



Quality and Outcomes Framework Achievement Data 2008/09

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Version: 1.0

Date of Publication: 29 September 2009

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Executive Summary

Overview of the Quality and Outcomes Framework (QOF)

The national Quality and Outcomes Framework (QOF) was introduced as part of the new General Medical Services (GMS) contract on 1 April 2004. The objective of the QOF is to improve the quality of care patients are given by rewarding practices for the quality of care they provide to their patients. Although participation by practices in the QOF is voluntary, participation rates are very high, with most Personal Medical Services (PMS) practices also taking part.

Information in this bulletin was derived from the Quality Management Analysis System (QMAS), a national system developed by NHS Connecting for Health. QMAS uses data from general practices to calculate individual practices' QOF achievement.

More detailed QOF information for 2008/09, and QOF information from previous years, published by the NHS Information Centre, can be found at www.ic.nhs.uk/qof.

The QOF contains four main components, known as domains. The four domains are:

- Clinical Domain
- Organisational Domain
- Patient Experience Domain
- Additional Services Domain

Each domain consists of a set of achievement measures, indicators, against which practices score points according to their level of achievement. The 2008/09 QOF measured achievement against 129 indicators, and practices scored points on the basis of achievement against each indicator, up to a maximum of 1,000 points.

The QOF has undergone some revisions since it was first introduced. Some changes were made at the start of 2008/09, with the most significant change being the introduction of two new indicators within the Patient Experience domain.

QOF Achievement

QOF achievement for 2008/09 is presented for 8,229 general practices in England. These practices made an end-of-year submission to QMAS. QOF achievement figures include data automatically extracted from general practice systems by QMAS in March 2009 (or otherwise entered into QMAS), and data adjustments for the year 2008/09 submitted between April and June 2009.

In 2008/09:

- Practices in England achieved an average of 954.2 points, 95.4% of the 1,000 points available. The average achievement in 2007/08 was 96.8% of available points. The reduction in the average level of achievement is attributable to changes to the QOF in 2008/09, especially the change to the Patient Experience domain (the other three domains did not have reductions in average achievement).
- The maximum score of 1,000 points was achieved by 164 practices (2.0%). In 2007/08 the maximum score was achieved by 7.5% of practices. Again the reduction in the number of practices achieving all 1,000 points is due to changes in the QOF, and this is also reflected in the median QOF score: 965.3 points in 2008/09, a change from 988.2 in 2007/08.
- In 2008/09, 648 practices (7.9%) achieved less than 90% of the available 1,000 points. This compares with the 581 practices (7.0%) that achieved less than 90% of the available 1,000 points in 2007/08.
- In 2008/09, the average number of total QOF points per practice in each of the 152 Primary Care Trusts (PCTs) ranged from 874.9 points (87.5% of points available) to 984.3 points (98.4% of points available). This compares with a range of 891.1 points (89.1% of points available) to 991.7 points (99.2% of points available) in 2007/08.
- Average points achieved per practice in the Clinical domain was 635.4, representing 97.8% of the 650 points available. This compares with a 2007/08 average of 638.4 points (97.5% of 655 points then available).
- Average points achieved per practice in the Organisational domain was 160.5, representing 95.8% of the 167.5 points available. This compares with a 2007/08 average of 171.0 points (94.5% of 181 points then available).
- Average points achieved per practice in the revised Patient Experience domain was 123.3, representing 84.2% of the 146.5 points available. This compares with a 2007/08 average for the previous Patient Experience domain of 104.9 points (97.2% of 108 points then available).
- Average points achieved per practice in the Additional Services Domain was 35.0, representing 97.3% of the 36 points available. This compares with a 2007/08 average of 34.9 points (97.0% of 36 points then available).

QOF Prevalence

Prevalence information for 2008/09 is presented in this bulletin for the 8,229 practices that were in the QOF achievement dataset. The number of patients on clinical registers can be used to calculate disease prevalence, expressing the number of patients on each register as a percentage of the number of patients on practices' lists.

- Of the QOF clinical areas that covered all ages on practice registers, the highest recorded prevalence rates were hypertension (13.1%), depression (8.1%) and asthma (5.9%). In 2007/08 the clinical areas with the highest recorded prevalence were also hypertension (12.8%), depression (7.6%) and asthma (5.7%).

Five clinical areas within the QOF (chronic kidney disease, diabetes, epilepsy, learning disabilities and obesity) are based on clinical registers that relate to specific age groups.

1. Introduction to the Quality and Outcomes Framework (QOF)

1.1 Overview of the QOF

The national Quality and Outcomes Framework (QOF) was introduced as part of the new General Medical Services (GMS) contract on 1 April 2004. The objective of the QOF is to improve the quality of care patients are given by rewarding practices for the quality of care they provide to their patients. Although participation by practices in the QOF is voluntary, participation rates are very high, with most Personal Medical Services (PMS) practices also taking part.

Information in this bulletin was derived from the Quality Management Analysis System (QMAS), a national system developed by NHS Connecting for Health. QMAS uses data from general practices to calculate individual practices' QOF achievement.

Published by the NHS Information Centre, more detailed QOF information for 2008/09, and QOF information from previous years, can be found at www.ic.nhs.uk/qof.

The national QOF is an incentive payment scheme for practices that choose to participate, and is not a performance management tool. One of its key principles is that indicators should, where possible, be based on the best available research evidence.

1.2 Contents of the QOF

The QOF contains four main components, known as domains. The four domains are:

- Clinical Domain
- Organisational Domain
- Patient Experience Domain
- Additional Services Domain.

Each domain consists of a set of achievement measures, known as indicators, against which practices score points according to their level of achievement. The 2008/09 QOF measured achievement against 129 indicators. Practices scored points on the basis of achievement against each indicator, up to a maximum of 1,000 points. A list of 2008/09 QOF indicators is provided in the Annex.

The QOF has undergone some revisions since it was first introduced. Some changes were made at the start of 2008/09, with the most significant change being the introduction of two new indicators within the Patient Experience domain. The new indicators, PE7 and PE8, are derived from the results of the national GP Patient Survey, and reward practices for providing 48 hour appointments (PE7) and advanced booking (PE8). These two new indicators are worth a total of 58.5 QOF points. Their introduction coincided with the removal of some indicators (or points associated with indicators), so that the maximum QOF score remained at 1,000 points.

Full details of the 2008/09 revision to the QOF are available from the NHS Employers' web site:

<http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/QOF/Pages/ChangesToQOF200809.aspx>

In 2008/09, the **Clinical Domain** consisted of 80 indicators across 19 clinical areas, worth up to a maximum of 650 points (65% of the total):

- Coronary heart disease (10 indicators)
- Heart failure (3)
- Stroke and transient ischaemic attack (8)
- Hypertension (3)
- Diabetes mellitus (16)
- Chronic obstructive pulmonary disease (5)
- Epilepsy (4)
- Hypothyroidism (2)
- Cancer (2)
- Palliative care (2)
- Mental Health (6)
- Asthma (4)
- Dementia (2)
- Depression (2)
- Chronic kidney disease (4)
- Atrial fibrillation (3)
- Obesity (1)
- Learning disabilities (1)
- Smoking (2)

In 2008/09 the **Organisational Domain** consisted of 36 indicators across five organisational areas, worth up to 167.5 points (16.75% of the total):

- Records and information (12 indicators)
- Information for patients (2)
- Education and training (7)
- Practice management (7)
- Medicines management (8)

In 2008/09 the **Patient Experience Domain** consisted of five indicators relating to length of consultations, provision of appointments and patient surveys. These indicators were worth up to 146.5 points (14.65% of the total).

The **Additional Services Domain** consisted of eight indicators across four service areas, worth up to 36 points (3.6% of the total):

- Cervical screening (4 indicators)
- Child health surveillance (1)
- Maternity services (1)
- Contraceptive services (2)

2. QOF Information

2.1 The Quality Management Analysis System (QMAS)

QMAS is a national IT system developed by NHS Connecting for Health to support the QOF. The system calculates practice achievement against national targets, and gives general practices, primary care trusts (PCTs) and strategic health authorities (SHAs) objective evidence and feedback on the quality of care delivered to patients.

Through the QOF, general practices are rewarded financially for aspects of the quality of care they provide. QMAS ensures consistency in the calculation of quality achievement and disease prevalence, and is linked to payment systems. This means that payment rules underpinning the GMS contract are implemented consistently across all systems and all practices in England.

Users of data derived from QMAS should recognise that QMAS was established as a mechanism to support the calculation of practice QOF payments. It is not a comprehensive source of data on quality of care in general practice. However, it is potentially a rich and valuable source of such information, providing the limitations of the data are acknowledged.

The Prescribing Support Unit (PSU), part of the NHS Information Centre for health and social care (NHS IC), has worked on behalf of the Department of Health and in collaboration with NHS Connecting for Health to obtain extracts from QMAS to support the publication of QOF information.

The 2008/09 QOF publication is based on data for the period April 2008 to March 2009. The data were extracted from the national QMAS system at the end of June 2009 in order to include adjustments agreed between practices and PCTs up to the end of June 2009.

This bulletin covers two types of data for England:

- Data relating to QOF achievement.
- Disease prevalence information.

