

National Quality and Outcomes Framework Statistics for England 2005/06

This bulletin presents a summary of data from the national Quality and Outcomes Framework (QOF) during 2005/06. The QOF was first implemented in General Medical Service (GMS) and Personal Medical Service (PMS) practices in April 2004, and the financial year 2005/06 therefore represents the second year of the QOF. The figures are derived from the Quality Management Analysis System (QMAS), a national system that uses data from general practices to calculate QOF achievement for individual practices.

In 2005/06:

- The average QOF points achieved by general practices was 1,010.5 points, representing 96.2% of the total 1,050 points available to each practice. This compares with an average of 958.7 points (91.3%) in 2004/05.
- The average points achieved for the clinical domain was 534.2 points (97.1% of the maximum 550 available).
- Data on reported prevalence in 11 disease areas is presented for 8,406 practices in England. The highest recorded prevalence was for hypertension (12% of patients registered within these practices).

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1. Introduction

The national Quality and Outcomes Framework (QOF) was introduced as part of the new General Medical Services (GMS) contract on 1 April 2004. Participation by practices in the QOF is voluntary, though participation rates are very high, with most Personal Medical Services (PMS) practices also taking part.

The figures in this bulletin are 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.

A full set of QOF tables for 2004/05 and 2005/06 can be found on The Information Centre for health and social care's (The IC) web site at www.ic.nhs.uk.

2. Background

2.1 Overview of the QOF

The national Quality and Outcomes Framework (QOF) is based on the best available research evidence.

The QOF is not about performance management of general practice but about resourcing and then rewarding good practice. The QOF measures achievement against 146 indicators and three measures of depth of care. Practices score points on the basis of achievement against each indicator, up to a maximum of 1,050 points.

The QOF became part of general practice contracts on 1 April 2004 and therefore 2005/06 represents the second year for which QOF information is available. Details of the GMS contract can be found on the Department of Health (DH) website (see section 6 of this bulletin).

2.2 The Quality Management Analysis System (QMAS)

QMAS is a national IT system developed by NHS Connecting for Health (CfH) to support the QOF. The system calculates practice achievement against national targets. It 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 now 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 the payment systems. This means that payment rules underpinning the new 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, but it is potentially a rich and valuable source of such information, providing that the limitations of the data are acknowledged.

The Information Centre's Prescribing Support Unit (PSU), has worked on behalf of the Department of Health and in collaboration with NHS Connecting for Health to obtain extracts from QMAS to support publication.

This publication of 2005/06 QOF information is based on data for the period April 2005 to March 2006. The data was extracted from the national QMAS system at the end of June 2006 in order to include adjustments agreed between practices and PCTs up to the end of June 2006.

2.3 Data coverage

The published tables, and this statistical bulletin, cover two types of data for England:

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

QOF achievement for 2005/06 is presented for 8,409 general practices in England. This includes practices that had data automatically extracted by the QMAS system in March 2006, and data adjustments for the year 2005/06 submitted between April and June 2006. A number of practices were excluded from the published tables, at the request of PCTs, where QOF achievement for 2005/06 was still subject to local agreement – more details are available on The Information Centre's web site.

Achievement figures for 2005/06 presented throughout this bulletin are based on 8,409 practices. Where comparisons are made with 2004/05 achievement, note that there were 8,576 practices on the 2004/05 dataset.

The 2005/06 disease prevalence tables are based on prevalence submissions to QMAS at the end of the 2005/06 financial year. For practices where year-end submissions were not available, the disease prevalence submissions received by QMAS closest to year end were taken. The disease prevalence figures are therefore based on 8,406 general practices – for three of the practices on the achievement tables no appropriate end of year disease registers were found on QMAS.

The 8,406 practices included in the prevalence tables cover 99.6% of registered patients in England (based on registration data from the prescription pricing division of the NHS Business Services Authority for the quarter January to March 2006).

QMAS uses disease prevalence to perform an adjustment in calculating practices' QOF payments. The 'adjustment factor' is based on a formula that transforms the raw disease prevalence figure. For national reporting of QOF information, The Information Centre has presented only raw (unadjusted) disease prevalence as recorded by the practices.

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 are included in the published 2005/06 QOF tables, and in the figures presented in this bulletin.

2.4 Level of detail

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 these diseases.

2.5 Practice list sizes

The 2005/06 QOF tables published by The Information Centre use practice list sizes supplied to QMAS from National Health Applications and Infrastructure Services (NHAIS), the national general practice payments system, as at 1 January 2006. These figures are used in QMAS for list size adjustments in QOF payment calculations.

2.6 Patient exceptions

Practices may exclude specific patients from data collected to calculate QOF achievement scores. For example, patients with specific diseases 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.

New functionality was implemented within QMAS during 2005/06 to enable high level summaries of exception reporting to be derived. This newly available data will be published by The Information Centre during 2006/07.

2.7 Organisational presentation

Information in this bulletin is presented at strategic health authority and primary care trust level, as well as for practices. Note that the statistics presented refer to the year 2005/06, and therefore refer to the NHS organisational structure as at 31 March 2006, when there were 28 strategic health authorities and 303 primary care trusts.

3. Achievement

3.1 Contents of the framework

The QOF contains four main components, known as domains. Each domain consists of a set of measures of achievement, known as indicators, against which practices score points according to their level of achievement:

- **Clinical domain:** 76 indicators in 11 areas (coronary heart disease, left ventricular dysfunction, stroke and transient ischaemic attack, hypertension, diabetes mellitus, chronic obstructive pulmonary disease, epilepsy, hypothyroidism, cancer, mental health and asthma). Indicators in the clinical domain are worth up to a maximum of 550 points (52.4% of the total).
- **Organisational domain:** 56 indicators in 5 areas (records and information, patient communication, education and training, medicines management, clinical and practice management). Indicators in the organisational domain are worth up to 184 points (17.5% of the total).
- **Patient experience domain:** 4 indicators in 2 areas (patient survey and consultation length), worth up to 100 points (9.5% of the total).
- **Additional services domain:** 10 indicators in 4 areas (cervical screening, child health surveillance, maternity services and contraceptive services), worth up 36 points (3.4% of the total).

The QOF also rewards practices against three **depth of quality measures**. A holistic care payment measures achievement across the clinical domain and is worth up to 100 points (9.5% of the total). A quality practice payment measures overall achievement in the organisational, patient experience and additional services domains and is worth up to 30 points (2.9% of the total). A target level of achievement on patient access to clinical care (access bonus) is rewarded with 50 points (4.8% of the total).

The maximum number of QOF points available for a practice is therefore 1,050.

3.2 Overall achievement

Practice achievement

In 2005/06 practices in England achieved an average of 1,010.5 points, 96.2% of the available total. This compares with an average of 958.7 points (91.3%) in 2004/05.

In 2005/06 the maximum score of 1,050 points was achieved by 813 practices (9.7%). This compares with 222 practices (2.6% of practices included on the 2004/05 dataset) that achieved the maximum 1,050 points in 2004/05, the first year of the QOF.

The median score in 2005/06 was 1,034.7, an increase on the median of 999.1, recorded in 2004/05.

Chart 1 shows the distribution of total scores. The percentage of practices that fall within a range appear above each bar. For example, the axis label '950 to < 1000' shows that 12.1% of practices achieved scores ranging from 950 points to less than 1,000 points in 2005/06. The final bar represents the range from 1,000 points up to and including the maximum of 1,050.

