

Practice based commissioning and payment by results (the Quality Outcomes Framework)

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NHS Improvement Plan

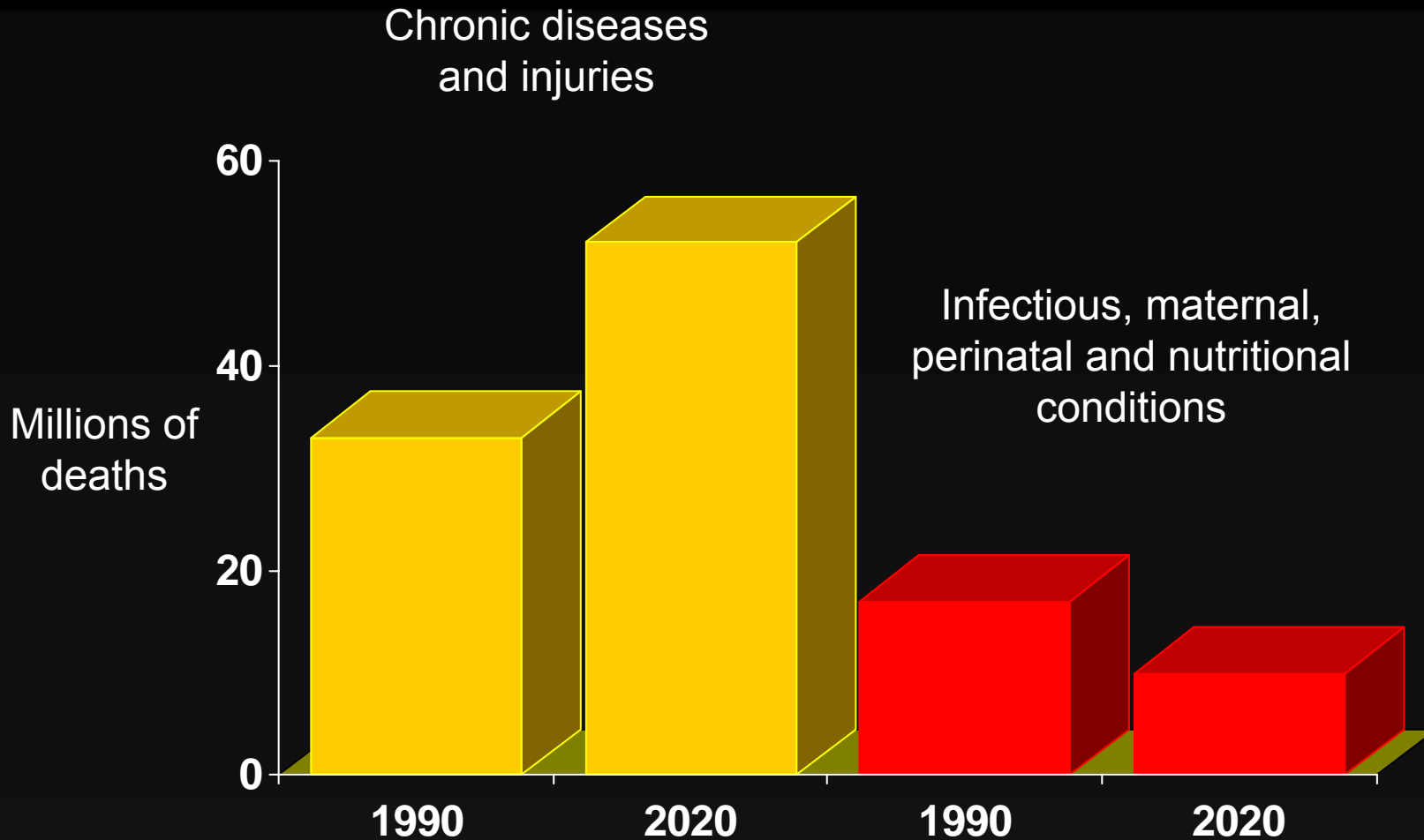
June 2004

“...from April 2005, GP practices that wish to do so will be given indicative commissioning budgets...”

Why devolve budgets for commissioning?

- ◆ Continually increasing growth of activity in secondary care
- ◆ Need for more locally based services and greater use of community and primary care resources
 - Promote local decision making around local priorities
- ◆ Encourage innovation and enable practices to have more control and influence in how services are developed.
- ◆ Historic rates of referrals must be planned and managed differently in the future
 - Incentivise practices to manage and control their elective and emergency admission levels to secondary care

Changing patterns of death worldwide: 1990-2020



The Basic Principles of the PBC Scheme

- ◆ Incentivise PC investment
 - allow practices to utilise practice based budgets to establish new locally based services.
- ◆ Deliver services in PC, at lower cost than SC where appropriate
 - successful new services should become self-funding through payment by results
- ◆ Scheme is optional, practices choose their level own level of pace and participation within the scheme
 - Budgets include all hospital services – Elective Inpatients, Day cases, Non-Electives, Outpatients and Services carried out in our community hospitals.