2.2 Data Coverage – QOF Achievement Data

QOF achievement for 2008/09 is presented for 8,229 general practices in England. These practices made an end-of-year submission to QMAS. QOF achievement figures include data automatically extracted from general practice systems by the QMAS system in March 2009 (or otherwise entered into QMAS), and data adjustments for the year 2008/09 submitted between April and June 2009.

Where comparisons are made in this document to QOF achievement in the previous year, it should be noted that there were 8,294 practices in the 2007/08 dataset.

Personal Medical Services (PMS) practices are able to negotiate local contracts with their PCTs for the provision of all services. PMS practices may also participate in the QOF, and they may either follow the national QOF framework or enter into local QOF arrangements. PMS practices with local contractual arrangements are included in the published 2008/09 QOF information, and in the figures presented in this bulletin.

2.3 QOF Achievement Data for PMS Practices

Where PMS practices use the national QOF, their 2007/08 achievement (in terms of the 1,000 QOF points available) is subject to a deduction of approximately 109 points before QOF points are turned into QOF payments. This is because many PMS practices already have a chronic disease management allowance, a sustained quality allowance and a cervical cytology payment included in their baseline payments, (GMS practices do not receive such payments, but receive similar payments through the QOF). To ensure comparability between GMS and PMS practices, the QOF deduction for PMS practices ensures that they do not receive the same payments twice. Because this bulletin covers QOF achievement and not payments, all QOF achievement shown is based on QOF points prior to PMS deductions. This is to allow comparability in levels of achievement, so that where GMS and PMS practices have maximum QOF achievement, both are regarded as having achieved the maximum 1,000 points.

2.4 QOF Prevalence Data

Prevalence information for 2008/09 is presented in this bulletin for the 8,229 practices that were in the QOF achievement dataset. Although QMAS uses clinical registers to perform prevalence adjustments in calculating practices' QOF payments, this national publication of QOF information shows only raw prevalence.

For 18 of the 19 areas of the clinical domain, QMAS captures the number of patients on the clinical register for each practice (for Smoking indicators the 'register' is based on other clinical registers.) The number of patients on clinical registers can be used to calculate disease prevalence, expressing the number of patients on each register

as a percentage of the number of patients on practices' lists. Therefore 'raw prevalence' for a clinical area is defined as:

$$\text{Raw prevalence} = (\text{number on clinical register} / \text{number on practice list}) \times 100$$

However, five clinical areas of the QOF are based on registers that relate to specific age groups. Diabetes registers are based on patients aged 17+; epilepsy, chronic kidney disease and learning disabilities registers are based on patients aged 18+; and obesity registers are based on patients aged 16+. Because 'prevalence rates' based on registers as a percentage of total list size would underestimate prevalence for these five clinical areas, alternative calculations, based on estimates of appropriate age-banded list size information, were used to derive more precise prevalence rates for these five clinical areas.

The clinical registers used to calculate prevalence were those submitted to QMAS at the same time as achievement submissions (ie end of year submissions). From 2009 onwards, 'National Prevalence Day' has been moved to 31 March – so for the purpose of prevalence adjustments to QOF payments, prevalence is calculated on the same basis as disease registers for indicator denominators. (In previous years 'National Prevalence Day' for prevalence adjustments was 14 February.)

2.5 Practice List Sizes

The 2008/09 QOF information published by the NHS Information Centre includes practice list sizes supplied to QMAS from the national general practice payments system, National Health Applications and Infrastructure Services (NHAIS), as at 1 January 2009. These figures are used in QMAS for list size adjustments in QOF payment calculations. In the context of this publication, these list sizes are used as the basis for the calculation of raw clinical prevalence.

The sum of the practice list sizes for the 8,229 practices included in the 2008/09 QOF publication is 54,310,660. This represents 99.7% of registered patients in England (based on registration data from the ePACT system of the Prescription Services Division of the NHS Business Services Authority, January to March 2009).

2.6 Level of Detail

There is no patient-specific data in QMAS because this is not required to support the QOF. For example, QMAS captures aggregate information for each practice on patients with coronary heart disease and on patients with diabetes, but it is not possible to identify or analyse information about individual patients. It is not possible, for example, to identify the number of patients with both of these diseases.

2.7 Patient Exceptions

Practices may exclude specific patients from data collected to calculate QOF achievement scores within clinical areas. For example, patients on a specific clinical register can be excluded from individual QOF indicators if a patient is unsuitable for treatment, is newly registered with the practice, is newly diagnosed with a condition, or in the event of informed dissent. The GMS contract sets out valid exception criteria. Information on 2008/09 QOF 'exception reporting' will be published by the NHS Information Centre in October 2009.

3. Achievement

3.1 Overall Achievement

Practice achievement

In 2008/09, practices in England achieved an average of 954.2 points, 95.4% of the 1,000 points available. This compares with an average achievement of 96.8% of available points in 2007/08. The reduction in the average level of achievement is attributable to changes to the QOF in 2008/09, especially the change to the Patient Experience domain.

The maximum score of 1,000 points was achieved by 164 practices (2.0%). This compares with 7.5% of practices in 2007/08. Again, the reduction in the number of practices achieving all 1,000 points is due to changes in the QOF, and this is also reflected in the median QOF score: 965.3 points in 2008/09, a change from 988.2 in 2007/08.

In 2008/09, 648 practices (7.9%) achieved less than 90% of the available 1,000 points. This compares with 7.0% achieving less than 90% of the available 1,000 points in 2007/08.

Chart 1 shows the distribution of total scores in 2008/09. The percentage of practices that fall within a range appear above each bar. For example, the axis label '950 to < 1000' shows that 67.5% of practices achieved scores ranging from 950 points to less than 1,000 points in 2008/09. The final bar represents the percentage of practices achieving the maximum of 1,000 points.

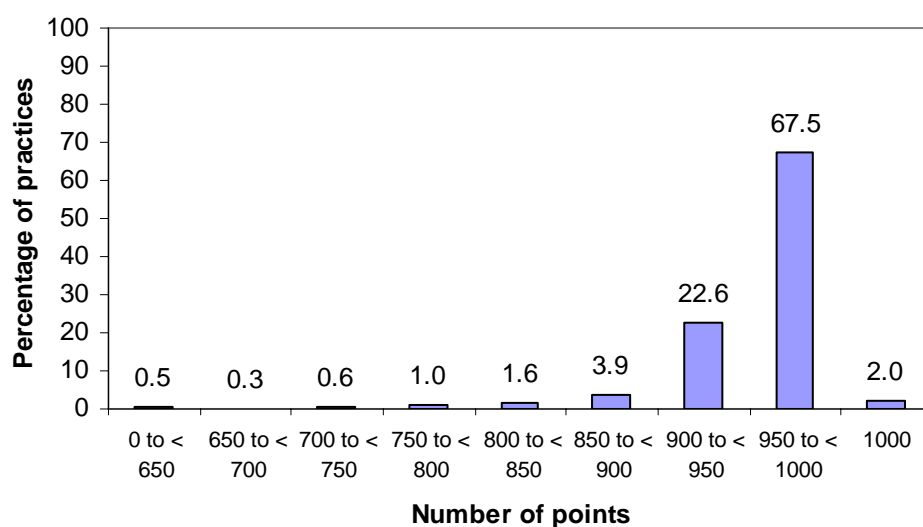


Chart 1: Distribution of the total points achieved by practices in England in 2008/09

Primary Care Trust level achievement

In 2008/09, the average number of total QOF points per practice in each of the 152 Primary Care Trusts (PCTs) ranged from 874.9 points (87.5% of points available) to 984.3 points (98.4% of points available). This compares with a range of 891.1 points (89.1% of points available) to 991.7 points (99.2% of points available) in 2007/08.

Strategic Health Authority level achievement

In 2008/09, the average number of total QOF points per practice in each of the 10 SHAs ranged from 938.2 points (93.8% of points available) to 971.9 points (97.2% of points available). This compares with a range of 956.7 points (95.7% of points available) to 984.1 points (98.4% of points available) in 2007/08.

3.2 Domain Level Achievement

In 2008/09, the average number of points achieved by practices in England for each QOF domain was as follows:

- Average points achieved per practice in the **Clinical Domain** was 635.4, representing 97.8% of the 650 points available. This compares with a 2007/08 average of 638.4 points (97.5% of 655 points then available).
- Average points achieved per practice in the **Organisational Domain** was 160.5, representing 95.8% of the 167.5 points available. This compares with a 2007/08 average of 171.0 points (94.5% of 181 points then available).
- Average points achieved per practice in the revised **Patient Experience Domain** was 123.3, representing 84.2% of the 146.5 points available. This compares with a 2007/08 average of 104.9 points (97.2% of 108 points then available).
- Average points achieved per practice in the **Additional Services Domain** was 35.0, representing 97.3% of the 36 points available. This compares with a 2007/08 average of 34.9 points (97.0% of 36 points then available).

3.3 Clinical Domain

The clinical domain has the largest number of points available, 650 from a maximum of 1,000 (65%), across 19 clinical areas. There were some revisions to the clinical domain in 2008/09: the indicator COPD9 was reduced in value from 10 to 5 points, resulting in the whole clinical domain being reduced in value from 655 to 650 points.