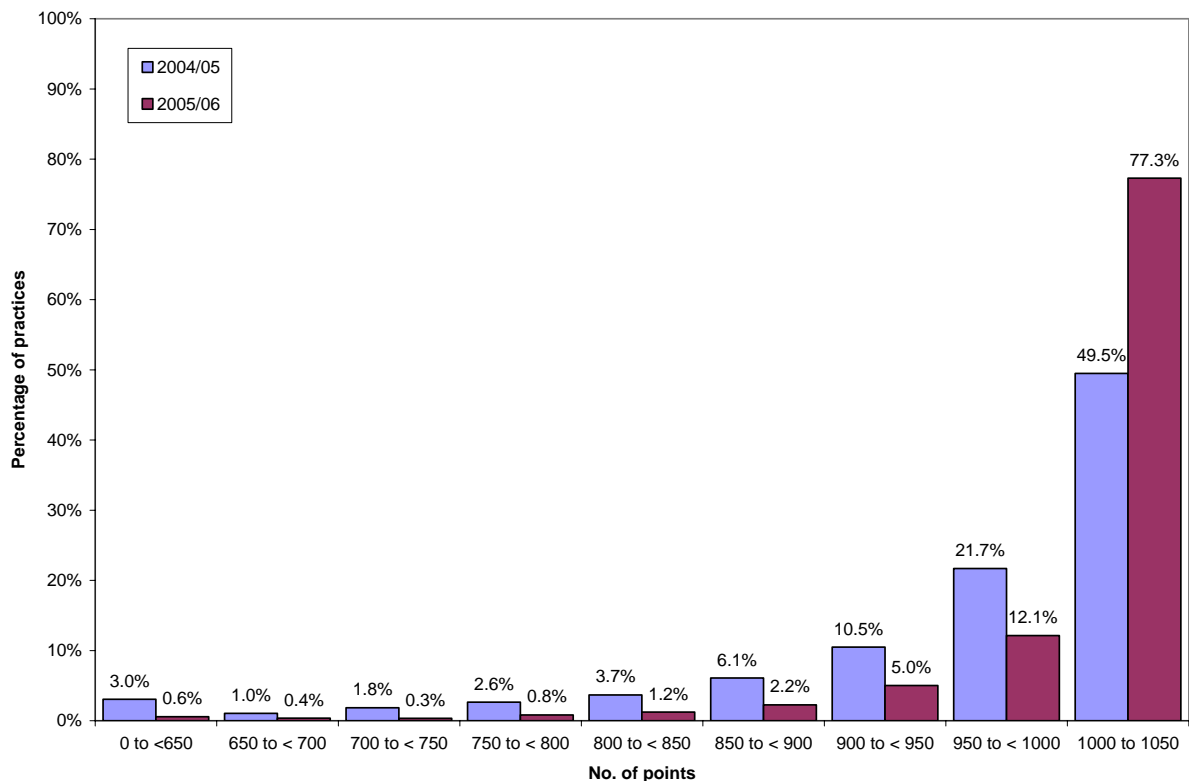


Chart 1: Distribution of the total points achieved by practices in England in 2004/05 and 2005/06

Primary care trust level achievement

In 2005/06, the average number of points achieved by practices for each of the 303 PCTs ranged from 909.8 points (86.6% of points available) to 1,047.4 points (99.7% of points available). This compares with a range of 672.7 points (64.1%) to 1,039.8 points (99.0%) in 2004/05.

Strategic health authority level achievement

In 2005/06, the average number of points achieved by practices for each of the 28 SHAs ranged from 982.1 points (93.5% of points available) to 1,041.1 points (99.1% of points available). This compares with a range of 914.0 points (87.0%) to 1,021.8 points (97.3%) in 2004/05.

3.3 Domain level achievement

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** in 2005/06 was 534.2, representing 97.1% of the 550 points available. This compares with an average for 2004/05 of 507.7 points (92.3%).
- Average points achieved per practice in the **organisational domain** was 171.8, representing 93.4% of the 184 points available. This compares with an average for 2004/05 of 160.7 points (87.3%).
- Average points achieved per practice in the **patient experience domain** was 96.9, representing 96.9% of the 100 points available. This compares with an average for 2004/05 of 93.2 points (93.2%).
- Average points achieved per practice in the **additional services domain** was 34.9, representing 97.0% of the 36 points available. This compares with an average for 2004/05 of 34.2 (95.0%).

3.4 Individual domain achievement

3.4.1 Clinical domain

The clinical domain has the largest number of points available, 550 from a maximum of 1,050 (52.4%).

Practice achievement

The average points achieved per practice for the clinical domain in 2005/06 was 534.2 points, (97.1% of the maximum), compared with 507.7 points (92.3% of the maximum) in 2004/05. The maximum of 550 points was achieved by 1,661 practices (19.8%) in 2005/06, compared with 564 practices (6.6%) in 2004/05.

Chart 2 shows the distribution of points achieved by practices.

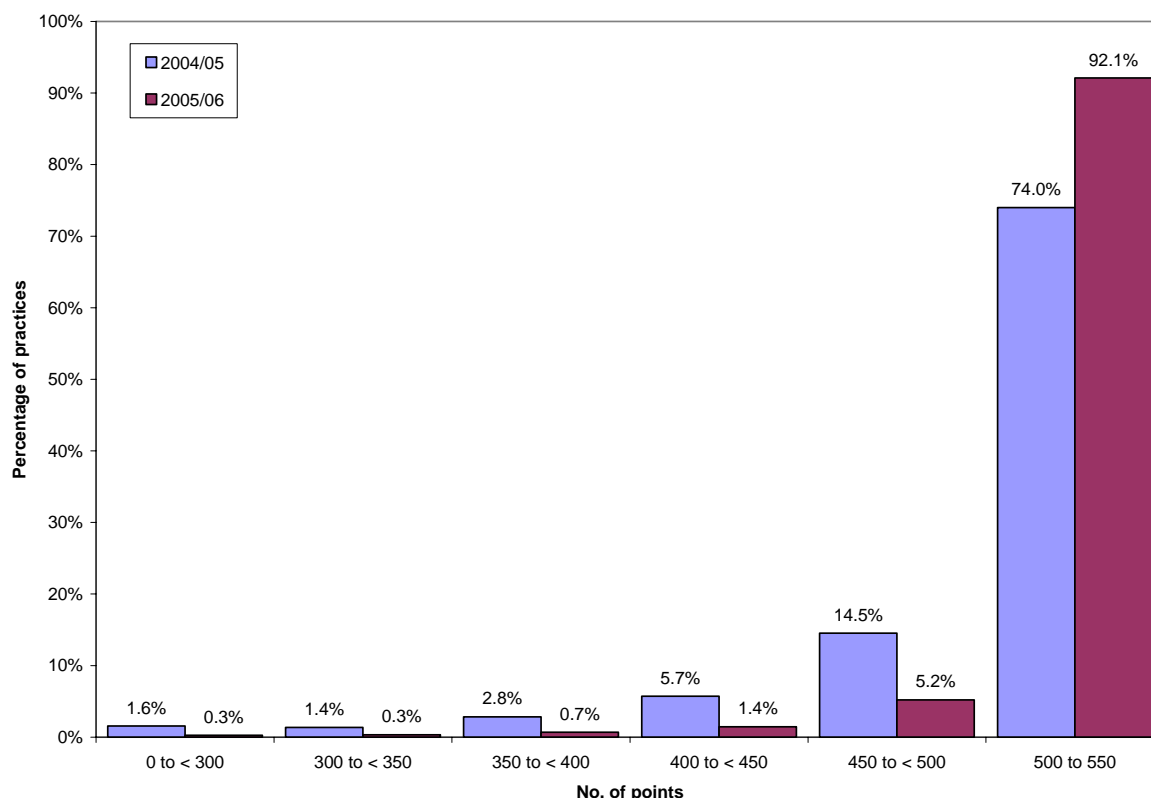


Chart 2: Distribution of the points achieved in the clinical domain by practices in England in 2004/05 and 2005/06

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. The three measures are presented as points and as a percentage of the total points available for the domain.

	2004/05	2005/06
Practices		
Median point score	529.8 (96.3%)	545.2 (99.1%)
Lower quartile	498.0 (90.5%)	533.4 (97.0%)
Upper quartile	544.0 (98.9%)	549.6 (99.9%)
PCTs		
Median point score	517.1 (94.0%)	539.2 (98.0%)
Lower quartile	499.9 (90.9%)	531.5 (96.6%)
Upper quartile	528.6 (96.1%)	544.7 (99.0%)
SHAs		
Median point score	509.0 (92.5%)	534.6 (97.2%)
Lower quartile	500.1 (90.9%)	531.0 (96.5%)
Upper quartile	520.5 (94.6%)	540.0 (98.2%)

Table 1: Achievement in the clinical domain at SHA, PCT and practice level in 2004/05 and 2005/06 (maximum points = 550)

3.4.2 Disease areas within the clinical domain

Practice achievement

Chart 3 shows the mean practice score as a proportion of the maximum available for each of the 11 disease areas within the clinical domain of the QOF.

