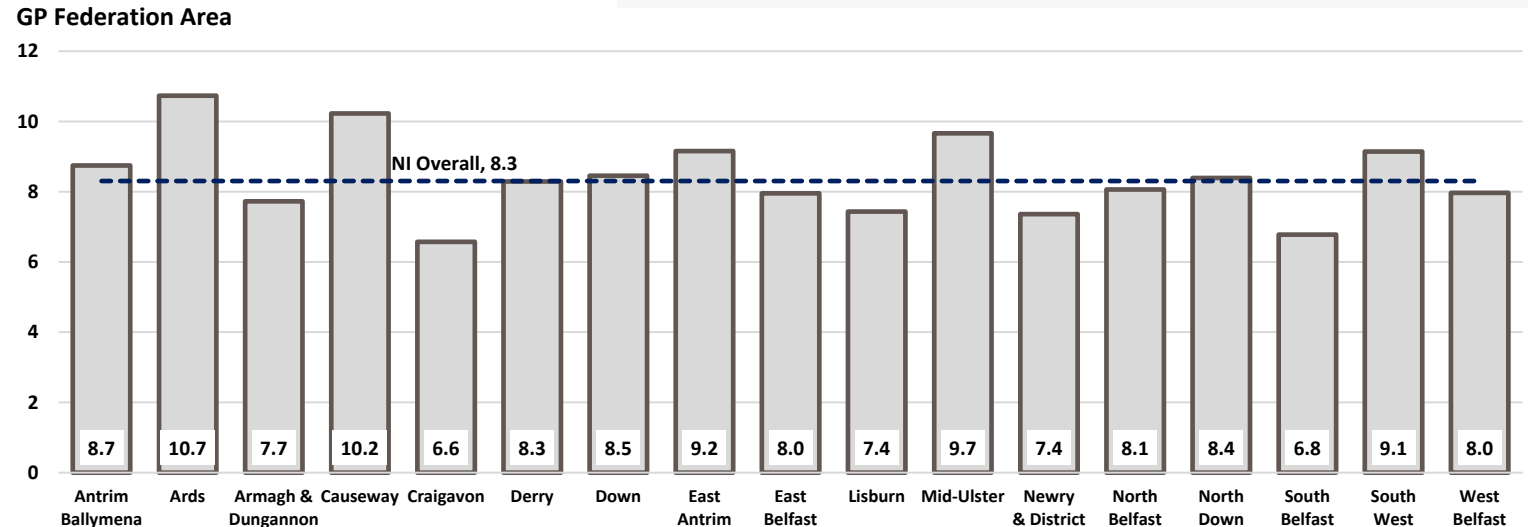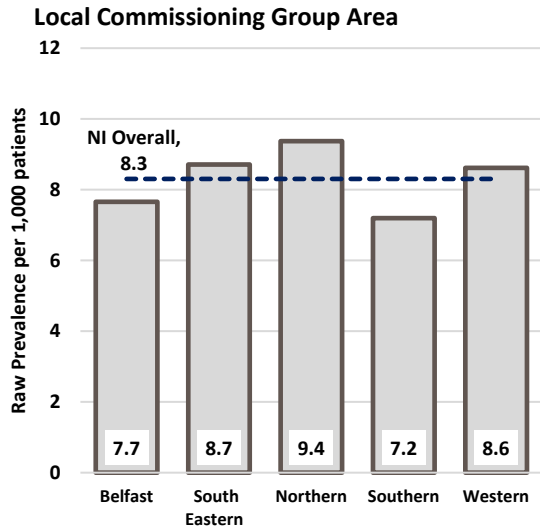

Rheumatoid Arthritis

- There were 13,487 GP patients recorded on the Rheumatoid Arthritis register at 31st March 2022. This equates to a raw prevalence rate of 8.3 per 1,000 patients (aged 16+).

- The raw prevalence rate ranged from 7.2 per 1,000 among practices in Southern LCG, to 9.4 per 1,000 in Northern LCG.