The Incentives...

- ◆ Incentive scheme to establish locally based services
 - Cost of staffing, training, equipment as well as other set-up costs and a profit element in calculating the cost of the new service.
 - Practice can retain 50% of any savings.
 - Remaining 50% returns to the PCT to cover potential overspends or reinvestment in the locality.
 - Aspirational Payment available in-year to practices to establish new service, based on forecast savings
- ◆ Practices encouraged to explore joint initiatives with other practices / localities / Social Services, for the benefit of the wider community

Lessons from PMS PLUS

- ◆ Colposcopy
- ◆ Tiered Counselling service
- ◆ Breast Cancer Follow up Clinic
- ◆ Orthotics
- ◆ Physiotherapy
- ◆ One Stop DVT Clinic
- ◆ Integrated Diabetes Service
- ◆ Extended Minor Surgery
 - Vasectomy, Joint injection, Meibomian cysts, Varicose veins, Facial lesions
- ◆ Fracture Clinic

National Enhanced Services

- ◆ Anticoagulation level 4
 - NPT and CDSS
- ◆ IUCD Fitting & Checks
- ◆ Depression

- ◆ Sexual Health
- ◆ Alcohol Service
- ◆ Drugs

Early PBC services

- ◆ Potential Service Development Areas:
 - Specialist Orthopaedic Physiotherapist for hips/knees
 - GPSI for ENT/Plastics
 - Access to Local Echo
 - Retrospective Audits of emergency admissions to ascertain if admissions were avoidable
 - Case Manager to review referrals for effectiveness/appropriateness
 - Diabetes?
 - » Integrated vascular clinics
 - » Retinal photo in clinics
 - » BS titration services
 - » Insulin initiation
 - » Renal screening and practice based dialysis

Skill mix changes

- ◆ GPSis
- ◆ Partners to Associates (Reduce list sizes, share workload of Residential and Nursing Homes & Community Hospitals)
- ◆ Doctors to Nurses (Chronic disease management, INR clinic, triage, travel clinics, family planning, minor ops)
- ◆ Doctors to Counsellors (1,334 pt hours per year)
- ◆ Nurses to HCA's (Phlebotomy, ECG, registration medicals, bp monitoring)
- ◆ Nurse to Clinical receptionists
- ◆ Nurses to Clerks/schedulers (facilitation of Chronic Disease Clinics)

Effective commissioning outputs

- ◆ Higher productivity and responsiveness by providers
- ◆ Better VFM
- ◆ Improved outcomes
- ◆ Achieving financial balance

Payment by results in UK Primary Care: the Quality Outcomes Framework (QOF) in GMSII

Doctors get 20% pay rise just for doing their jobs

Doctors in the United Kingdom have received a 20% pay rise for doing their jobs, according to a report by the British Medical Association (BMA). The report states that the average salary for a general practitioner (GP) in the UK is now £40,000 per year, up from £33,000 in 1990. The BMA says that the rise is due to a combination of factors, including a 10% increase in the number of GPs and a 10% increase in the number of patients per GP. The report also notes that the BMA has been successful in negotiating a 20% pay rise for its members, which is a significant achievement given the fact that the government has been unable to raise the national minimum wage for several years.

The BMA report also highlights the fact that the majority of GPs in the UK are now employed by the NHS, which has led to a significant increase in the number of GPs working in the public sector. The report also notes that the BMA has been successful in negotiating a 20% pay rise for its members, which is a significant achievement given the fact that the government has been unable to raise the national minimum wage for several years.

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The Introduction of QOF in 2004

- ◆ £1.8 billion pounds
- ◆ 90% new monies
- ◆ Performance Related Pay with 25% of income from a complex set of incentives in
 - Chronic Disease Management
 - Practice Organisation
 - Patient Experience
 - Additional Services
- ◆ 146 indicators/1050 points

Seventy Six Clinical Indicators:

- ◆ Coronary heart disease and heart failure (15)
- ◆ Stroke and transient ischaemic attack (10)
- ◆ Hypertension (5)
- ◆ Diabetes (18) (99 of 1050 points)
- ◆ Epilepsy (4)
- ◆ Mental Health (5)
- ◆ Hypothyroidism (2)
- ◆ Asthma (7)
- ◆ Chronic obstructive pulmonary disease (8)
- ◆ Cancer (2)

New GMS Contract for E&W: top ten QOF clinical point scores

RANK ORDER	POINTS
70% hypertensives have bp recorded in past 9m	56
90% severe M H reviewed in past 15m	23
70% asthma reviewed past 15m	20
90% hypertensives bp <150/90 in past 9m	20
70% CHD pts have bp <150/90 in past 9m	19
70% diabetes pts have bp <145/85 in past 9m	17
60% CHD pts cholesterol <5 in past 15m	16
50% diabetes pts HbA 1C <7.4 in past 15m	16
70% asthma pts 8+ have confirmed diagnosis	15
70% asthma pts 16+ immunised for flu in last 12m	12