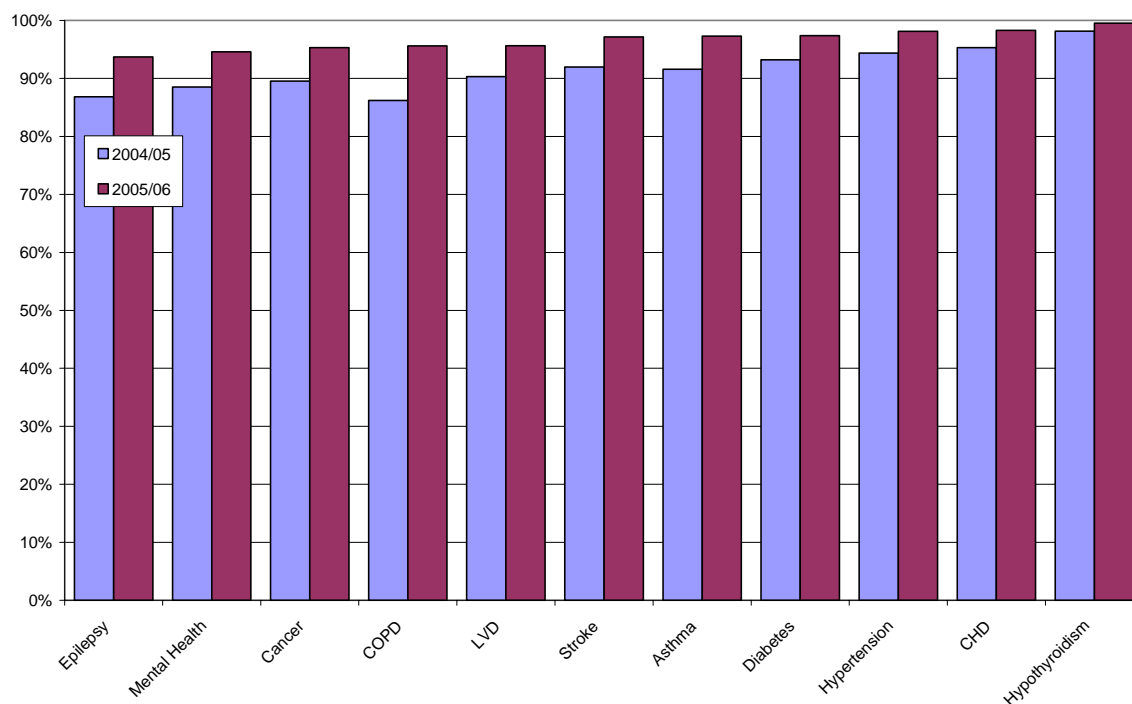


Chart 3: Percentage of points scored for each disease area by practices in England in 2004/05 and 2005/06

Chart 3 shows that achievement for all disease areas increased from 2004/05 to 2005/06.

3.4.3 Organisational domain

The organisational domain has 184 points available from five indicator groups, representing 17.5% of the total 1,050 points available to practices.

Practice achievement

The mean practice achievement for this domain in 2005/06 was 171.8 points (93.4% of the 184 available), compared with 160.7 points (87.3%) in 2004/05. The maximum of 184 points was achieved by 2,090 practices (24.9%), compared with 1,197 practices (14.0%) in 2004/05.

Chart 4 shows the distribution of points achieved by practices.

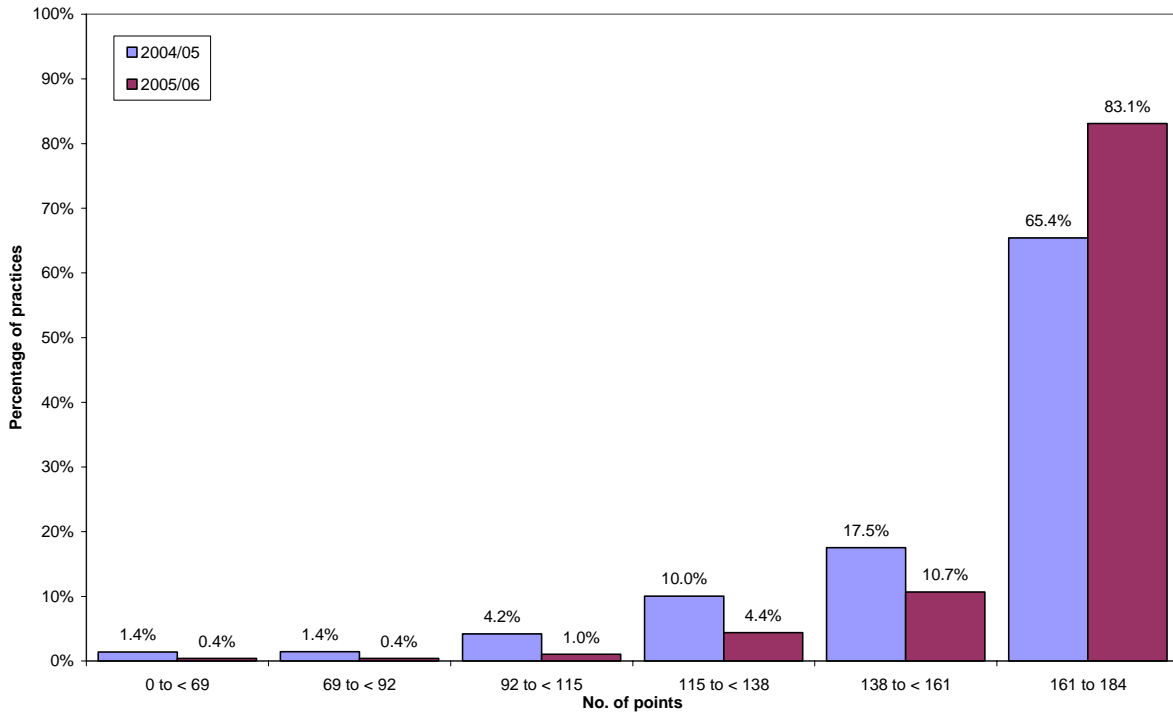


Chart 4: Distribution of the points achieved in the organisational domain by practices in England in 2004/05 and 2005/06

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 2. The three measures are presented as points and as a percentage of the total points available for the domain.

	2004/05	2005/06
Practices		
Median point score	172.0 (96.5%)	179.0 (97.3%)
Lower quartile	147.0 (79.9%)	170.5 (92.7%)
Upper quartile	180.0 (97.8%)	183.5 (99.7%)
PCTs		
Median point score	164.1 (89.2%)	174.3 (94.7%)
Lower quartile	155.8 (84.7%)	168.6 (91.7%)
Upper quartile	170.5 (92.7%)	177.7 (96.6%)
SHAs		
Median point score	161.5 (87.9%)	171.7 (93.3%)
Lower quartile	157.0 (85.3%)	170.0 (92.4%)
Upper quartile	165.9 (90.2%)	174.9 (95.0%)

Table 2: Achievement in the organisational domain at SHA, PCT and practice level in 2004/05 and 2005/06 (maximum points = 184)

3.4.4 Indicator groups within the organisational domain

Table 3 shows the mean practice achievement in each indicator group of the organisational domain, presented as a percentage of the total points available in each indicator group. The table shows that achievement for all indicator groups increased from 2004/05 to 2005/06.

Indicator Group	Mean Practice Achievement 2004/05	Mean Practice Achievement 2005/06
Patient communication	89.9%	91.2%
Records and information	84.8%	92.5%
Education and training	86.7%	93.6%
Medicines management	89.3%	93.7%
Practice management	93.9%	97.0%

Table 3: Percentage of points achieved in each indicator group of the organisational domain by practices in England in 2004/05 and 2005/06

Practices were most successful in the practice management indicator group (consistent with 2004/05), with a mean score of 97.0%.

3.4.5 Patient experience domain

The patient experience domain has 100 points available from two indicator groups, which represents 9.5% of the total 1,050 points available to practices.

Practice achievement

The average points achieved per practice for the patient experience domain in 2005/06 was 96.9 points (96.9% of the maximum), compared with 93.2 points (93.2% of the maximum) in 2004/05. The maximum of 100 points was achieved by 7,556 practices (89.9%), compared with 6,797 practices (79.3%) in 2004/05.