- The raw prevalence rate ranged from 6.6 per 1,000 among practices in Craigavon GP Federation area to 10.7 per 1,000 in Ards.

- Among the 319 practices, the raw prevalence rate ranged from a minimum of 2.0 per 1,000 to a maximum of 15.2 per 1,000. The frequency chart (across) shows that for 169 practices (53%) the rate fell in the range of 6 to <9 per 1,000.

All calculations use the 16+ registered list

Prevalence Distribution among GP practices

Raw Prevalence of <u>Rheumatoid Arthritis</u> per 1,000 GP Patients aged 16+, at 31st March 2022 by Local Commissioning Group Area

Belfast	South Eastern	Northern	Southern	Western
7.7	8.7	9.4	7.2	8.6

NI Overall, 8.3

GP Federation Area

Antrim Ballymena	Ards	Armagh & Dungannon	Causeway	Craigavon	Derry	Down	East Antrim	East Belfast	Lisburn	Mid-Ulster	Newry & District	North Belfast	North Down	South Belfast	South West	West Belfast
8.7	10.7	7.7	10.2	6.6	8.3	8.5	9.2	8.0	7.4	9.7	7.4	8.1	8.4	6.8	9.1	8.0

NI Overall, 8.3

Asthma – *Asthma is a common lung condition that causes occasional breathing difficulties.*

QOF Register Definition: Number of patients with asthma, excluding those who have had no prescription for asthma-related drugs in the last 12 months. Prevalence data are available, on a consistent basis, from 2005.
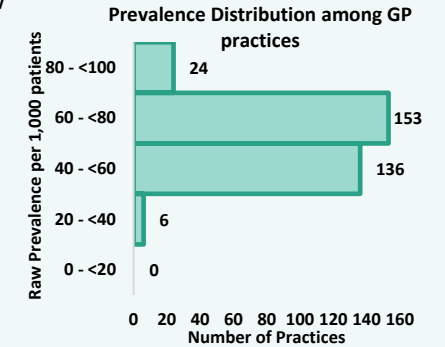
**Raw Prevalence of Asthma per 1,000 GP Patients at 31ˢᵗ March*, 2005-2022**
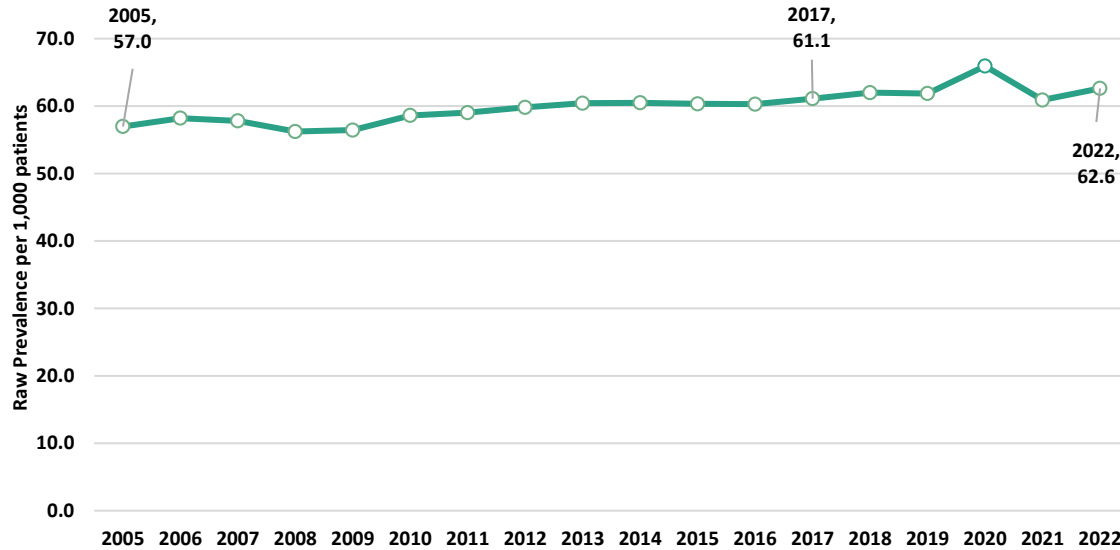
*Prior to 2010, prevalence was as at 14ᵗʰ February