Practices getting full marks in these 10 areas will gain 214 of the available 550 clinical points

Fifty Six Organisational Indicators:

- ◆ Records (19)
- ◆ Information to patients (8)
- ◆ Education and training (9)
- ◆ Practice management (10)
- ◆ Medicines Management (10)

Four Indicators Relating to Patient Experience

- ◆ Conducting and acting on the results of a patient survey
- ◆ Booking consultations at longer (at least 10 minute) intervals

Additional Services

- ◆ Cervical screening (4 indicators- 22 points)
- ◆ Child health surveillance (1 indicator- 6 points)
- ◆ Maternity services (1 indicator- 6 points)
- ◆ Contraceptive services (2 indicators- 2 points)

Exception Reporting for Clinical Indicators

- ◆ Patient refused
- ◆ Not clinically appropriate
- ◆ Newly diagnosed or recently registered
- ◆ Already on maximum doses of medication

QOF Data for England

- ◆ Published on HSCIC web site 31st August
- ◆ Series of multiple spreadsheets with GP practice look-up table
 - Not user friendly
- ◆ Data available for individual practices at disease indicator level
 - Gives numbers of patients by specific indicator
 - This level of detail not previously available



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- ▶ [About us](#)
- ▶ [Our services](#)
- ▶ **Quality and Outcomes Framework Information**
 - ▶ [Notes on 2004/05 QOF Data](#)
 - ▶ **2004/05 QOF Data**
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 - ▶ [2004/05 QOF Statistical Bulletin](#)
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 - ▶ [Contacts](#)
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- ▶ [Publications](#)
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Contacts

Quality and Outcomes Framework, 2004/05

QOF achievement information at Strategic Health Authority level (with England summaries), and at Primary Care Trust level, is presented as summaries across clinical areas of the QOF, across organisational areas of the QOF, and as QOF domain summaries. The tables show QOF points achieved and QOF points achieved as a percentage of points available. The information is not shown at individual QOF indicator level on these tables. The tables do not include any financial information.

QOF Achievement Data at Strategic Health Authority and England Level

- Summary by clinical area [Open Excel File](#)
- Summary by organisational area [Open Excel File](#)
- Summary by QOF domain (overall summary) [Open Excel File](#)

QOF Achievement Data at Primary Care Trust Level

- Summary by clinical area [Open Excel File](#)
- Summary by organisational area [Open Excel File](#)
- Summary by QOF domain (overall summary) [Open Excel File](#)

QOF Achievement Data at General Practice Level

QOF achievement information at general practice level is presented as a series of spreadsheets showing data down to individual QOF indicator. For each indicator the tables show QOF points achieved plus (where appropriate) the numerator and denominator upon which the indicator score is based. This information is available for all 10 Strategic Health Authorities of the QOF.

QOF Data for England

Top-line Results

- ◆ Average QOF achievement 958 points
 - Median score 999 points (>90% achievement)
 - Out of total 1,050 points available
- ◆ Data on disease prevalence for 11 disease areas from 8,486 practices in England
 - 99% of registered patients in England

QOF Data for England: Top-line Results

- ◆ Clinical Domains - 550 points
 - 92% points achievement
 - CHD, Hypertension, Diabetes, Stroke, Asthma, LVD all > 90% points achieved
- ◆ Organisational Domains - 184 points
 - 87% points achieved
- ◆ Patient Experience - 100 points
 - 93% points achieved
- ◆ Additional Services, Holistic Care, Quality Practice & Access Bonus
 - All with high points achievement (85% - 95% of points)

QOF Data for England

Prevalence Data

◆ CHD	3.6%
◆ LVD	0.4%
◆ Stroke	1.5%
◆ Hypertension	11.3%
◆ Diabetes	3.3%
◆ Asthma	5.8%

– All figures unadjusted

Approximately 30% of patients with any of the 11 QOF conditions suffer co-morbidity with another of the 11 conditions
– so individual patients may appear in more than one disease domain.

QOF Data

Comparative Prevalence Data

	England	Wales	NI	Scotland
◆ CHD	3.6%	4.3%	4.1%	4.5%

- ◆ CHD prevalence figures vary widely across England
 - Highest
 - » Easington PCT (5.9%)
 - » Derwentside PCT (5.9%)
 - » Durham Dales PCT (5.7%)
 - Lowest
 - » Lambeth PCT (1.4%)
 - » City & Hackney PCT (1.7%)
 - » Wandsworth (1.7%)