Some definitional changes meant that:

- Indicator Stroke 11 became Stroke 13.
- Indicator COPD9 (chronic obstructive pulmonary disease) became COPD12
- Indicator PC1 (palliative care) became PC3.
- Indicator CKD4 (chronic kidney disease) became CKD5.
- Indicator AF2 (atrial fibrillation) became AF4.
- Indicator Smoking 1 became Smoking 3.
- Indicator Smoking 2 became Smoking 4.

Full details of the 2008/09 revision to the QOF are available from the NHS Employers' web site:

<http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/QOF/Pages/ChangesToQOF200809.aspx>

Practice achievement

The average points achieved per practice in the clinical domain was 635.4 points, (97.8% of maximum 650). In 2007/08 practices achieved an average of 97.5% of the maximum 655 points.

The maximum of 650 points was achieved by 1,646 practices (20.0%) in 2008/09; 18.2% of practices achieved the maximum 655 points for the clinical domain in 2007/08.

Chart 2 shows the distribution of points achieved by practices.

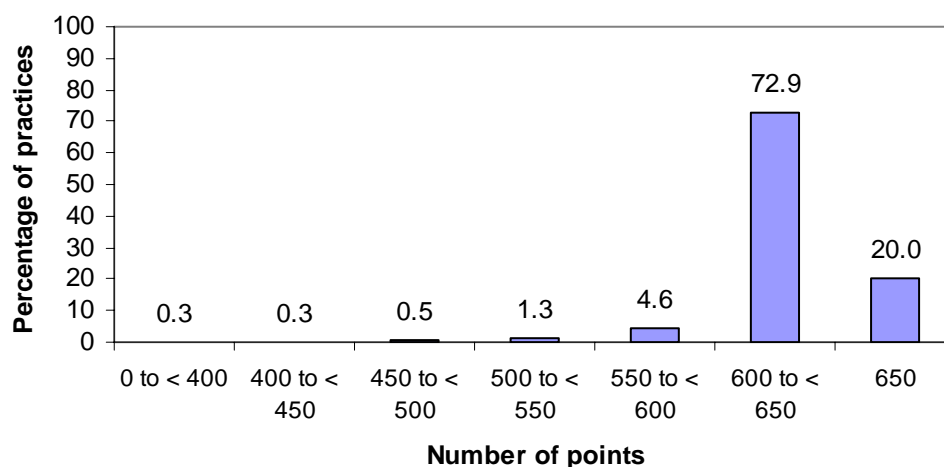


Chart 2: Distribution of the points achieved in the clinical domain by practices in England in 2008/09

Primary Care Trust and Strategic Health Authority level achievement

The range of achievement at SHA, PCT and practice level for the clinical domain is shown in Table 1. Three measures are presented for points achieved, but note that the maximum clinical domain points was reduced from 655 to 650 in 2008/09.

	2006/07	2007/08	2008/09
Practices			
Median point score	646.7	650.3	645.9
Lower quartile	627.8	639.2	636.1
Upper quartile	653.2	654.5	649.6
PCTs			
Median point score	632.6	640.1	636.5
Lower quartile	623.5	633.2	630.7
Upper quartile	639.9	646.1	641.4
SHAs			
Median point score	631.8	639.1	636.3
Lower quartile	630.8	637.2	634.6
Upper quartile	635.8	643.1	638.5

Table 1: Achievement in the clinical domain at SHA, PCT and practice level in 2006/07, 2007/08 (maximum points = 655) and 2008/09 (maximum points = 650)

3.3.1 Disease Areas within the Clinical Domain

Practice achievement

Table 2 shows the mean practice score as a proportion of the maximum available for each of the 19 clinical areas within the clinical domain of the QOF.

QOF Clinical Indicator Set	Points Achieved as % of Maximum 2008/09
CHD	99.1%
Stroke / TIA	98.2%
Hypertension	98.9%
Diabetes	98.4%
COPD	96.2%
Epilepsy	94.7%
Hypothyroidism	99.6%
Cancer	96.6%
Mental Health	94.7%
Asthma	98.2%
Heart Failure	98.4%
Palliative Care	93.0%
Dementia	98.0%
Depression	92.8%
CKD	96.9%
Atrial Fibrillation	97.8%
Obesity	100.0%
Learning Disabilities	99.0%
Smoking	98.9%

Table 2: Percentage of points scored for each clinical area by practices in England in 2008/09

3.4 Organisational Domain

The organisational domain, revised for 2008/09, has 167.5 points available from five indicator groups, representing 16.8% of the total 1,000 points available to practices. In 2007/08 the organisation domain was worth 181 points.

Practice achievement

The average points achieved per practice in the organisational domain was 160.5 points (95.8% of the maximum 167.5). In 2007/08 practices achieved an average of 94.5% of the maximum 181 points.

The maximum of 167.5 points was achieved by 1,604 practices (19.5%) in 2008/09; 13.2% of practices achieved the maximum 181 points for the organisational domain in 2007/08.

Chart 3 shows the distribution of points achieved by practices.

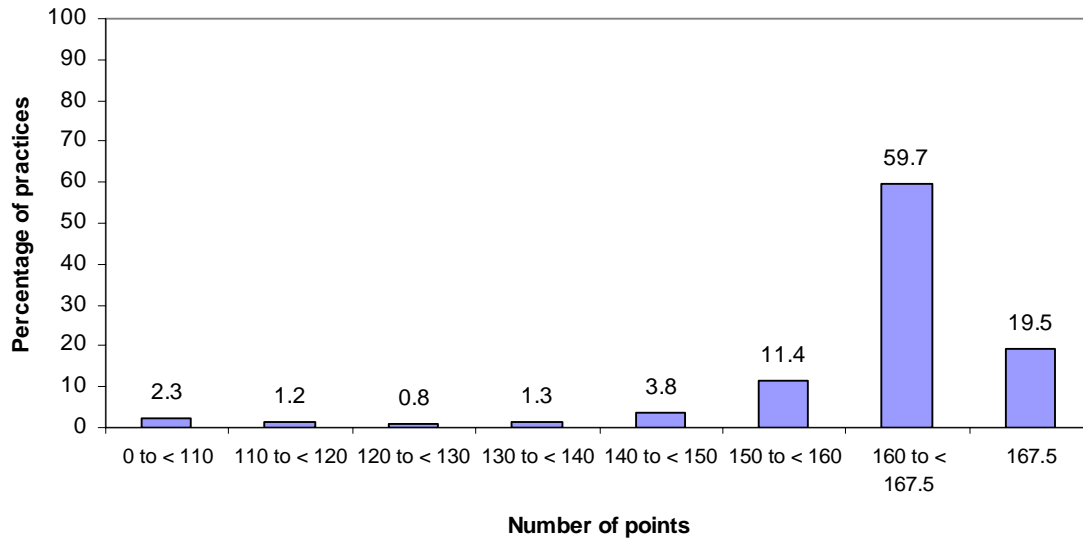


Chart 3: Distribution of the points achieved in the organisational domain by practices in England in 2008/09

Primary Care Trust and Strategic Health Authority level achievement

The range of achievement at SHA, PCT and practice level for the organisational domain is shown in Table 3. Three measures are presented for points achieved, but note that the maximum organisational domain points was reduced from 181 to 167.5 in 2008/09.

	2006/07	2007/08	2008/09
Practices			
Median point score	175.2	176.6	165.1
Lower quartile	167.3	171.5	161.7
Upper quartile	178.5	179.5	166.9
PCTs			
Median point score	168.8	172.0	161.5
Lower quartile	165.2	169.1	159.0
Upper quartile	172.2	174.5	163.5
SHAs			
Median point score	167.3	171.3	160.8
Lower quartile	166.0	169.4	159.8
Upper quartile	171.6	174.0	162.1

Table 3: Achievement in the organisational domain at SHA, PCT and practice level in 2006/07, 2007/08 (maximum points = 181) and 2008/09 (maximum = 167.5 points)

3.4.1 Indicator Groups within the Organisational Domain

Table 4 shows the level of achievement across all practices in England in each indicator group of the organisational domain, presented as a percentage of the total points available in each indicator group.

Indicator Group	All England Practices Achievement 2006/07	All England Practices Achievement 2007/08	All England Practices Achievement 2008/09
Records and Information	90.4%	93.8%	94.9%
Information for Patients	93.8%	94.6%	98.6%
Education and Training	94.9%	95.8%	96.0%
Practice Management	97.0%	97.5%	97.7%
Medicines Management	93.1%	93.7%	97.1%

Table 4: Percentage of points achieved in each indicator group of the organisational domain by practices in England, 2006/07 to 2008/09

3.5 Patient Experience Domain

The revised patient experience domain has 146.5 points available from five indicators, representing 14.7% of the total 1,000 points available to practices.

Practice achievement

The average points achieved per practice in the patient experience domain was 123.3 points (84.2% of the maximum 146.5). In 2007/08 practices achieved an average of 97.2% of the maximum 108 points.

The maximum of 146.5 points was achieved by 1,430 practices (17.4%) in 2008/09; 94.5% of practices achieved the maximum 108 points for the previous patient experience domain in 2007/08.

Chart 4 shows the distribution of points achieved by practices.