Asthma

- There were 126,442 GP patients recorded on the Atrial Fibrillation register at 31ˢᵗ March 2022. This equates to a raw prevalence rate of 62.6 per 1,000 patients.
- The raw prevalence rate ranged from 56.2 per 1,000 among practices in Southern LCG to 69.4 per 1,000 in South Eastern LCG.
- The raw prevalence rate ranged from 51.8 per 1,000 among practices in Armagh & Dungannon GP Federation area to 71.4 per 1,000 in Ards.
- Among the 319 practices, the raw prevalence rate ranged from a minimum of 30.7 per 1,000 to a maximum of 96.3 per 1,000. The frequency chart (across) shows that for 153 practices (48%) the rate fell in the range of 60 to <80
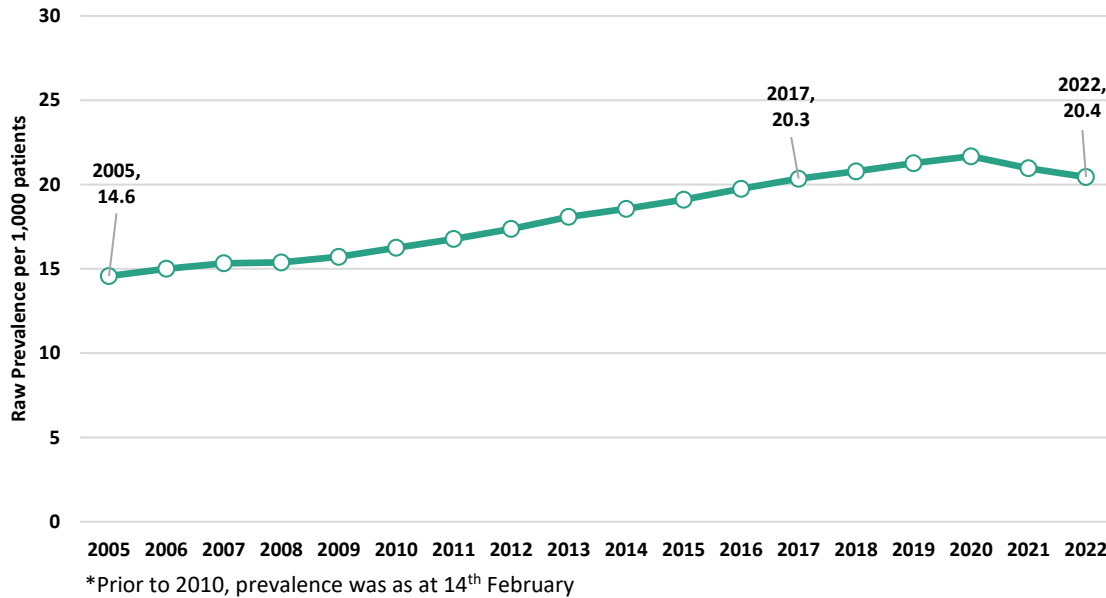

Raw Prevalence of Asthma per 1,000 GP Patients at 31ˢᵗ March 2022 by Local Commissioning Group Area