QOF Data

Comparative Prevalence Data

Diabetes	England
	3.3%

- ◆ Diabetes prevalence varies widely across England
 - Highest
 - » Heart of Birmingham PCT (4.7%)
 - » West Norfolk PCT (4.9%)
 - » East Leicester PCT (5.4%)
 - Lowest
 - » Richmond and Twickenham PCT (2.1%)
 - » Leeds North West PCT (2.2%)
 - » Oxford City PCT (2.3%)
 - » Kensington and Chelsea PCT (2.2%)
 - » Cambridge City PCT (2.2%)

QOF Data for England CHD - Top-line Results

- ◆ CHD Clinical Domain - 101 points
 - Average 95% points achievement across English PCTs/practices
 - Second highest clinical domain achievement after hypothyroidism
 - SE Oxfordshire PCT had 100% achievement
 - Lowest achieving PCT had 81% achievement

QOF Data for England

CHD – Clinical Indicator Achievement

- ◆ CHD 4 - % smokers with cessation advice –
Achievement 92% (Max threshold 90%)
- ◆ CHD 6 - % patients with BP < 150/90 –
Achievement 84% (Max threshold 70%)
- ◆ CHD 8 - % patients with TC < 5mmol/l –
Achievement 72% (Max threshold 60%)
- ◆ CHD 9 - % patients taking aspirin or alternative
anti-platelet therapy –
Achievement 90% (Max threshold 90%)

QOF Data for England

Diabetes - Top-line Results

- ◆ Diabetes Clinical Domain - 99 points
 - Average 93% points achievement across English PCTs/practices
 - Fourth highest clinical domain achievement after hypothyroidism, CHD and hypertension
 - Highest achieving PCTs had 99% achievement
 - Lowest achieving PCTs had 81% achievement

Diabetes Mellitus: QOF indicators

Indicator	Points	Max Threshold	Patients achieved mean; (range)*
DM 12: % DM whose last BP is 145/85 or less	17	55%	70% (34-100%)
DM 17: % DM whose last TC is 5 or less	6	60%	72% (26-100%)
DM 14: % DM with a record of serum creatinine testing	3	90%	93% (38-100%)
DM 15: % DM with proteinuria or micro-albuminuria who are treated with ACE inhibitors or A2 antagonists	3	70%	83% (0-100%)
DM 6: % DM with HbA1c 7.4 or less	16	50%	60% (13-100%)

* Based on data from a sample of 229 GPs surgeries in Leicestershire

QOF Strengths

- ◆ Data standards are improving
- ◆ Computerisation now almost universal in UK primary care
- ◆ Quality Management and Analysis System (QMAS) is our new single national IT system linked to the implementation of QOF
- ◆ BUT baseline data was limited, exception reporting data was NOT collected in year 1 and predicted achievement and thresholds were therefore largely “guestimates”

QOF Strengths

- ◆ We have better epidemiological data providing “world leading intelligence on chronic diseases”
 - 1.5 million people with CHD had their BP managed at 150/90 or less
 - 2.1 million people with asthma had a review in the last 15 months
- ◆ BUT we still have relatively limited information about co-morbidity issues

Changes in Management of Coronary Heart Disease 1998-2003-2005



Potential Health Impact of QOF

Impact of increasing quality of care from present levels to highest levels specified in QOF

Nos of CVS events prevented over 5 years in 10,000 people

Cholesterol lowering in CHD	15.5
Blood pressure control in BP	15.4

McElduff P et al. Will changes in primary care improve health Outcomes? Quality and Safety in Health Care 2004;13:191-197.

QOF Review 2006

166 points change

◆ Removed

- 138 points of original work

◆ Replaced with

- 138 points worth of new indicators and new clinical domains
 - » Depression (2)
 - » Dementia (2)
 - » Palliative care (2)
 - » Atrial Fibrillation (3)
 - » Chronic Kidney Disease (4)
 - » Obesity (1)
 - » Learning Disability (1)

◆ 28 points redistributed

Clinical indicator points changed

◆ Removed

- Quality Practice Payment removed
- Asthma 7
 - » flu vaccination
- Mental health 3
 - » Lithium monitoring

◆ Reduced

- Holistic Care Payment 20
- Mental Health 4 2
- Mental Health 5 1
- Disease Registers 18
- Management 2+10 2.5

◆ Redistributed

- Additional point to 6
 - » CHD08, BP05, DM06, DM12, COPD 6, COPD 7
- Summarising records 12
- Significant event reviews 2
- Patient Experience 8

Dementia 20 points

◆DEM 1 (5 points)

The practice can produce a register of patients diagnosed with dementia

◆DEM 2 (15 points)

The percentage of patients diagnosed with dementia whose care has been reviewed in the preceding 15 months (25-60% payment stages)

Chronic Kidney Disease

27 points

◆CKD 1 (6 points)

The practice can produce a register of patients aged 18 years and over with CKD.