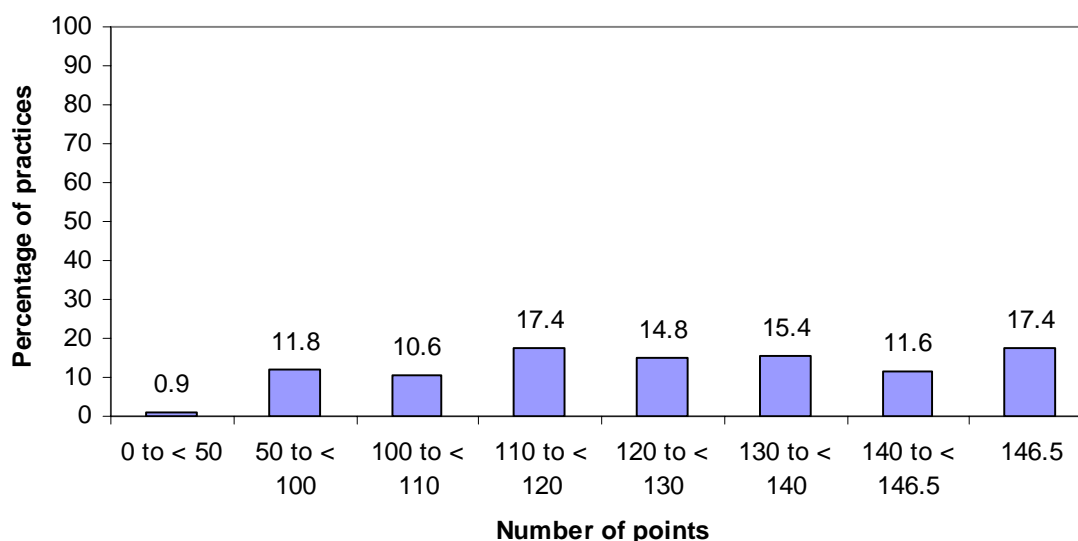


Chart 4: Distribution of the points achieved in the patient experience domain by practices in England in 2008/09

Primary Care Trust and Strategic Health Authority level achievement

The range of achievement by SHA, PCT and practice level for the patient experience domain is shown in Table 5. Three measures are presented for points achieved, but note that the patient experience domain was revised in 2008/09, and the maximum points was increased from 108 to 146.5.

	2006/07	2007/08	2008/09
Practices			
Median point score	108.0	108.0	126.4
Lower quartile	108.0	108.0	111.2
Upper quartile	108.0	108.0	142.3
PCTs			
Median point score	105.3	105.8	124.2
Lower quartile	102.0	103.9	118.9
Upper quartile	106.9	107.3	127.8
SHAs			
Median point score	104.5	105.4	124.5
Lower quartile	103.8	104.2	122.7
Upper quartile	105.7	106.1	126.3

Table 5: Achievement in the patient experience domain at SHA, PCT and practice level in 2006/07, 2007/08 (maximum points = 108) and 2008/09 (maximum = 146.5)

3.6 Additional Services Domain

The additional services domain is the smallest domain in terms of available points, with a total of 36 points available from four indicator groups, and representing 3.6% of the total 1,000 points available to practices.

Practice achievement

The average points achieved per practice in the additional services domain was 35.0 points (97.3% of the maximum 36). In 2007/08 practices achieved an average of 97.0% of the maximum 36 points.

The maximum of 36 points was achieved by 6,206 practices (75.4%); 72.8% of practices achieved the maximum 36 points for the additional services domain in 2007/08.

Chart 5 shows the distribution of points achieved by practices.

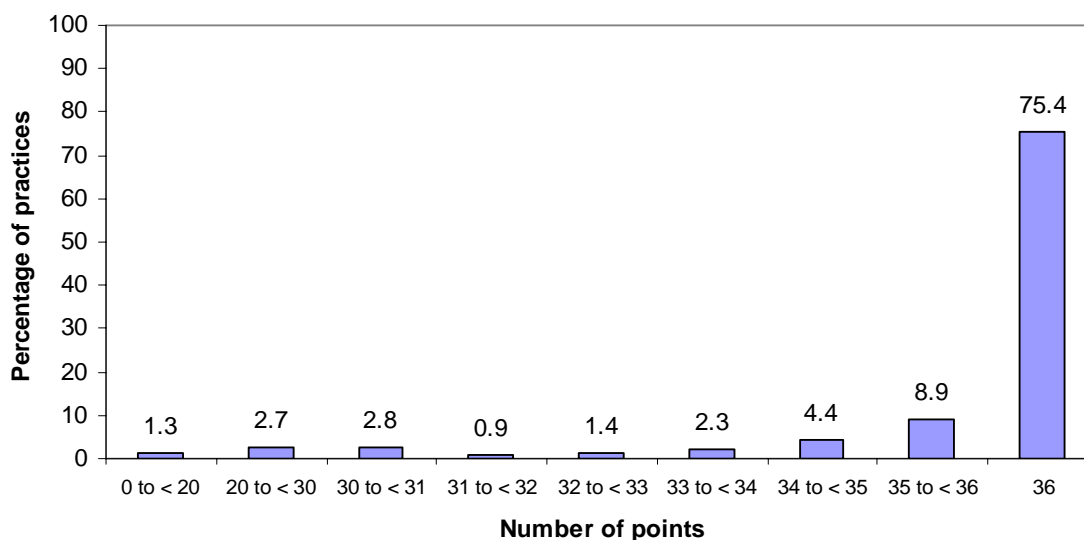


Chart 5: Distribution of the points achieved in the additional services domain by practices in England in 2008/09

Primary Care Trust and Strategic Health Authority level achievement

The range of achievement at SHA, PCT and practice level for the additional services domain is shown in Table 6. Three measures are presented for points achieved out of the 36 available for this domain.

	2006/07	2007/08	2008/09
Practices			
Median point score	36.0	36.0	36.0
Lower quartile	35.7	35.9	36.0
Upper quartile	36.0	36.0	36.0
PCTs			
Median point score	35.3	35.3	35.4
Lower quartile	34.3	34.6	34.5
Upper quartile	35.7	35.7	35.8
SHAs			
Median point score	35.2	35.2	35.4
Lower quartile	34.9	35.0	35.0
Upper quartile	35.5	35.6	35.5

Table 6: Achievement in the additional services domain at SHA, PCT and practice level, 2006/07 to 2008/09 (maximum points = 36)

3.6.1 Indicator Groups within the Additional Services Domain

Table 7 shows the level of achievement across all practices in England in each indicator group of the additional services domain, as a percentage of the total points available in each indicator group.

Indicator Group	All England Practices Achievement 2006/07	All England Practices Achievement 2007/08	All England Practices Achievement 2008/09
Cervical Screening	96.3%	97.0%	97.3%
Child Health Surveillance	94.6%	95.0%	95.3%
Maternity Services	98.5%	98.7%	98.6%
Contraceptive Services	98.4%	98.6%	98.5%

Table 7: Percentage of points achieved in each indicator group of the additional services domain by practices in England, 2006/07 to 2008/09

4. Prevalence

4.1 Definition of Prevalence

QOF prevalence information for 2008/09 is based on the 8,229 practices that were in the QOF achievement dataset.

For 18 of the 19 areas of the clinical domain, QMAS captures the number of patients on the clinical register for each practice (for Smoking indicators the 'register' is based on other clinical registers.) The number of patients on clinical registers can be used to calculate disease prevalence, expressing the number of patients on each register as a percentage of the number of patients on practices' lists. Therefore 'raw prevalence' for a clinical area is defined as:

$$\text{Raw prevalence} = (\text{number on clinical register} / \text{number on practice list}) \times 100$$

4.2 Notes on QOF Prevalence

It is important to emphasise that QOF registers are constructed to underpin indicators on quality of care, and they do not necessarily equate to prevalence, as may be defined by epidemiologists. For example, prevalence figures based on QOF registers may differ from prevalence figures from other sources because of coding or definitional issues. QMAS only uses Read codes that are common to all three versions (version 2, version 3 and CVT). It is difficult to interpret year-on-year changes in the size of QOF registers, for example a gradual rise in QOF prevalence could be due partly to epidemiological factors (such as an ageing population) or due partly to increased case finding. Other factors in interpreting information on specific registers include:

- The diabetes register (indicator DM19) was redefined for 2006/07 to state that GPs should be able to identify patients as having either Type I or Type II diabetes. However, the QOF diabetes register does not distinguish between Type I and Type II diabetes.
- Some clinical areas have 'resolution codes' to reflect the nature of diseases. Others, such as the cancer register, do not.
- To be on the asthma register, patients need a diagnosis of asthma and a prescription for an asthma drug within the year.
- Five clinical areas of the QOF are based on registers that relate to specific age groups. Diabetes registers are based on patients aged 17+; epilepsy, chronic kidney disease (CKD) and learning disabilities registers are based on

patients aged 18+; and obesity registers are based on patients aged 16+. Because 'prevalence rates' based on registers as a percentage of total list size would underestimate prevalence for these five clinical areas, alternative calculations, based on estimates of appropriate age-banded list size information, were used to derive more precise prevalence rates for these five clinical areas (see section 4.3.1).