GP Federation Area
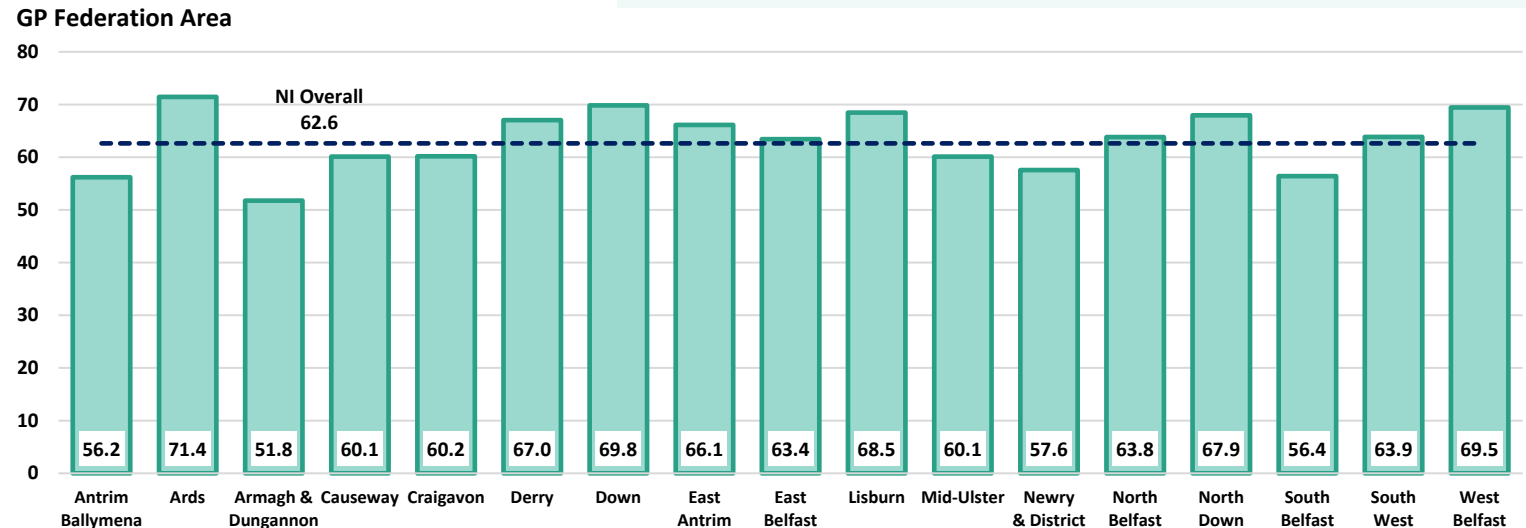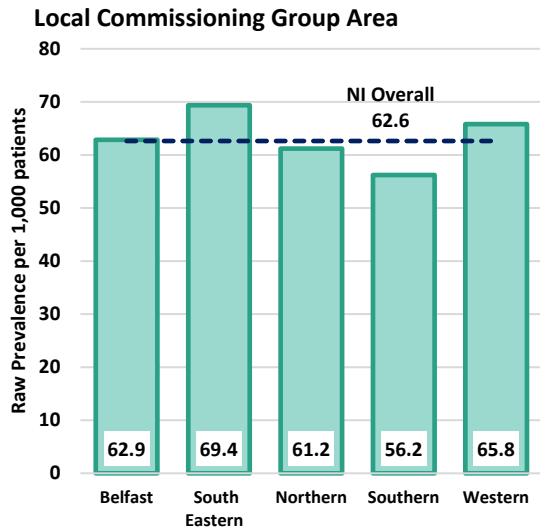
Chronic Obstructive Pulmonary Disease – *Chronic obstructive pulmonary disease (COPD) is the name for a group of lung conditions that cause breathing difficulties (including emphysema and chronic bronchitis).*
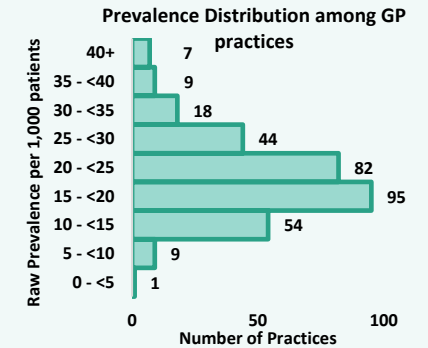
QOF Register Definition: Number of patients with chronic obstructive pulmonary disease. Prevalence data are available, on a consistent basis, from 2005.