Chart 5 shows the distribution of points achieved by practices. The two indicator groups in the patient experience domain score either zero or the maximum number of points. This means that the domain score can take only a limited number of values and so Chart 5 shows only discrete values rather than ranges.

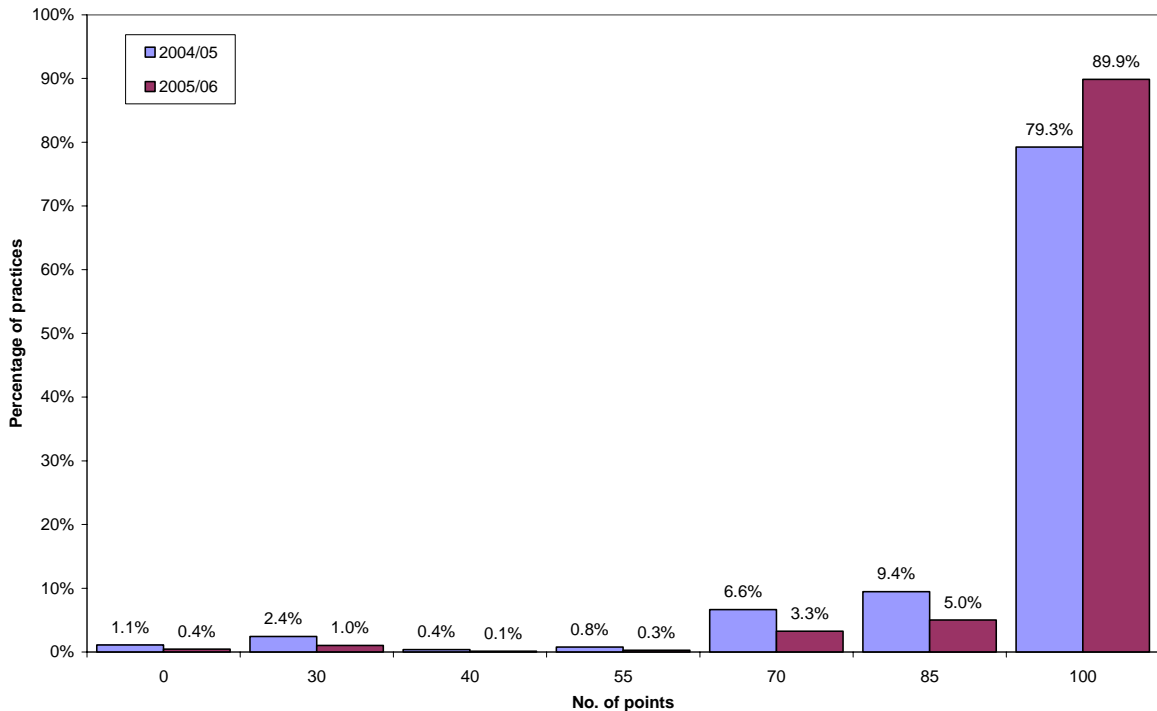


Chart 5: Distribution of the points achieved in the patient experience domain by practices in England in 2004/05 and 2005/06

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 4. The three measures are presented as points and as a percentage of the total points available for the domain. By definition, half of the organisations lie between the lower and upper quartile – each quartile representing 25% of the organisations. Therefore the 100% achievement shown at practice level for the median and the lower and upper quartiles is due to over 75% of practices achieving the maximum points (which is illustrated in Chart 5).

	2004/05	2005/06
Practices		
Median point score	100.0 (100%)	100.0 (100%)
Lower quartile	100.0 (100%)	100.0 (100%)
Upper quartile	100.0 (100%)	100.0 (100%)
PCTs		
Median point score	95.4 (95.4%)	98.3 (98.3%)
Lower quartile	91.7 (91.7%)	95.6 (95.6 %)
Upper quartile	98.2 (98.2%)	100.0 (100.0 %)
SHAs		
Median point score	94.0 (94.0%)	97.0 (97.0%)
Lower quartile	91.8 (91.8%)	96.2 (96.2%)
Upper quartile	95.2 (95.2%)	97.8 (97.8%)

Table 4: Achievement in the patient experience domain at SHA, PCT and practice level in 2004/05 and 2005/06 (maximum points = 100)

3.4.6 Indicator groups within the patient experience domain

Table 5 shows the mean practice achievement in the two indicator groups of the patient experience domain, presented as a percentage of the total points available in each indicator group. The table shows that achievement for both indicator groups increased from 2004/05 to 2005/06.

Indicator group	Mean Practice Achievement 2004/05	Mean Practice Achievement 2005/06
Patient survey	92.8%	96.9%
Consultation length	94.3%	97.1%

Table 5: Percentage of points achieved in each indicator group of the patient experience domain by practices in England in 2004/05 and 2005/06

3.4.7 Additional services domain

The additional services domain is the smallest domain in terms of available points, having a total of 36 points available from four indicator groups, and representing 3.4% of the total 1,050 points available to practices.

Practice achievement

The mean practice achievement for this domain in 2005/06 was 34.9 points (97.0% of the 36 available), compared with 34.2 points (95.0%) in 2004/05. The maximum of 36 points was achieved by 5,828 practices (69.3%), compared with 4,661 practices (54.3%) in 2004/05.

Chart 6 shows the distribution of points achieved by practices.

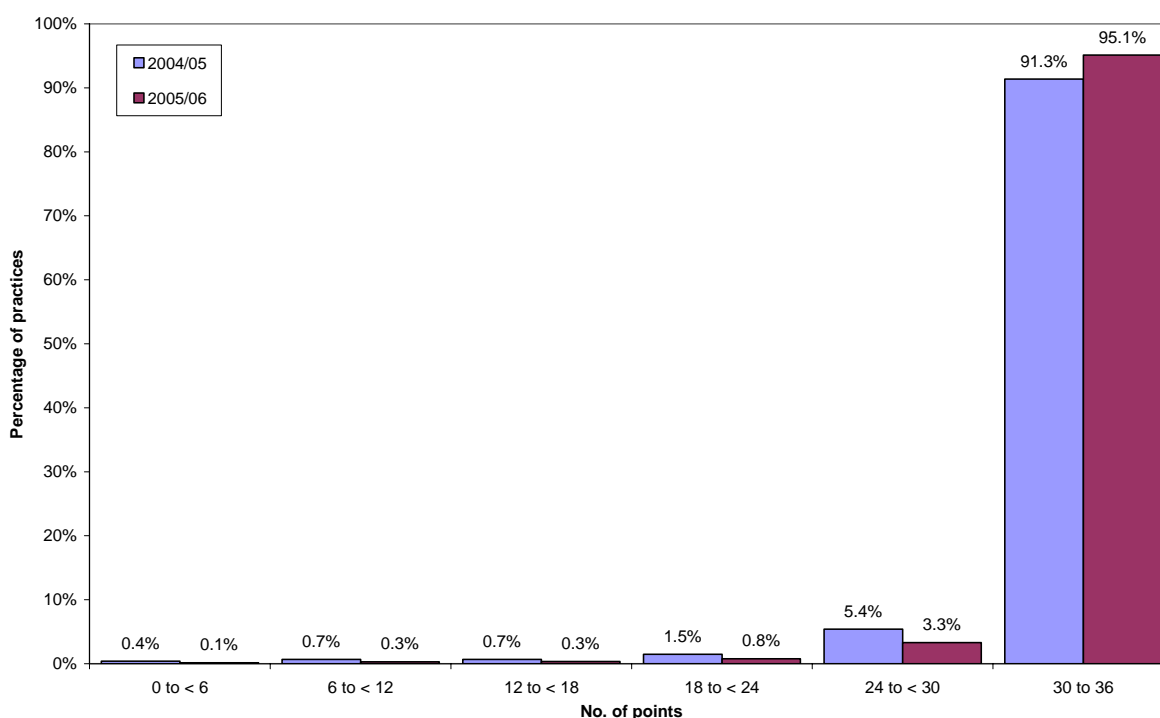


Chart 6: Distribution of the points achieved in the additional services domain by practices in England in 2004/05 and 2005/06

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. The three measures are presented as points and as a percentage of the total points available for the domain.