- Many patients are likely to suffer from co-morbidity, ie diagnosed with more than one of the clinical conditions included in the QOF clinical domain. Robust analysis of co-morbidity is not possible using QOF data because QOF information is collected at an aggregate level for each practice. There is no patient-specific data within QMAS. For example, QMAS captures aggregated information for each practice on patients with coronary heart disease and on patients with diabetes, but it is not possible to identify or analyse patients with both of those diseases. (The qualification to this statement is that the Depression 1 indicator is based on patients who are on the CHD and/or diabetes registers, and Smoking indicators are based on patients who have one of several conditions; however no prevalence rates for these indicators are included in this bulletin.)
- To be included in the obesity register a patient must be 16 or over and have a record of a BMI of 30 or higher in the previous 15 months. This requirement results in the prevalence of obesity in QOF being much lower than the prevalence found in the Health Survey for England and other surveys.

4.3 National QOF Prevalence Rates

For clinical areas where QOF registers are based on all ages, QOF prevalence rates for England are presented in Table 8:

Clinical Area	England Raw Prevalence 2006/07	England Raw Prevalence 2007/08	England Raw Prevalence 2008/09
Coronary Heart Disease (CHD)	3.5%	3.5%	3.5%
Heart Failure	0.8%	0.8%	0.7%
Stroke	1.6%	1.6%	1.7%
Hypertension (BP)	12.5%	12.8%	13.1%
Chronic Obstructive Pulmonary Disease (COPD)	1.4%	1.5%	1.5%
Hypothyroidism	2.5%	2.7%	2.8%
Cancer	0.9%	1.1%	1.3%
Palliative Care	0.1%	0.1%	0.1%
Mental Health	0.7%	0.7%	0.7%
Asthma	5.8%	5.7%	5.9%
Dementia	0.4%	0.4%	0.4%
Atrial Fibrillation	1.3%	1.3%	1.3%
Depression	-	7.6%	8.1%

Table 8: England raw prevalence rates for QOF registers that are based on all ages

(For chronic kidney disease, diabetes, epilepsy, and learning disabilities and obesity see section 4.3.1 and Table 9)

4.3.1 Prevalence rates for clinical areas where QOF registers are age-specific

Five clinical areas within the QOF (chronic kidney disease, diabetes, epilepsy, learning disabilities and obesity) are based on clinical registers that relate to specific age groups. Diabetes registers are based on patients aged 17+; epilepsy, chronic kidney disease and learning disabilities registers are based on patients aged 18+; and obesity registers are based on patients aged 16+.

QOF list size information available from QMAS does not include a list size breakdown by age band. In order to calculate a prevalence rate for these five clinical

areas, based on the appropriate age-specific list sizes, it is necessary to use age-banded list sizes from an external data source.

Age-banded practice list sizes, relating to January to March 2009, were therefore obtained from the Prescription Services Division (RxS) of the NHS Business Services Authority for the practices included in the 2008/09 QOF prevalence dataset. List size figures were unavailable or zero for the period January to March 2009 for five of the 8,229 practice codes in the QOF prevalence dataset.

The RxS data does not give ages by single year, so it was necessary to use a proportion of the 15-24 age band to estimate the numbers aged 17-24 (for diabetes), 18-24 (for epilepsy, chronic kidney disease and learning disabilities) and 16-24 (for obesity). These estimates (assuming the number of people in the 15-24 age band is evenly spread across individual ages) were added to the numbers in age bands for 25 years and over to give estimates of:

- Number on each RxS practice list aged 16+ (for obesity).
- Number on each RxS practice list aged 17+ (for diabetes).
- Number on each RxS practice list aged 18+ (for epilepsy, chronic kidney disease and learning disabilities).

These numbers were then used to calculate estimates of:

- The percentage of each RxS practice list that was aged 16+ (for obesity).
- The percentage of each RxS practice list that was aged 17+ (for diabetes).
- The percentage of each RxS practice list that was aged 18+ (for epilepsy, chronic kidney disease and learning disabilities).

These percentages were then applied (if the RxS data was missing or zero then the national average percentages were used) to the total list sizes in the QOF dataset to give estimates of:

- The number on each QOF practice list aged 16+ (for obesity).
- The number on each QOF practice list aged 17+ (for diabetes).
- The number on each QOF practice list aged 18+ (for epilepsy, chronic kidney disease and learning disabilities).

These numbers then became the denominators for calculation of prevalence rates for the five clinical areas whose registers are age-specific:

Clinical Area	England Raw Prevalence 2006/07	England Raw Prevalence 2007/08	England Raw Prevalence 2008/09
CKD (ages 18+)	3.0%	3.7%	4.1%
Diabetes (ages 17+)	4.5%	4.8%	5.1%
Epilepsy (ages 18+)	0.8%	0.8%	0.8%
Learning Disabilities (ages 18+)	0.3%	0.3%	0.4%
Obesity (ages 16+)	9.1%	9.4%	9.9%

Table 9: England raw prevalence rates for QOF registers that are based on specific age groups

4.4 Variation in QOF Prevalence Rates

The distribution of prevalence at practice level for 2008/09 is shown in Chart 6 (for those disease registers which cover the whole population, and where prevalence is calculated by dividing the disease register by the list size) and Chart 7 (for those diseases where the register covers only a particular age range, and where prevalence is calculated by dividing by the estimated number of patients in the relevant age group). Variation at PCT level is shown in Charts 8 and 9. The black boxes show the range from the lower to upper quartiles (50% of practices will lie between these limits) while the 'whiskers' show the range from the minimum to maximum values. Note that one practice, not operational during the whole of 2008/09, has been removed from these charts because of concerns over the values reported by QMAS.

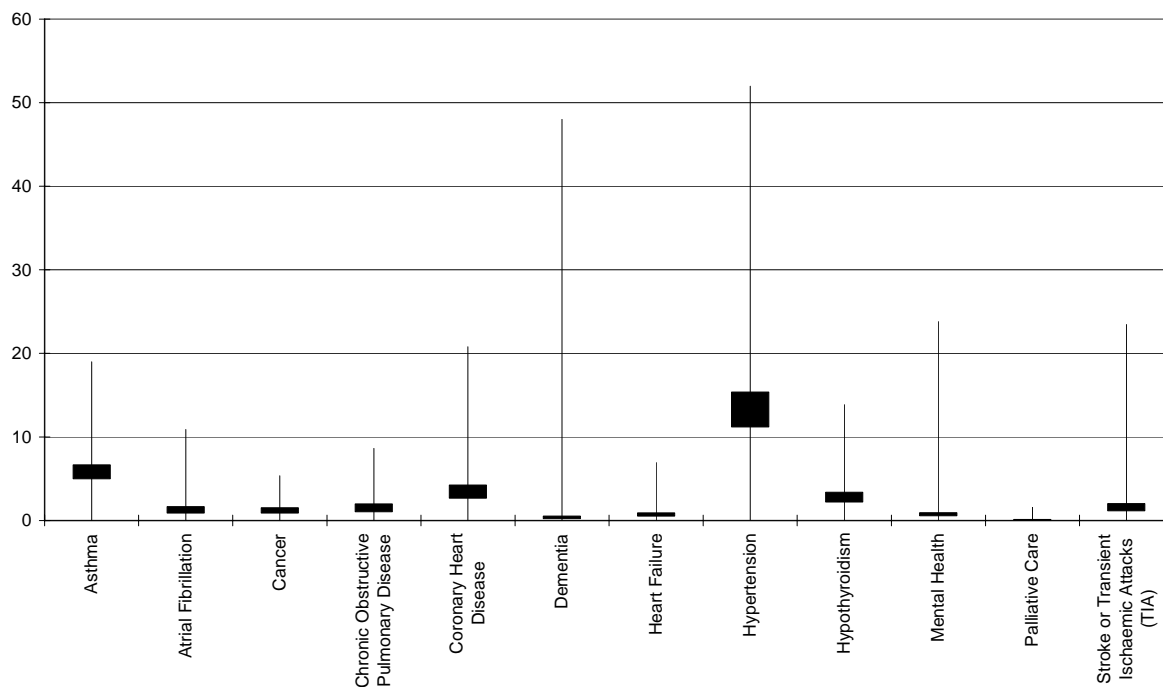


Chart 6: Variation in practice raw prevalence rates (%) for QOF registers that are based on all ages, 2008/09