Raw Prevalence of <u>Chronic Obstructive Pulmonary Disease</u> per 1,000 GP Patients at 31st March*, 2005-2022

2005, 14.6
2017, 20.3
2022, 20.4

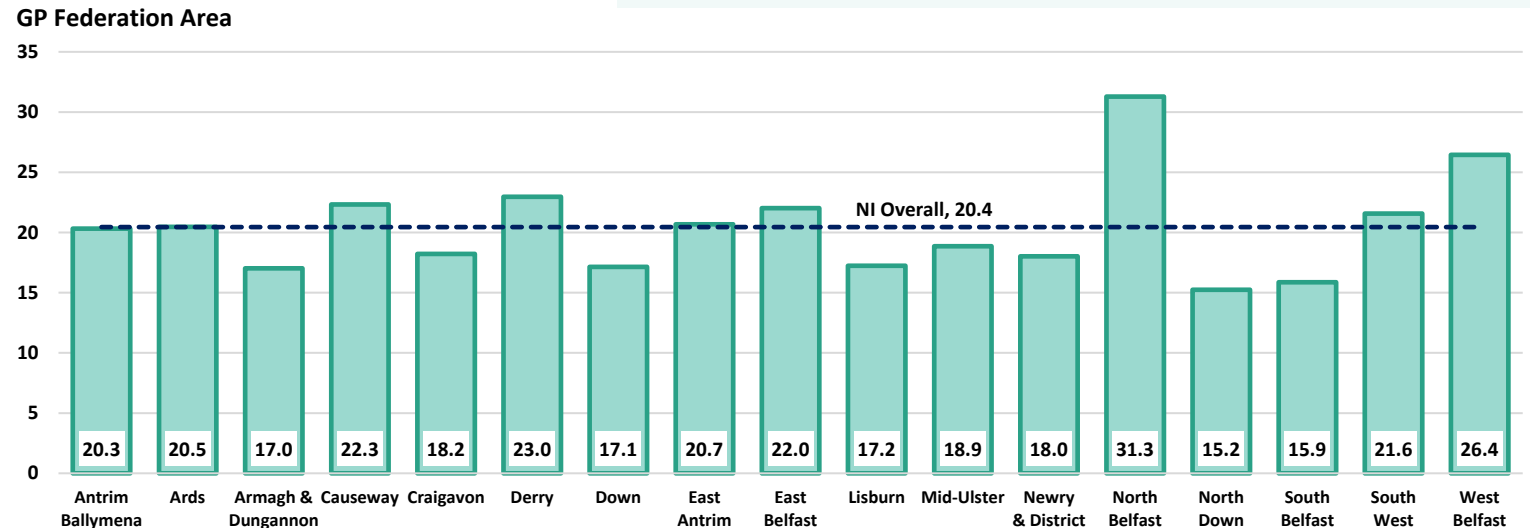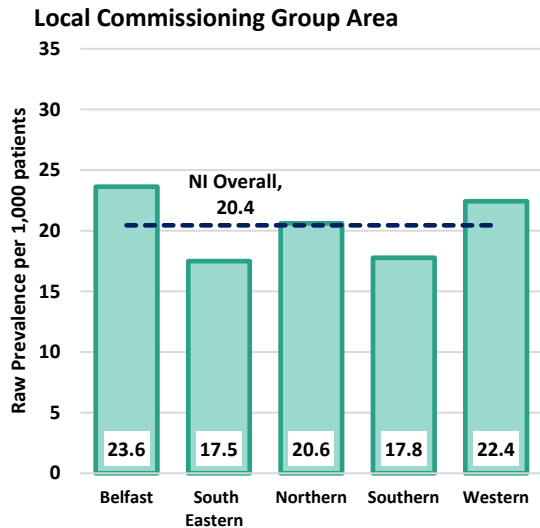*Prior to 2010, prevalence was as at 14th February

Chronic Obstructive Pulmonary Disease

- There were 41,283 GP patients recorded on the Chronic Obstructive Pulmonary Disease register at 31st March 2022. This equates to a raw prevalence rate of 20.4 per 1,000 patients.

- The raw prevalence rate ranged from 17.5 per 1,000 among practices in South Eastern LCG to 23.6 per 1,000 in Belfast LCG.

- The raw prevalence rate ranged from 15.2 per 1,000 among practices in North Down GP Federation area to 31.3 per 1,000 in North Belfast.