	2004/05	2005/06
Practices		
Median point score	36.0 (100.0%)	36.0 (100.0%)
Lower quartile	34.4 (95.6%)	35.6 (98.9%)
Upper quartile	36.0 (100.0%)	36.0 (100.0%)
PCTs		
Median point score	35.1 (97.4%)	35.6 (98.9%)
Lower quartile	34.0 (94.4%)	34.9 (96.9%)
Upper quartile	35.6 (99.0%)	35.9 (99.7%)
SHAs		
Median point score	34.6 (96.1%)	35.3 (98.0%)
Lower quartile	33.7 (93.6%)	34.7 (96.5%)
Upper quartile	35.0 (97.3%)	35.6 (98.8%)

Table 6: Achievement in the additional services domain at SHA, PCT and practice level in 2004/05 and 2005/06 (maximum points = 36)

3.4.8 Indicator groups within the additional services domain

Table 7 shows the mean practice achievement in each indicator group of the additional services domain, as a percentage of the total points available in each indicator group. The table shows that achievement for all indicator groups increased from 2004/05 to 2005/06.

Indicator group	Mean practice achievement 2004/05	Mean practice achievement 2005/06
Child health surveillance	93.4%	94.7%
Cervical screening	94.4%	97.0%
Contraceptive services	96.5%	98.3%
Maternity services	98.2%	99.3%

Table 7: Percentage of points achieved in each indicator group of the additional services domain by practices in England in 2004/05 and 2005/06

Practices were most successful in the maternity services indicator group, with a mean score of 99.3%.

3.5 Depth of quality measures

3.5.1 Holistic care

This score is calculated from achievement across other indicators, and ranges from zero to 100. The GMS contract defines the process as follows:

The scale of the holistic care payment is calculated by considering the proportion of points achieved in each of the 10 clinical areas. The proportion of points achieved for the third lowest clinical area determines the proportion scored of the total holistic care points available.

Note that this definition refers to 10 clinical areas, rather than 11, because coronary heart disease and left ventricular dysfunction are grouped together for this purpose.

Practice achievement

The average holistic care points achieved per practice in 2005/06 was 95.5 (out of a maximum of 100), compared with 88.1 in 2004/05. Maximum points were achieved by 3,542 practices (42.1%), compared with 1,571 practices (18.3%) in 2004/05.

Chart 7 shows the distribution of holistic care points achieved by practices.

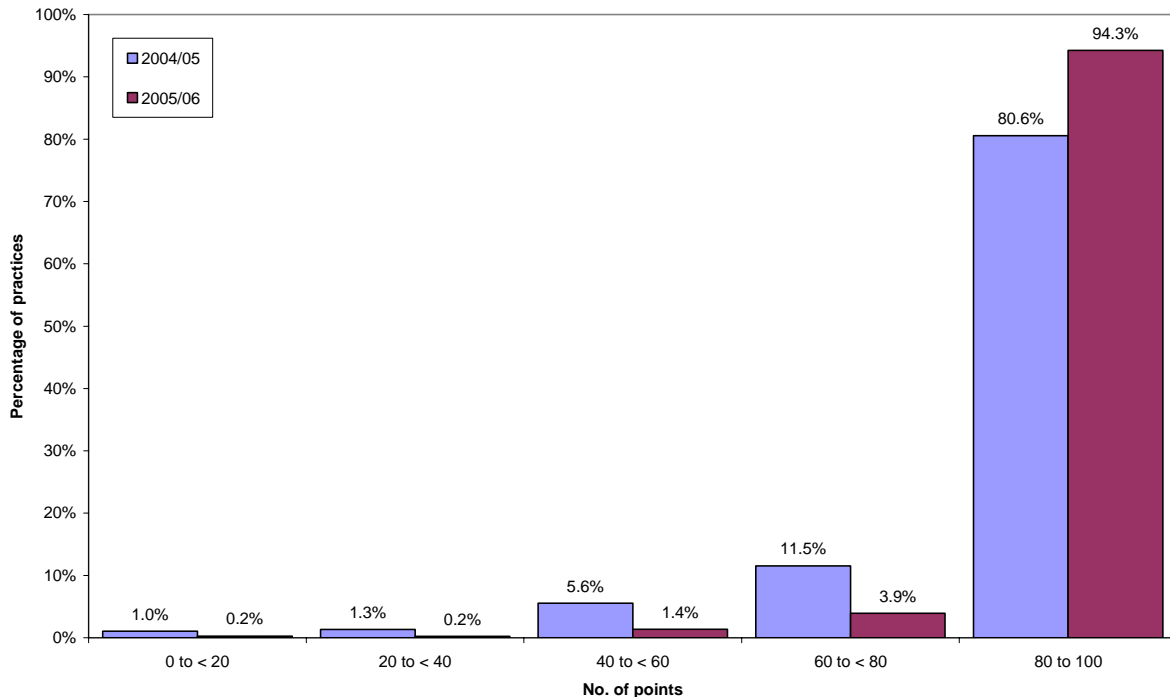


Chart 7: Distribution of the points achieved for holistic care by practices in England in 2004/05 and 2005/06

3.5.2 Quality practice

This score is calculated from achievement across other indicators, and ranges from zero to 30. The GMS contract defines the process as follows:

The same approach (i.e. as for holistic care) applies for quality practice payments, which span all the areas within the organisational, additional services and patient experience domains. The proportion of points achieved in the third lowest area determines the proportion scored of the total points available for the quality practice payment.

Practice achievement

The average points achieved per practice for quality practice in 2005/06 was 28.3 points (94.3% of the maximum), compared with 26.5 points (88.4% of the maximum) in 2004/05. Maximum points were achieved by 5,551 practices (66.0%), compared with 3,923 practices (45.7%) in 2004/05.

Chart 8 shows the distribution of quality practice points achieved by practices.

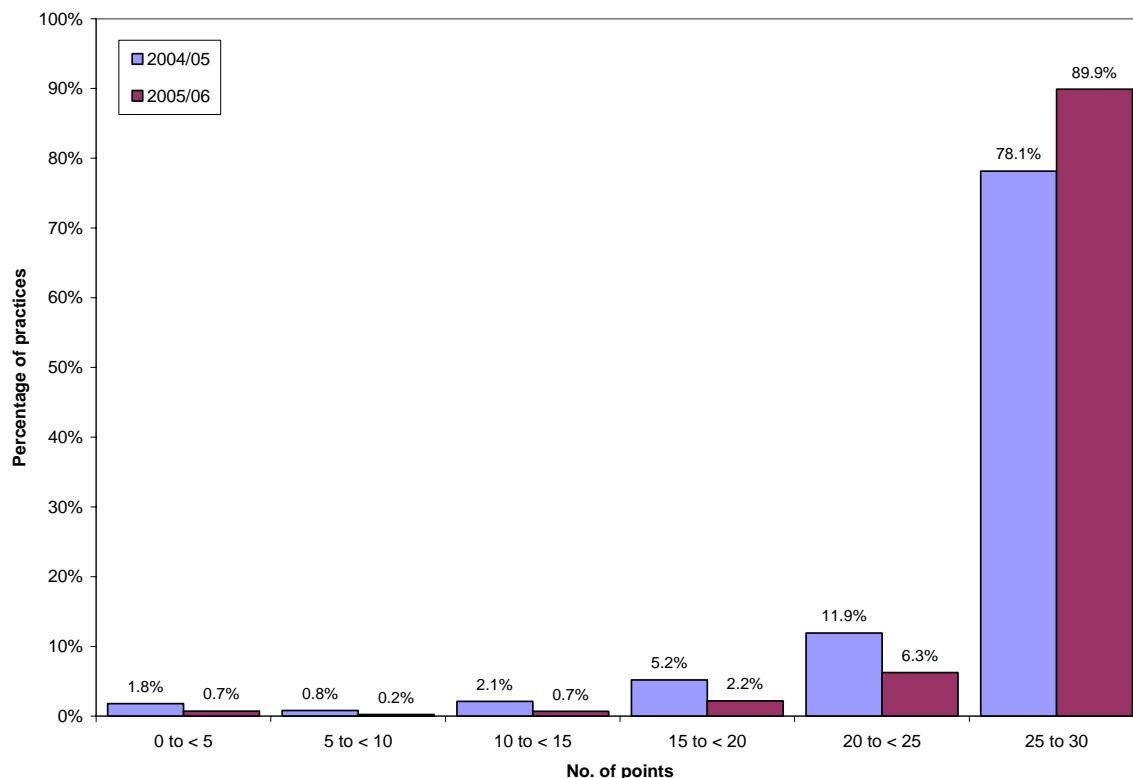


Chart 8: Distribution of the points achieved for quality practice by practices in England in 2004/05 and 2005/06

3.5.3 Access bonus

The GMS contract outlines the approach to the access bonus. There is increasing evidence that patients value improved access to primary care services. Many primary care providers are currently investing in various management methods to improve patient access to health professionals.