◆CKD 2 (6 points)

The percentage of patients on the CKD register whose notes have a record of blood pressure in the preceding 15 months (40-90% payment stages)

◆CKD 3 (11 points)

The percentage of patients on the CKD register in whom the last blood pressure reading, measured in the preceding 15 months, is 140/85 or less (40-70% payment stages)

◆CKD 4 (4 points)

The percentage of patients on the CKD register with hypertension, who are treated with an angiotensin converting enzyme inhibitor (ACE-I) or angiotensin receptor blocker (ARB)(40-80% payment stages)

Atrial Fibrillation 30 points

◆AF 1 (5 points)

The practice can produce a register of patients with Atrial Fibrillation

◆AF 2 (10 points)

The percentage of patients with atrial fibrillation diagnosed after 1st April 2006 with ECG or specialist confirmed diagnosis (40-90% payment stages)

◆AF 3 (15 points)

The percentage of patients with atrial fibrillation who are currently treated with anti-coagulant drug therapy or an anti-platelet drug therapy (40-90% payment stages)

Other New Indicators

◆ **Obesity 1 (8 points)**

The practice can produce a register of patients aged 16 and over with a BMI greater than or equal to 30 in the last 15 months.

◆ **Learning Difficulties (4 points)**

The practice can produce a register of patients with learning disabilities.

◆ **Ethnicity (1 point)**

Ethnic origin is recorded for 100% of new registrations from 1 April 2006

Thresholds

- ◆ Lower threshold raised to 40%
- ◆ Higher thresholds most raised to or remain at 90%
- ◆ Still some at lower threshold
 - CHD 6, 8, 10 & 11
 - BP 5

Future changes?

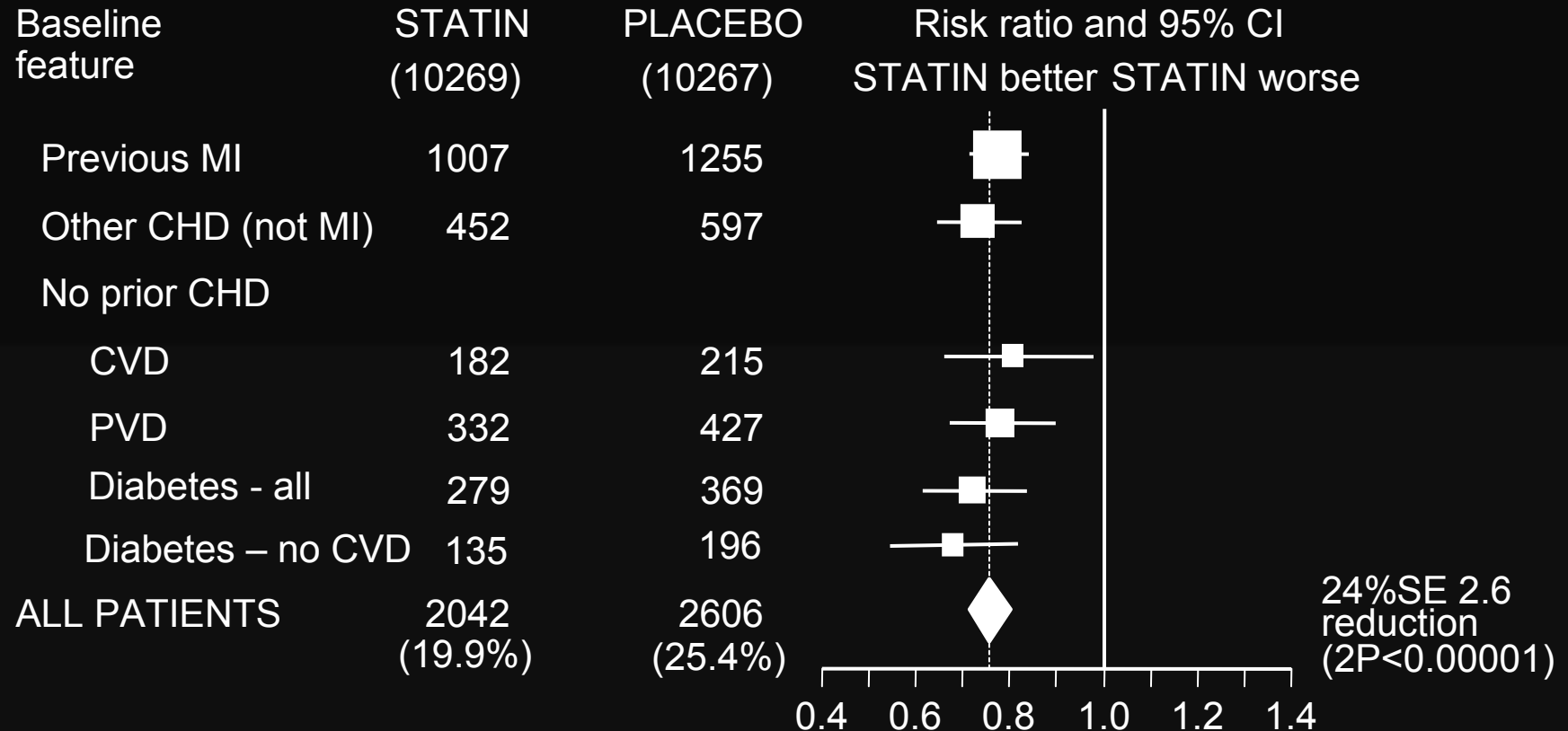
NICE guidelines for CV risk factor control in T2DM