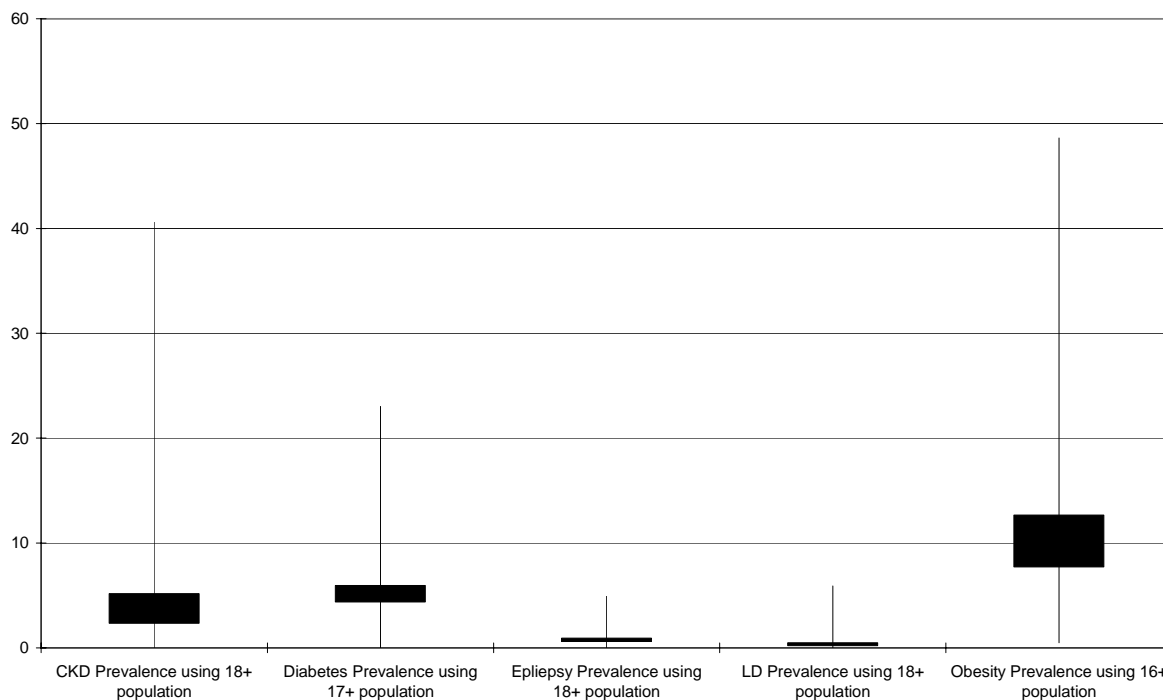


Chart 7: Variation in practice raw prevalence values rates (%) for QOF registers that are based on specific age groups, 2008/09

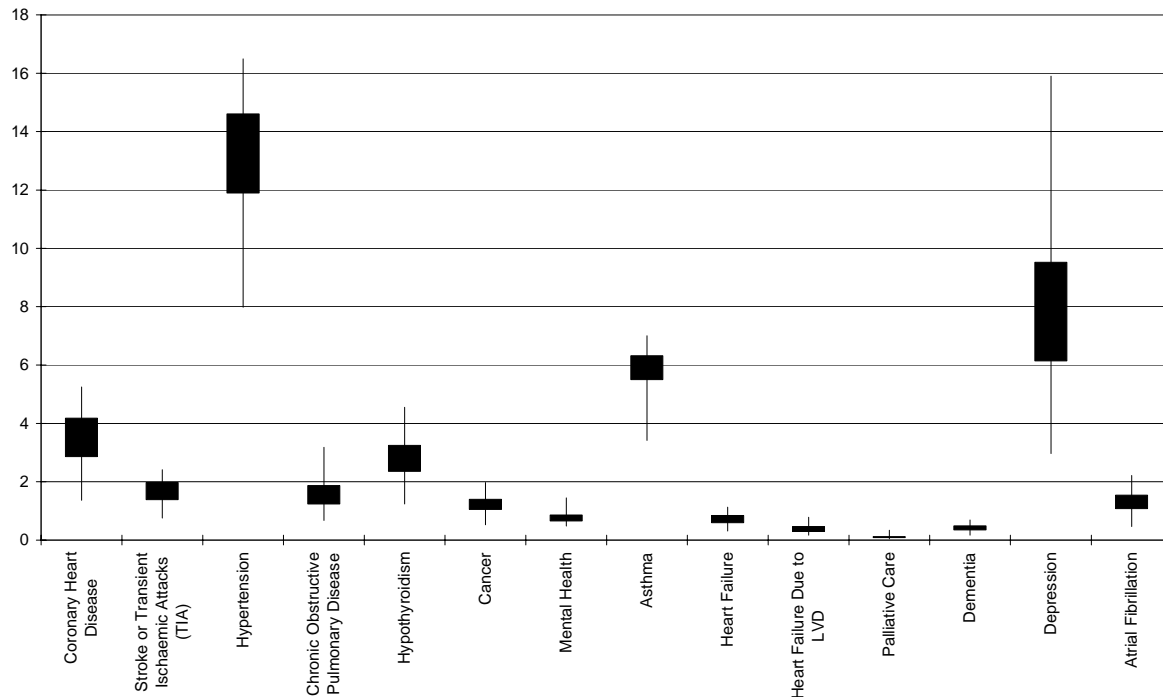


Chart 8: Variation in primary care trust raw prevalence rates (%) for QOF registers that are based on all ages, 2008/09

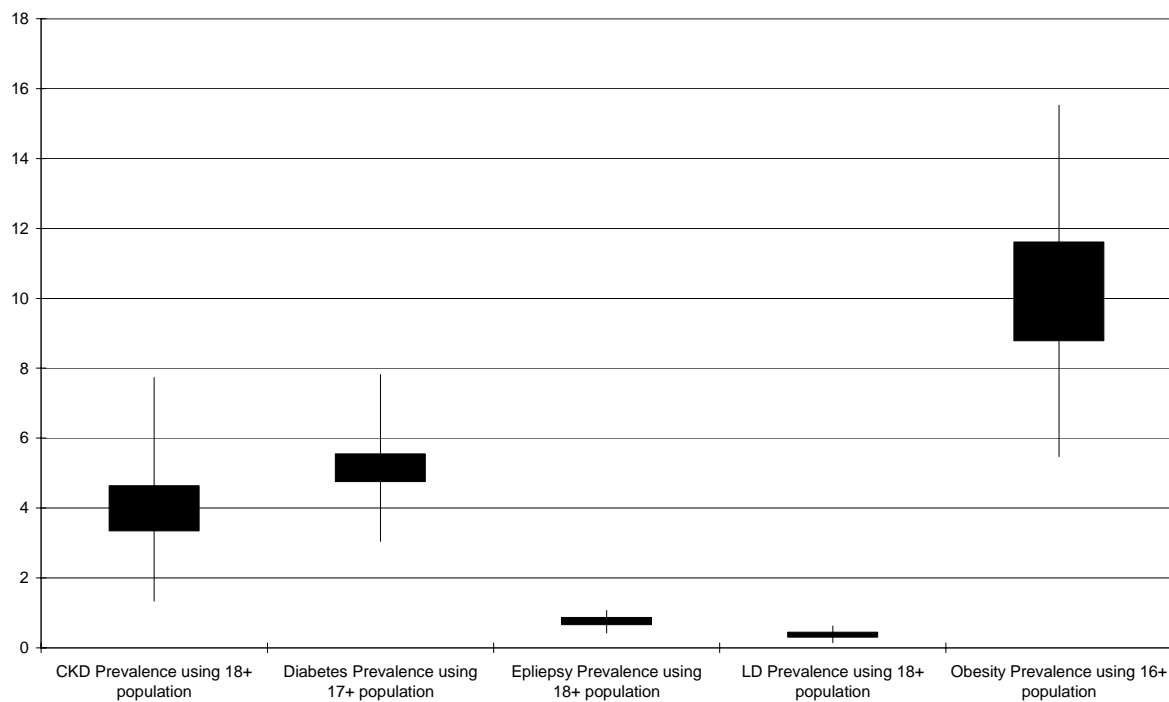


Chart 9: Variation in primary care trust raw prevalence rates (%) for QOF registers that are based on specific age groups, 2008/09

5. Recommendations around the use of QOF data

The QMAS system was established as a mechanism to support the calculation of practice QOF payments. It is not a totally comprehensive source of data on quality of care in general practice, but it is potentially a rich and valuable source of information for healthcare organisations, analysts and researchers, providing the limitations of the data are acknowledged.

QMAS is a live database, and practices can submit clinical and non-clinical data at any time. This publication is derived from a snapshot of QMAS data relating to the position of practices at a point in time – namely the end of June 2009 for information on 2008/09 QOF achievement.

Levels of QOF achievement will be related to a variety of local circumstances, and should be interpreted in the context of those circumstances. Users of the published QOF data should be particularly careful in undertaking comparative analysis.

The following points have been raised by local healthcare organisations in consultation with the NHS Information Centre:

- 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). Hence practices' QOF payments include adjustments for such factors.
- Comparative analysis of practice-level or PCT-level QOF achievement, or prevalence, may also be inappropriate without taking account of the underlying social and demographic characteristics of the populations concerned. The delivery of services may be related, for example, to population age/sex, ethnicity or deprivation characteristics that are not included in QOF data collection processes.
- Information on QOF achievement, as represented by QOF points, should also be interpreted with respect to local circumstances around general practice infrastructure. In undertaking comparative or explanatory analysis, users of the data 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.
- 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 on practice lists of student populations, drug users, homeless populations and asylum seekers.

- Robust analysis of co-morbidity (patients with more than one disease) is not possible using QOF data. QOF information is collected at an aggregate level for each practice. There is no patient-specific data within QMAS. For example, QMAS captures aggregated information for each practice on patients with coronary heart disease and on patients with asthma, but it is not possible to identify or analyse patients with both of these diseases.
- Underlying all this is the fact that the information held within QMAS, and the source for the published tables, is dependent on diagnosis and recording within practices using practices' clinical information systems.