At present, there are different ways of rewarding or incentivising improved access in each of the four UK countries. Maintenance of the relevant national access target will be rewarded through the 50 bonus points available through the QOF.

Practice achievement

In 2005/06, 8,204 practices out of 8,409 (97.6%) were recorded as having achieved the access bonus, compared with 8,287 out of 8,576 practices (96.6%) in 2004/05.

4. Prevalence

Reported disease prevalence information for the 11 disease areas of the QOF has been published for 8,406 practices in England. These practices cover 53,211,253 registered patients, representing 99.6% of patients in England (based on registration data from the Prescription Pricing Division of the NHS Business Services Authority for the quarter January to March 2006).

Prevalence is defined as a percentage of patients on a practice list:

$$\frac{100 * \text{Number of patients on disease register}}{\text{Number of patients registered with the practice}}$$

The national figures are presented in Table 8:

Disease Area	National Prevalence 2004/05	National Prevalence 2005/06
Coronary Heart Disease (CHD)	3.6%	3.6%
Left Ventricular Dysfunction (LVD)	0.4%	0.4%
Stroke	1.5%	1.6%
Hypertension	11.3%	12.0%
Diabetes	3.3%	3.6%
Chronic Obstructive Pulmonary Disease (COPD)	1.4%	1.4%
Epilepsy	0.6%	0.6%
Hypothyroidism	2.2%	2.4%
Cancer	0.5%	0.7%
Mental Health	0.5%	0.6%
Asthma	5.8%	5.8%

Table 8: National prevalence rates for each disease area

Many patients are likely to suffer from co-morbidity, i.e. diagnosed with more than one of these conditions. Analysis of co-morbidity 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 diabetes, but it is not possible to identify or analyse patients with both of these diseases.

The distribution of prevalence at practice level for 2005/06 is shown in Chart 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.