- ◆ HbA_{1c} 6.5% - 7.5%
- ◆ Total cholesterol <5.0 mmol/L
- ◆ LDL-C <3.0 mmol/L
- ◆ Triglycerides <2.3 mmol/L
- ◆ BP ≤140/80 mmHg

- ◆ Current treatment options include:
 - Lifestyle changes: smoking, exercise, diet (salt etc)
 - Metformin, SU and glitazones for hyperglycaemia
 - Statins for hypercholesterolaemia
 - ACE-inhibitors, ARBs and other 'antihypertensives'

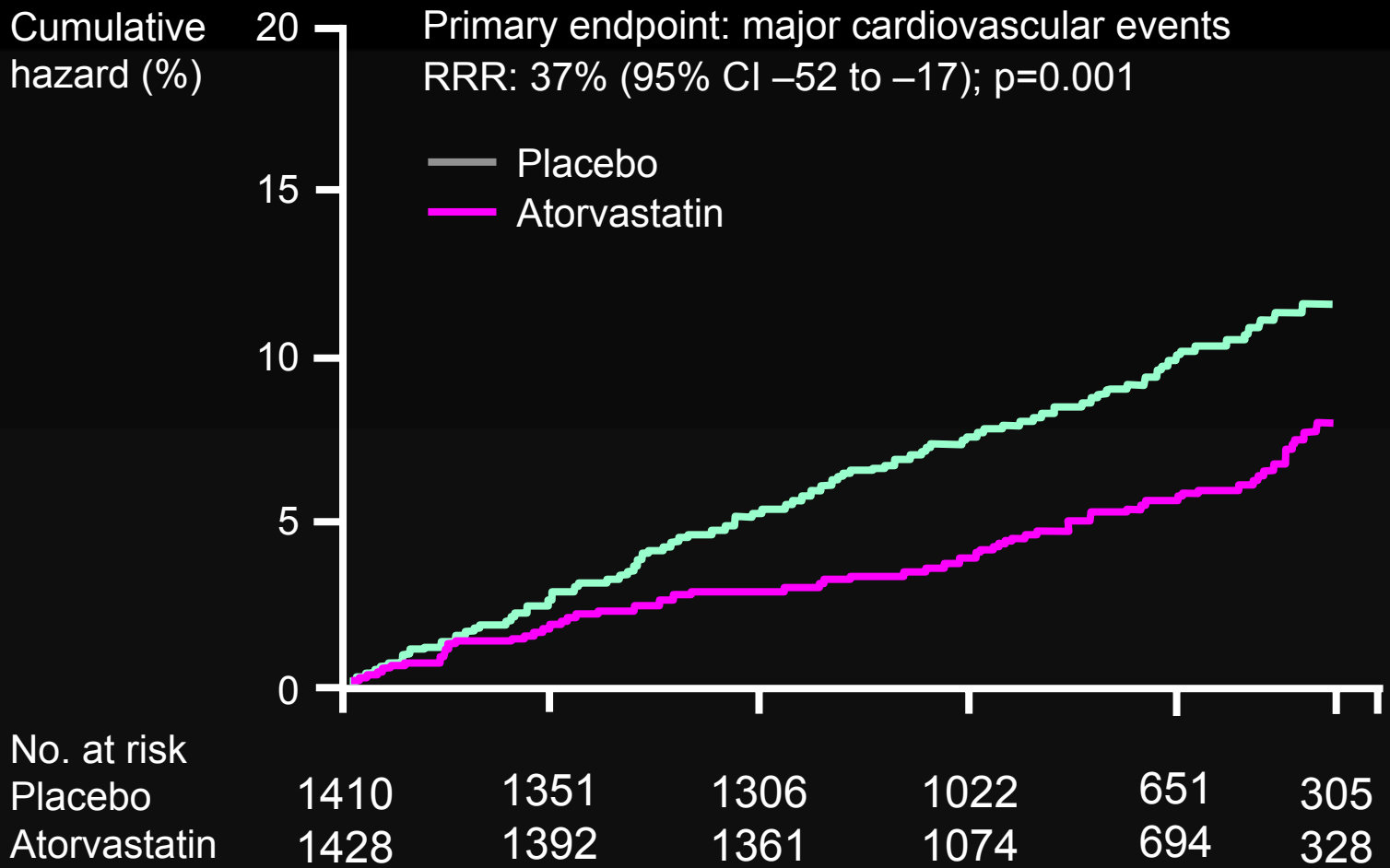
HPS: Vascular events by prior disease

All CVD risk patients benefit



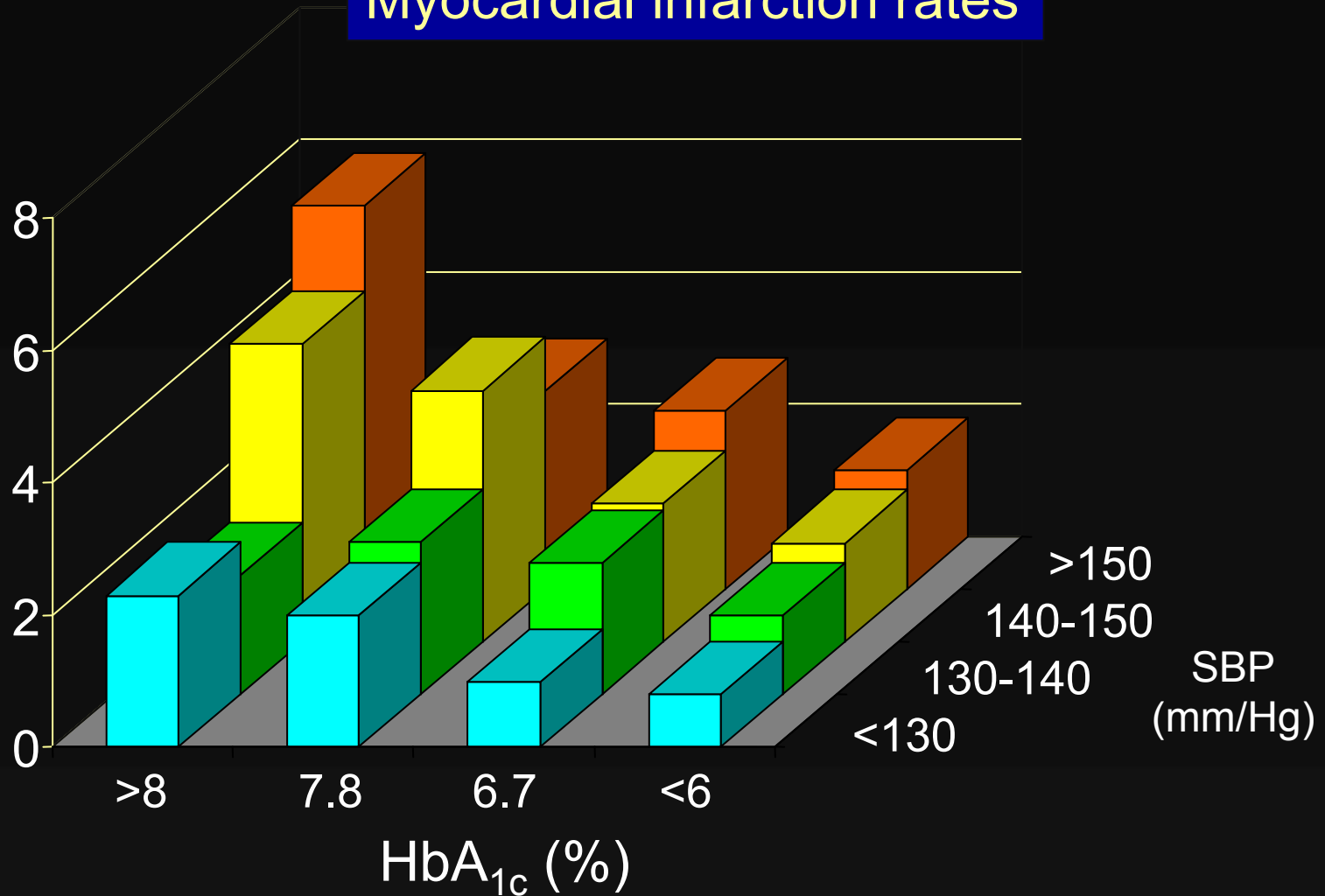
RR for patients with diabetes and no prior CHD or CVD was 0.67 (0.54-0.83) p<.0.0001