Measuring the quality of care is not a simple process. The indicators on which this bulletin reports can only be proxies for true quality. Within the clinical domain, the QOF does not cover every clinical condition, and only describes some aspects of the care for the clinical areas that are included. However, the QOF does provide valuable information (on prevalence, cholesterol levels and blood pressure for example) on a scale unavailable before 2004/05, and provides a measure of improvement in the delivery of care.

6. QOF Links

Department of Health:

<http://www.dh.gov.uk/en/Healthcare/Primarycare/Primarycarecontracting/QOF/index.htm>

NHS Employers (for QOF guidance):

<http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/QOF/Pages/QualityOutcomesFramework.aspx>

QMAS (Connecting for Health):

<http://www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/qmas>

Primary Care Commissioning:

<http://www.pcc.nhs.uk/qofhome>

QOF Publications in other UK countries

Scotland:

<http://www.isdscotland.org>

Wales:

<http://wales.gov.uk/topics/statistics/theme/health/primary-care/gms-contract/?lang=en>

Northern Ireland:

<http://www.dhsspsni.gov.uk>

Annex: QOF Indicators 2008/09

Clinical Domain

Coronary Heart Disease

CHD 1: The practice can produce a register of patients with coronary heart disease.

CHD 2: The percentage of patients with newly diagnosed angina (diagnosed after 1 April 2003) who are referred for exercise testing and/or specialist assessment.

CHD 5: The percentage of patients with coronary heart disease whose notes have a record of blood pressure in the previous 15 months.

CHD 6: The percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the previous 15 months) is 150/90 or less.

CHD 7: The percentage of patients with coronary heart disease whose notes have a record of total cholesterol in the previous 15 months.

CHD 8: The percentage of patients with coronary heart disease whose last measured total cholesterol (measured in the previous 15 months) is 5mmol/l or less.

CHD 9: The percentage of patients with coronary heart disease with a record in the previous 15 months that aspirin, an alternative anti-platelet therapy, or an anti-coagulant is being taken (unless a contraindication or side-effects are recorded).

CHD 10: The percentage of patients with coronary heart disease who are currently treated with a beta blocker (unless a contraindication or side-effects are recorded).

CHD 11: The percentage of patients with a history of myocardial infarction (diagnosed after 1 April 2003) who are currently treated with an ACE inhibitor or Angiotensin II antagonist.

CHD 12: The percentage of patients with coronary heart disease who have a record of influenza immunisation in the preceding 1 September to 31 March.

Heart Failure

HF 1: The practice can produce a register of patients with heart failure.

HF 2: The percentage of patients with a diagnosis of heart failure (diagnosed after 1 April 2006) which has been confirmed by an echocardiogram or by specialist assessment.

HF 3: The percentage of patients with a current diagnosis of heart failure due to LVD who are currently treated with an ACE inhibitor or Angiotensin Receptor Blocker, who can tolerate therapy and for whom there is no contra-indication.

Stroke and Transient Ischaemic Attack (TIA)

STROKE 1: The practice can produce a register of patients with stroke or TIA.

STROKE 13: The percentage of new patients with a stroke or TIA who have been referred for further investigation.

STROKE 5: The percentage of patients with TIA or stroke who have a record of blood pressure in the notes in the preceding 15 months.

STROKE 6: The percentage of patients with a history of TIA or stroke in whom the last blood pressure reading (measured in the previous 15 months) is 150/90 or less.

STROKE 7: The percentage of patients with TIA or stroke who have a record of total cholesterol in the last 15 months.

STROKE 8: The percentage of patients with TIA or stroke whose last measured total cholesterol (measured in the previous 15 months) is 5mmol/l or less.

STROKE 12: The percentage of patients with a stroke shown to be non-haemorrhagic, or a history of TIA, who have a record that an anti-platelet agent (aspirin, clopidogrel, dipyridamole or a combination), or an anti-coagulant is being taken (unless a contraindication or side-effects are recorded).

STROKE 10: The percentage of patients with TIA or stroke who have had influenza immunisation in the preceding 1 September to 31 March.

Hypertension

BP 1: The practice can produce a register of patients with established hypertension.

BP 4: The percentage of patients with hypertension in whom there is a record of the blood pressure in the previous 9 months.

BP 5: The percentage of patients with hypertension in whom the last blood pressure (measured in the previous 9 months) is 150/90 or less.

Diabetes

DM 19: The practice can produce a register of all patients aged 17 years and over with diabetes mellitus, which specifies whether the patient has Type 1 or Type 2 diabetes.

DM 2: The percentage of patients with diabetes whose notes record BMI in the previous 15 months.

DM 5: The percentage of patients with diabetes who have a record of HbA1c or equivalent in the previous 15 months.

DM 20: The percentage of patients with diabetes in whom the last HbA1c is 7.5 or less (or equivalent test/reference range depending on local laboratory) in the previous 15 months.

DM 7: The percentage of patients with diabetes in whom the last HbA1c is 10 or less (or equivalent test/reference range depending on local laboratory) in the previous 15 months.

DM 21: The percentage of patients with diabetes who have a record of retinal screening in the previous 15 months.

DM 9: The percentage of patients with diabetes with a record of the presence or absence of peripheral pulses in the previous 15 months.

DM 10: The percentage of patients with diabetes with a record of neuropathy testing in the previous 15 months.

DM 11: The percentage of patients with diabetes who have a record of the blood pressure in the previous 15 months.

DM 12: The percentage of patients with diabetes in whom the last blood pressure is 145/85 or less.

DM 13: The percentage of patients with diabetes who have a record of micro-albuminuria testing in the previous 15 months (exception reporting for patients with proteinuria).

DM 22: The percentage of patients with diabetes who have a record of estimated glomerular filtration rate (eGFR) or serum creatinine testing in the previous 15 months.

DM 15: The percentage of patients with diabetes with a diagnosis of proteinuria or micro-albuminuria who are treated with ACE inhibitors (or A2 antagonists).

DM 16: The percentage of patients with diabetes who have a record of total cholesterol in the previous 15 months.

DM 17: The percentage of patients with diabetes whose last measured total cholesterol within the previous 15 months is 5mmol/l or less.

DM 18: The percentage of patients with diabetes who have had influenza immunisation in the preceding 1 September to 31 March.

Chronic Obstructive Pulmonary Disease (COPD)

COPD 1: The practice can produce a register of patients with COPD.

COPD 12: The percentage of all patients with COPD diagnosed after 1st April 2008 in whom the diagnosis has been confirmed by post bronchodilator spirometry.

COPD 10: The percentage of patients with COPD with a record of FeV1 in the previous 15 months.

COPD 11: The percentage of patients with COPD receiving inhaled treatment in whom there is a record that inhaler technique has been checked in the previous 15 months.

COPD 8: The percentage of patients with COPD who have had influenza immunisation in the preceding 1 September to 31 March.

Epilepsy

EPILEPSY 5: The practice can produce a register of patients aged 18 and over receiving drug treatment for epilepsy.

EPILEPSY 6: The percentage of patients age 18 and over on drug treatment for epilepsy who have a record of seizure frequency in the previous 15 months.

EPILEPSY 7: The percentage of patients age 18 and over on drug treatment for epilepsy who have a record of medication review involving the patient and/or carer in the previous 15 months.

EPILEPSY 8: The percentage of patients age 18 and over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded in the previous 15 months.

Hypothyroidism

THYROID 1: The practice can produce a register of patients with hypothyroidism.

THYROID 2: The percentage of patients with hypothyroidism with thyroid function tests recorded in the previous 15 months.

Cancer

CANCER 1: The practice can produce a register of all cancer patients defined as a 'register of patients with a diagnosis of cancer excluding non-melanotic skin cancers from 1 April 2003'.

CANCER 3: The percentage of patients with cancer, diagnosed within the last 18 months who have a patient review recorded as occurring within 6 months of the practice receiving confirmation of the diagnosis.

Palliative Care

PC 3: The practice has a complete register available of all patients in need of palliative care/support irrespective of age.

PC 2: The practice has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed.

Mental Health

MH 8: The practice can produce a register of people with schizophrenia, bipolar disorder and other psychoses.

MH 9: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses with a review recorded in the preceding 15 months. In the review there should be evidence that the patient has been offered routine health promotion and prevention advice appropriate to their age, gender and health status.

MH 4: The percentage of patients on lithium therapy with a record of serum creatinine and TSH in the preceding 15 months.

MH 5: The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range within the previous 6 months.

MH 6: The percentage of patients on the register who have a comprehensive care plan documented in the records agreed between individuals, their family and/or carers as appropriate.

MH 7: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who do not attend the practice for their annual review who are identified and followed up by the practice team within 14 days of non-attendance.

Asthma

ASTHMA 1: The practice can produce a register of patients with asthma, excluding patients with asthma who have been prescribed no asthma-related drugs in the previous twelve months.

ASTHMA 8: The percentage of patients aged eight and over diagnosed as having asthma from 1 April 2006 with measures of variability or reversibility.

ASTHMA 3: The percentage of patients with asthma between the ages of 14 and 19 in whom there is a record of smoking status in the previous 15 months.