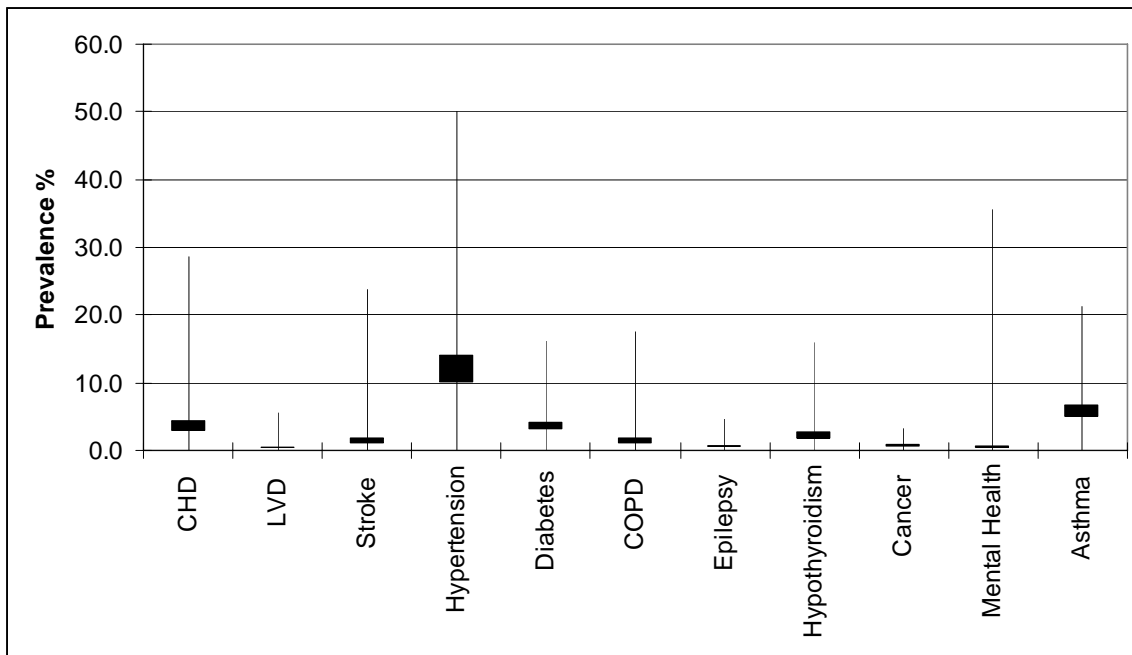


Chart 9: Variation in practice prevalence values for England, 2005/06

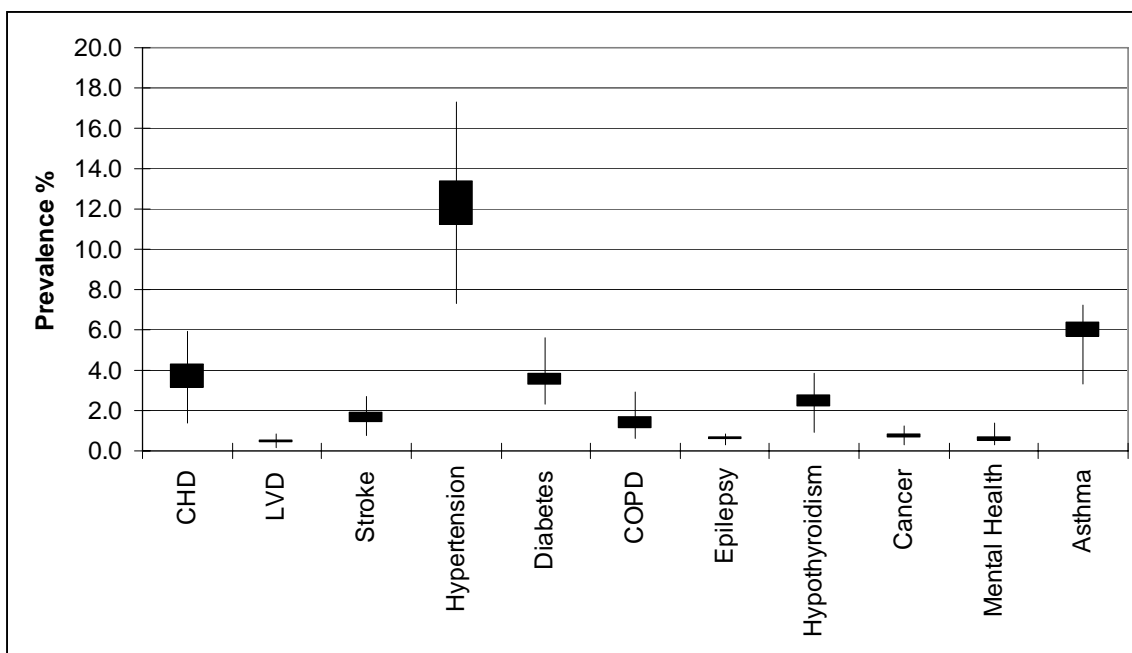


Chart 10: Variation in primary care trust prevalence values for England, 2005/06

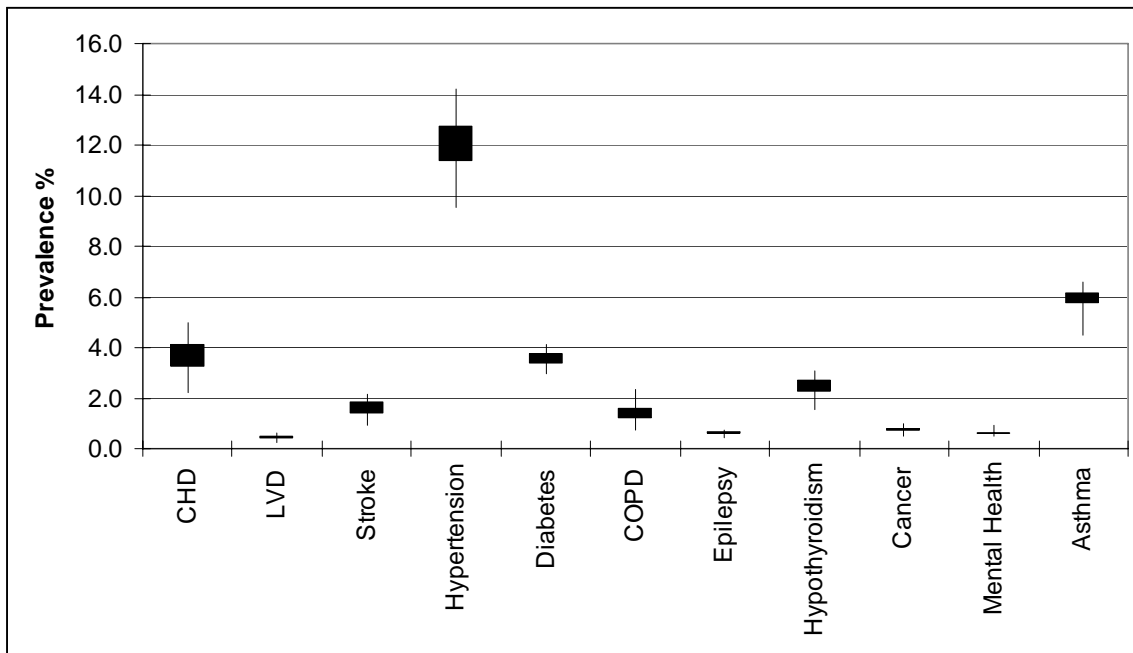


Chart 11: Variation in strategic health authority prevalence values for England, 2005/06

The condition with the greatest variation is hypertension which ranges from 0% to 50.1% among practices, from 7.3% to 17.3% at PCT level and from 9.5% to 14.2% at SHA level (see Charts 9 to 11).

Chart 12 presents a summary of the recorded prevalence rate for the disease areas of the QOF for England in 2005/06.

Charts 13 to 23 present recorded prevalence distributions for each disease, at practice level.

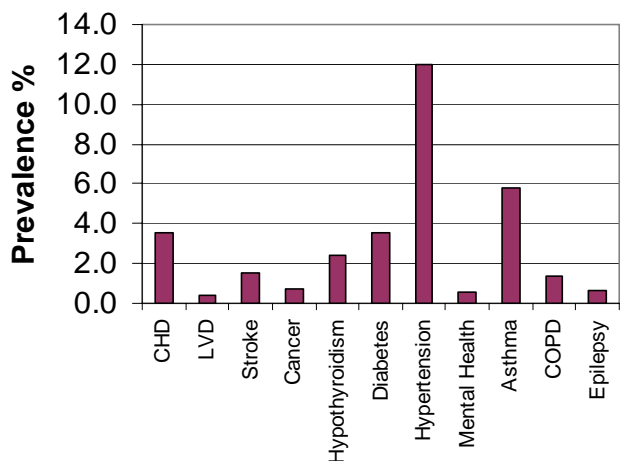


Chart 12: Percentage of patients on each clinical disease register (prevalence)