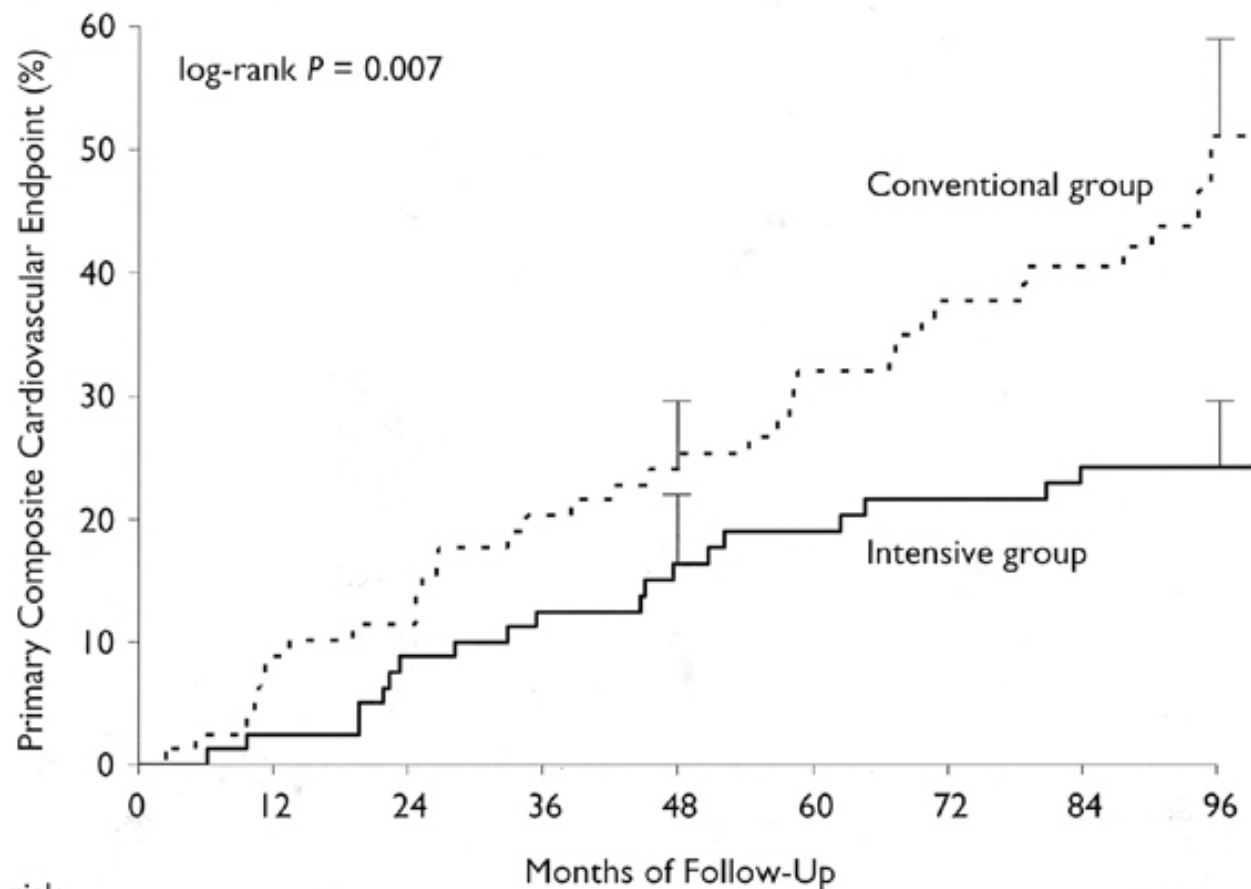
CARDS: Primary clinical outcome



United Kingdom Prospective Diabetes Study (UKPDS)

Myocardial infarction rates





No. at risk

Conventional	80	72	70	63	59	50	44	41	13
Intensive	80	78	74	71	66	63	61	59	19

Figure 1. Kaplan-Meier estimates of the composite endpoint of death from cardiovascular causes, nonfatal myocardial infarction, coronary-artery bypass grafting, percutaneous coronary intervention, nonfatal stroke, amputation, or surgery for peripheral atherosclerotic artery disease in the conventional-therapy group and the intensive-therapy group. The P value was calculated with the use of the log-rank test. The bars show standard errors. CI denotes confidence interval. (Adapted from Gæde P, et al.)

Estimated Exception Reporting Rates (n= 8105 practices in England)

Domain	Exception reporting rates		
	Median	Inter-quartile range	Max/min range
Overall	5.4%	3.9 – 7.4%	0 – 85.8%
Asthma	2.2%	0.6 – 4.8%	0 – 100%
CHD	7.4%	5.1 – 10.1%	0 – 87.6%
COPD	7.3%	4.3 – 11.6%	0 – 100%
Diabetes	4.1%	2.9 – 6.1%	0 – 83.9%
Hypertension	0.6%	0.3 – 1.2%	0 – 86.1%
Hypothyroidism	0.0%	0.0 – 1.0%	0 – 87.1%
Mental Health	8.3%	0.4 – 20.9%	0 – 100%
Stroke	5.4%	3.3 – 8.3%	0 – 90.7%

Summary

◆ PBC

- Too early to say, but may
- Increase services in PC and alter needs from hospitals
 - » Diagnostic services
 - » 'Standard' chronic disease FU
 - » Acute and repeat admission case management

◆ QOF will further drive coordinated care of many chronic diseases in PC

- Measuring prevalence
- Meeting Rx targets

◆ New areas in 2006

- Dementia, Depression, CKD, AF, Obesity, Palliative Care, Mental Health, Learning Disability, Records

◆ Future changes?

- Loss of exception reporting?
- Further raised payment thresholds?
- New areas in EBM
 - » CVD prevention?