ASTHMA 6: The percentage of patients with asthma who have had an asthma review in the previous 15 months.

Dementia

DEM 1: The practice can produce a register of patients diagnosed with dementia.

DEM 2: The percentage of patients diagnosed with dementia whose care has been reviewed in the previous 15 months.

Depression

DEP 1: The percentage of patients on the diabetes register and /or the CHD register for whom case finding for depression has been undertaken on one occasion during the previous 15 months using two standard screening questions.

DEP 2: In those patients with a new diagnosis of depression, recorded between the preceding 1 April to 31 March, the percentage of patients who have had an assessment of severity at the outset of treatment using an assessment tool validated for use in primary care.

Chronic Kidney Disease (CKD)

CKD 1: The practice can produce a register of patients aged 18 years and over with CKD (US National Kidney Foundation: Stage 3 to 5 CKD).

CKD 2: The percentage of patients on the CKD register whose notes have a record of blood pressure in the previous 15 months.

CKD 3: The percentage of patients on the CKD register in whom the last blood pressure reading, measured in the previous 15 months, is 140/85 or less.

CKD 5: The percentage of patients on the CKD register with hypertension and proteinuria who are treated with an angiotensin converting enzyme inhibitor (ACE-I) or angiotensin receptor blocker (ARB) (unless a contraindication or side effects are recorded).

Atrial Fibrillation

AF 1: The practice can produce a register of patients with atrial fibrillation.

AF 4: The percentage of patients with atrial fibrillation diagnosed after 1 April 2008 with ECG or specialist confirmed diagnosis.

AF 3: The percentage of patients with atrial fibrillation who are currently treated with anti-coagulation drug therapy or an anti-platelet therapy.

Obesity

OB 1: The practice can produce a register of patients aged 16 and over with a Body Mass Index (BMI) greater than or equal to 30 in the previous 15 months.

Learning Disabilities

LD1: The practice can produce a register of patients with learning disabilities

Smoking

SMOKING 3: The percentage of patients with any or any combination of the following conditions: coronary heart disease, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the previous 15 months.

SMOKING 4: The percentage of patients with any or any combination of the following conditions: coronary heart disease, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who smoke whose notes contain a record that smoking cessation advice or referral to a specialist service, where available, has been offered within the previous 15 months.

Organisational Domain

Records and Information

Records 3: The practice has a system for transferring and acting on information about patients seen by other doctors out of hours.

Records 8: There is a designated place for the recording of drug allergies and adverse reactions in the notes and these are clearly recorded.

Records 9: For repeat medicines, an indication for the drug can be identified in the records (for drugs added to the repeat prescription with effect from 1 April 2004).

Records 11: The blood pressure of patients aged 45 and over is recorded in the preceding 5 years for at least 65% of patients.

Records 13: There is a system to alert the out-of-hours service or duty doctor to patients dying at home.

Records 15: The practice has up-to-date clinical summaries in at least 60% of patient records.

Records 17: The blood pressure of patients aged 45 and over is recorded in the preceding 5 years for at least 80% of patients.

Records 18: The practice has up-to-date clinical summaries in at least 80% of patient records.

Records 19: 80% of newly registered patients have had their notes summarised within 8 weeks of receipt by the practice.

Records 20: The practice has up-to-date clinical summaries in at least 70% of patient records.

Records 21: Ethnic origin is recorded for 100% of new registrations.

Records 23: The percentage of patients aged over 15 years whose notes record smoking status in the past 27 months.

Information for Patients

Information 4: If a patient is removed from a practice's list, the practice provides an explanation of the reasons in writing to the patient and information on how to find a new practice, unless it is perceived that such an action would result in a violent response by the patient.

Information 5: The practice supports smokers in stopping smoking by a strategy which includes providing literature and offering appropriate therapy.

Education and Training

Education 1: There is a record of all practice-employed clinical staff having attended training/updating in basic life support skills in the preceding 18 months.

Education 5: There is a record of all practice-employed staff having attended training/updating in basic life support skills in the preceding 36 months.

Education 6: The practice conducts an annual review of patient complaints and suggestions to ascertain general learning points which are shared with the team.

Education 7: The practice has undertaken a minimum of twelve significant event reviews in the past 3 years which could include:

- any death occurring in the practice premises
- new cancer diagnoses
- deaths where terminal care has taken place at home
- any suicides
- admissions under the Mental Health Act
- child protection cases
- medication errors.

A significant event occurring when a patient may have been subjected to harm, had the circumstance/ outcome been different (near miss).

Education 8: All practice-employed nurses have personal learning plans which have been reviewed at annual appraisal.

Education 9: All practice-employed non-clinical team members have an annual appraisal.

Education 10: The practice has undertaken a minimum of three significant event reviews within the last year.

Practice Management

Management 1: Individual healthcare professionals have access to information on local procedures relating to Child Protection.

Management 2: There are clearly defined arrangements for backing up computer data, back-up verification, safe storage of back-up tapes and authorisation for loading programmes where a computer is used.

Management 3: The Hepatitis B status of all doctors and relevant practice-employed staff is recorded and immunisation recommended if required in accordance with national guidance.

Management 5: The practice offers a range of appointment times to patients, which as a minimum should include morning and afternoon appointments five mornings and four afternoons per week, except where agreed with the PCO.

Management 7: The practice has systems in place to ensure regular and appropriate inspection, calibration, maintenance and replacement of equipment including:

- A defined responsible person
- Clear recording
- Systematic pre-planned schedules
- Reporting of faults.

Management 9: The practice has a protocol for the identification of carers and a mechanism for the referral of carers for social services assessment.

Management 10: There is a written procedures manual that includes staff employment policies including equal opportunities, bullying and harassment and sickness absence (including illegal drugs, alcohol and stress), to which staff have access.

Medicines Management

Medicines 2: The practice possesses the equipment and in-date emergency drugs to treat anaphylaxis.

Medicines 3: There is a system for checking the expiry dates of emergency drugs on at least an annual basis.

Medicines 4: The number of hours from requesting a prescription to availability for collection by the patient is 72 hours or less (excluding weekends and bank/local holidays).

Medicines 6: The practice meets the PCO prescribing adviser at least annually and agrees up to three actions related to prescribing.

Medicines 8: The number of hours from requesting a prescription to availability for collection by the patient is 48 hours or less (excluding weekends and bank/local holidays).

Medicines 10: The practice meets the PCO prescribing adviser at least annually, has agreed up to three actions related to prescribing and subsequently provided evidence of change.

Medicines 11: A medication review is recorded in the notes in the preceding 15 months for all patients being prescribed four or more repeat medicines.

Medicines 12: A medication review is recorded in the notes in the preceding 15 months for all patients being prescribed repeat medicines.

Patient Experience Domain

PE 1: Length of consultations. The length of routine booked appointments with the doctors in the practice is not less than 10 minutes (If the practice routinely sees extras during booked surgeries, then the average booked consultation length should allow for the average number of extras seen in a surgery session. If the extras are seen at the end, then it is not necessary to make this adjustment). For practices with only an open surgery system, the average face to face time spent by the GP with the patient is at least 8 minutes. Practices that routinely operate a mixed economy of booked and open surgeries should report on both criteria.

PE 2: Patient surveys (1). The practice will have undertaken an approved patient survey each year.

PE 6: Patient surveys (2). The practice will have undertaken an approved patient survey each year and, having reflected on the results, will produce an action plan that:

1. sets priorities for the next two years;
2. describes how the practice will report the findings to patients (for example, posters in the practice, a meeting with a patient practice group or a PCO approved patient representative);
3. describes the plans for achieving the priorities, including indicating the lead person in the practice;
4. considers the case for collecting additional information on patient experience, for example through surveys of patients with specific illnesses, or consultation with a patient group.

PE 7: Patient experience of access (1). The percentage of patients who, in the appropriate national survey, indicate that they were able to obtain a consultation with a GP (in England) or appropriate health care professional (in Scotland, Wales and NI) within 2 working days (in Wales this will be within 24 hours).

PE 8: Patient experience of access (2). The percentage of patients who, in the appropriate national survey, indicate that they were able to book an appointment with a GP more than 2 days ahead.

Additional Services Domain

Cervical Screening

CS 1: The percentage of patients aged from 25 to 64 (in Scotland from 21 to 60) whose notes record that a cervical smear has been performed in the last five years.

CS 5: The practice has a system for informing all women of the results of cervical smears.

CS 6: The practice has a policy for auditing its cervical screening service, and performs an audit of inadequate cervical smears in relation to individual smear-takers at least every 2 years.

CS 7: The practice has a protocol that is in line with national guidance and practice for the management of cervical screening, which includes staff training, management of patient call/recall, exception reporting and the regular monitoring of inadequate smear rates.

Child Health Surveillance

CHS 1: Child development checks are offered at intervals that are consistent with national guidelines and policy.

Maternity Services

MAT 1: Ante-natal care and screening are offered according to current local guidelines.

Contraceptive Services

CON 1: The team has a written policy for responding to requests for emergency contraception.

CON 2: The team has a policy for providing pre-conceptual advice.

**Published by The NHS Information Centre for health and social care
Part of the Government Statistical Service**

ISBN 978-1-84636-339-9

This publication may be requested in large print or other formats.

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