- Among the 319 practices, the raw prevalence rate ranged from a minimum of 1.4 per 1,000 to a maximum of 47.8 per 1,000. The frequency chart (across) shows that for 95 practices (30%) the rate fell in the range of 15 to <20 per 1,000.

Prevalence Distribution among GP practices

Range	Number of Practices
40+	7
35 - <40	9
30 - <35	18
25 - <30	44
20 - <25	82
15 - <20	95
10 - <15	54
5 - <10	9
0 - <5	1

Raw Prevalence of <u>Chronic Obstructive Pulmonary Disease</u> per 1,000 GP Patients at 31st March 2022 by

Local Commissioning Group Area

NI Overall, 20.4

Belfast	South Eastern	Northern	Southern	Western
23.6	17.5	20.6	17.8	22.4

GP Federation Area

NI Overall, 20.4

Antrim Ballymena	Ards	Armagh & Dungannon	Causeway	Craigavon	Derry	Down	East Antrim	East Belfast	Lisburn	Mid-Ulster	Newry & District	North Belfast	North Down	South Belfast	South West	West Belfast
20.3	20.5	17.0	22.3	18.2	23.0	17.1	20.7	22.0	17.2	18.9	18.0	31.3	15.2	15.9	21.6	26.4

Annex A: Calculation of Adjusted Practice Disease Factor (APDF)

Annex A: Calculation of Adjusted Practice Disease Factor (APDF)

Calculation of Adjusted Practice Disease Factor (APDF): Payment per Quality Point £178.25

| Practice | Registered List | STEP 1 | | STEP 2 | | STEP 3 | | STEP 4 | |
		No. of patients on COPD Disease Register	Raw Prevalence per 1,000 patients	APDF	% difference from NI average	Adjustment (£) from £178.25	Final £ per Clinical Quality Point	Population Factor	Final £ per Point
A	9,971	14	1.4	0.07	-93.1%	-£166.01	£12.24	1.575	£19.28
B	5,328	87	16.3	0.80	-20.1%	-£35.90	£142.35	0.842	£119.83
C	6,329	129	20.4	1.00	0.0%	£0	£178.25	1.000	£178.25
D	2,774	53	19.1	0.93	-6.6%	-£11.69	£166.56	0.438	£73.00
E	3,165	71	22.4	1.10	9.7%	£17.34	£195.59	0.500	£97.79
F	12,658	258	20.4	1.00	0.0%	£0.00	£178.25	2.000	£356.50
N.I.	2,018,971	41,283	20.4	1.00					

NI Average List = 6329

Step	Calculation instructions
Step 1:	Calculate Raw Disease Prevalence for each practice as follows: Likewise NI Raw Disease Prevalence is calculated as follows: $$\left[\frac{\text{No. of Patients on Practice's Disease Register}}{\text{No. of Patients on Practice's Registered List}} \right] \times 1{,}000 \text{ Patients} \qquad \left[\frac{\text{No. of Patients in N Ireland on Disease Register}}{\text{Total No. of Registered Patients in N Ireland}} \right] \times 1{,}000 \text{ Patients}$$ 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	Calculation instructions
Step 2:	The Adjusted Practice Disease Factor for each practice is then calculated as follows: Adjusted Practice Disease Factor (APDF) for each Practice = $\dfrac{\text{Practice Adjusted Disease Prevalence}}{\text{N Ireland Adjusted Disease Prevalence}}$ 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 £178.25 per clinical quality point. Practice C has an average list size and average CHD prevalence and therefore receives £178.25 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 a population factor of 1 and receives £178.25 per QOF point. Practice E has a list size half the NI average but slightly higher than average CHD prevalence and has an APDF of 1.1. Practice E therefore receives a payment that is almost 10% higher than the £178.25 base payment per point, receiving £195.59 per clinical quality point. When adjusted for relative list size, practice E receives £97.79 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 £178.25 per clinical quality point. However, when adjusted for relative practice size, Practice F receives £356.50 per overall QOF point.

Contact

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