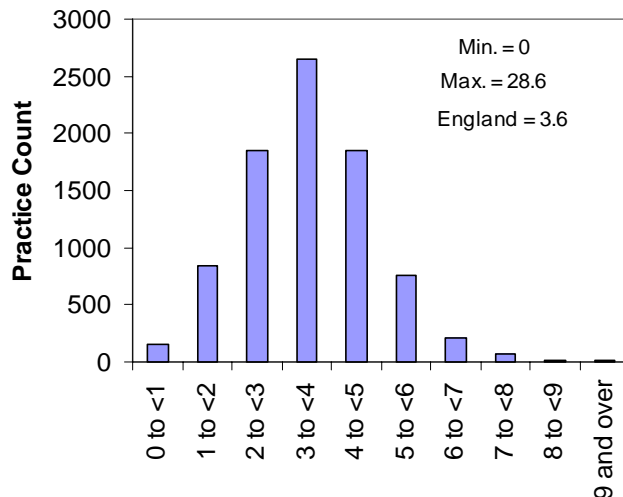


Chart 13: CHD Prevalence

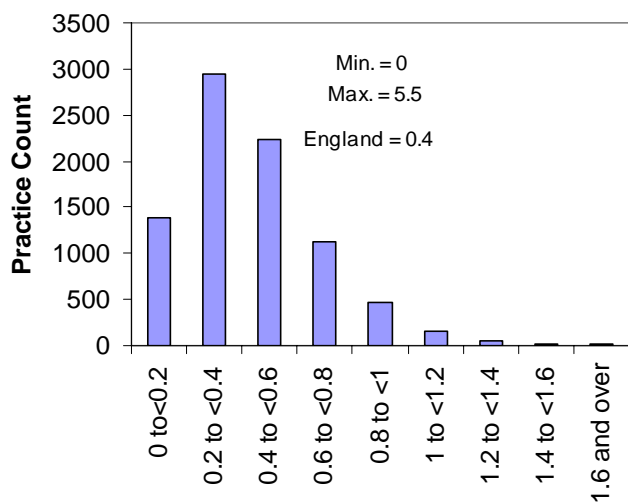


Chart 14: LVD Prevalence

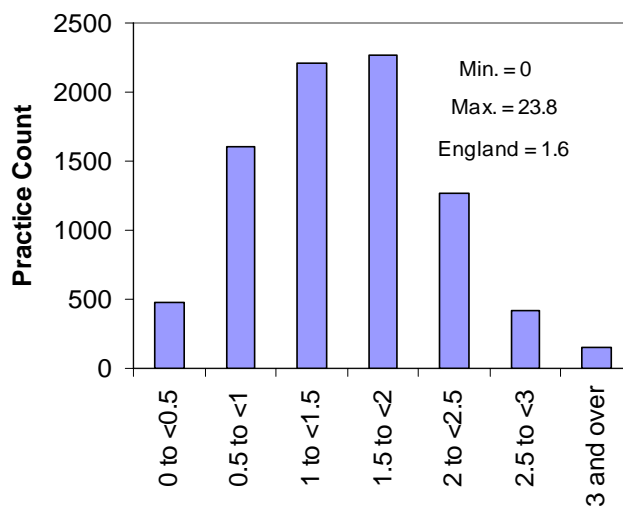


Chart 15: Stroke Prevalence

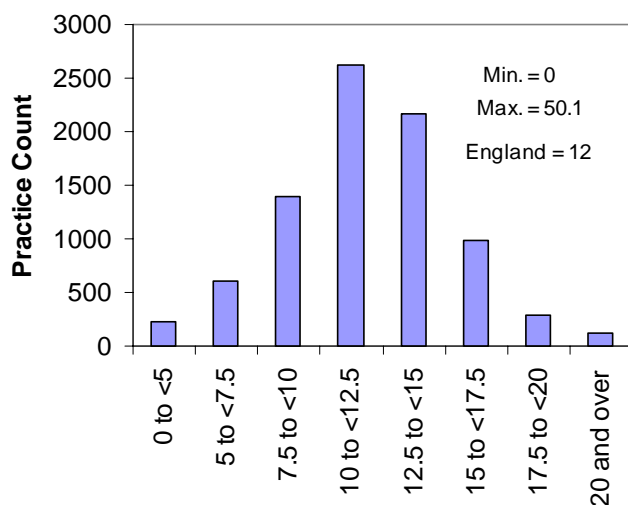


Chart 16: Hypertension Prevalence

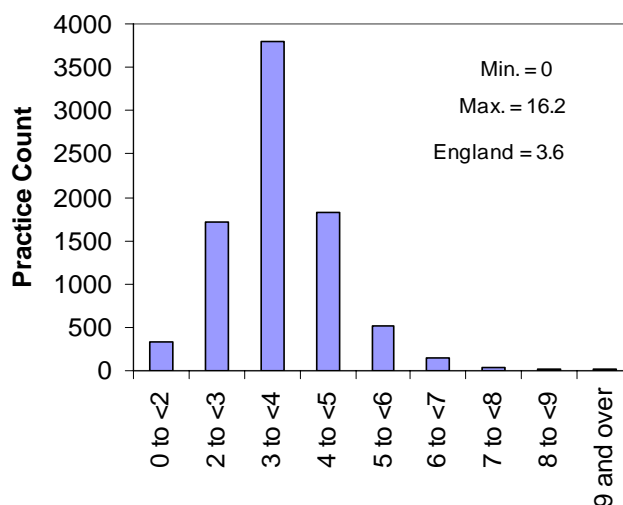


Chart 17: Diabetes Prevalence

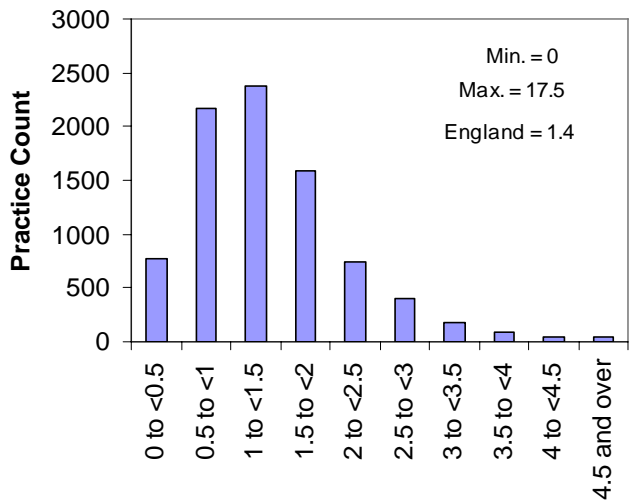


Chart 18: COPD Prevalence

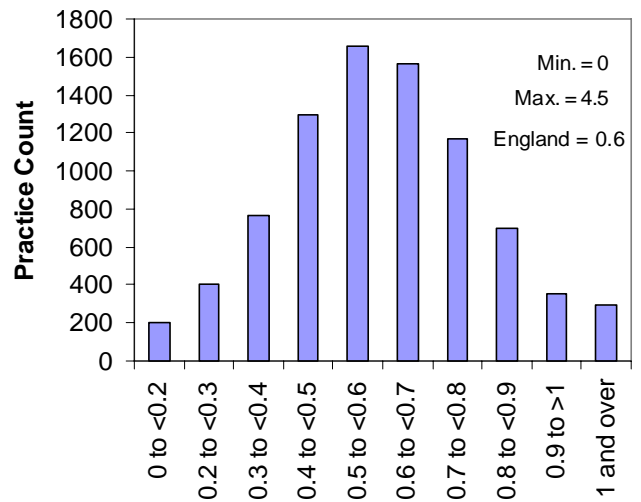


Chart 19: Epilepsy Prevalence

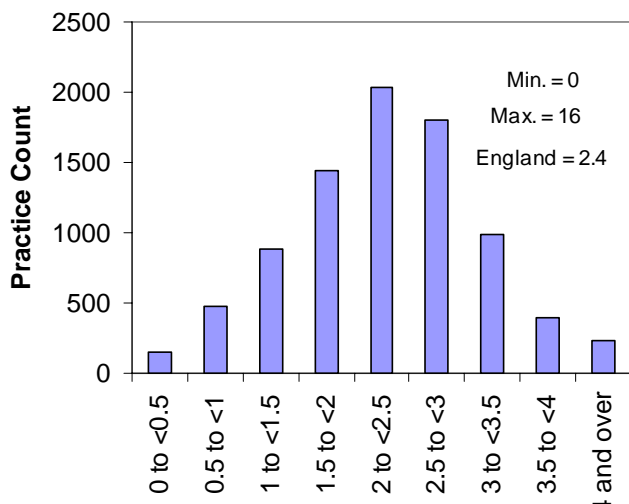


Chart 20: Hypothyroidism Prevalence

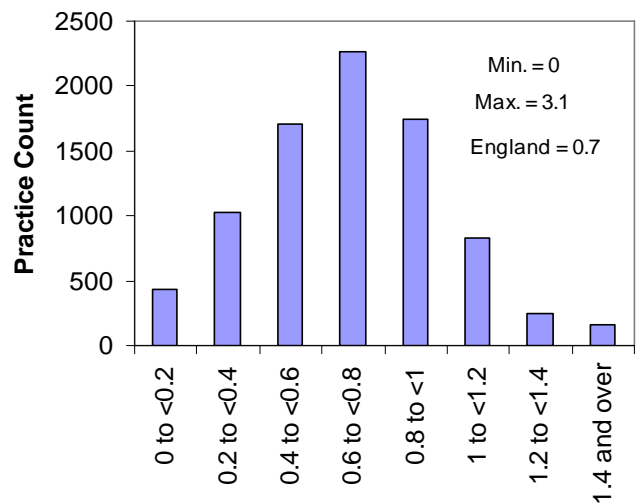


Chart 21: Cancer Prevalence

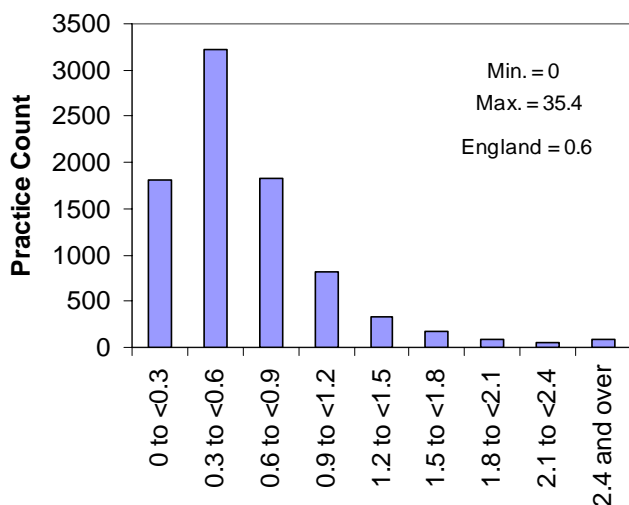


Chart 22: Mental Health Prevalence

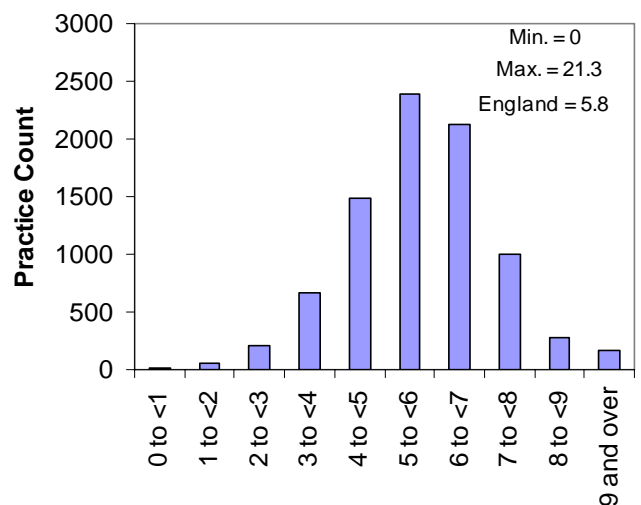


Chart 23: Asthma Prevalence

5. Recommendations around the use of QOF data

The QOF publication for England provides healthcare organisations, analysts and researchers with a potentially rich source of information on the provision of primary care services. However, it is recognised that 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 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) – that is why practices' QOF payments include adjustments for such factors.
- Comparative analysis of practice 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 will 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 handers), local recruitment and staffing issues, issues around practice premises, and local IT issues.
- Similarly, 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.
- 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 diabetes, 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 for 2004/05 and 2005/06 covers conditions affecting a minority of patients and only some aspects of the care for such patients. However, it does provide valuable information (on prevalence, cholesterol levels and blood pressure for example) on a scale previously unavailable, and provides a measure of improvement in the delivery of care.

6. Links

The Information Centre's QOF pages:

www.ic.nhs.uk/services/qof

Department of Health – Primary Care Contracting and QOF:

www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/PrimaryCareContracting

Connecting for Health – QMAS pages:

www.connectingforhealth.nhs.uk/delivery/programmes/qmas/

NHS Employers web site – GMS contract:

www.nhsemployers.org/primary/primary-886.cfm

General Medical Practitioners Committee of the BMA:

www.bma.org.uk/ap.nsf/Content/Hubthenewgmscontract

Primary Care Contracting – QOF page:

www.primarycarecontracting.nhs.uk/16.php

QOF Publications in other UK countries

Scotland:

www.isdscotland.org

Wales:

www.wales.nhs.uk

Northern Ireland:

www.dhsspsni.gov.uk