

Quality and Outcomes Framework guidance revisions - August 2004

The Quality and Outcomes Framework guidance has now been revised to include minor amendments and clarifications and to amend the Read codes. The revised guidance replaces the original version published in *Investing in General Practice - Supporting documentation* (the blue book).

The main change is that the revised guidance does not include preferred Read codes. The Read codes have been replaced by the 'Logical Query Indicator Specification' and the 'Dataset and Business Rules'. This was done in order to minimise confusion, to prevent the misconception that there are 'preferred' codes and to recognise the importance of capturing clinical interaction properly. These Read codes are an NHS standard and must be used to enable QOF reporting. These codes will have been added to your system by your supplier.

Other minor amendments and further clarification have also been provided for a number of the indicators as set out below.

It is not intended that any substantial changes will be made before April 2006, other than in exceptional circumstances e.g. where there is a sudden change in the law that would render a particular indicator inappropriate. These changes will be discussed by the Quality and Outcomes Framework expert review group, which is currently being established. Further information is available in the General Practitioners Committee guidance, *Focus on Review of Quality and Outcomes Framework* available on the GPC website at the following location:

<http://www.bma.org.uk/ap.nsf/Content/FocusReviewQ%26OF>

CHD 1.1

Patients with Cardiac Syndrome X should generally not be included in the CHD register.

CHD 2, Stroke indicator 2, COPD 2 - Reporting and Verification

For the purposes of the Quality and Outcomes Framework an appropriate referral being undertaken between three months before and twelve months after a diagnosis being made would be considered as having met the requirements of this indicator.

CHD 3, Stroke 3, BP 2, DM 3, COPD 4, Asthma 4

These indicators have been amended so that those patients who have never smoked need smoking status to be recorded once since diagnosis.

CHD 4 Payment Stage

The top payment stage has been changed to 90%; this was an error in the original document.

Stroke 1.1

Generally patients with a diagnosis of Transient Global Amnesia or Vertebro-basilar insufficiency should not be included in the retrospective register.

Stroke 7.1

In recognition that where there is a proven haemorrhagic stroke clinicians may wish to weigh up the risks for the patient, the payment levels have been set at a lower level. Patients with haemorrhagic stroke could be exception reported for this reason.

Stroke 9.1

The last sentence so now reads "Where patients are aspirin intolerant, an alternative anti-platelet agent (clopidogrel 75mg daily) should be used." It was agreed to delete the reference to dipyridamole.

Stroke 9.2

Practices should report the percentage of patients with non-haemorrhagic stroke or TIA who have a record in the last 15 months of prescribed aspirin, clopidogrel or warfarin, or of taking OTC aspirin updated in the last 15 months.

DM 15

Patients must have had a diagnosis of proteinuria or micro-albuminuria and be treated with ACE inhibitors (or A2 antagonists) before they are included on this register.

DM16.1

There is no indication as to at what age cholesterol above 5 should be treated. At this stage it is recommended that all diabetics on the register (which is those seventeen and over) should have an annual cholesterol measurement.

DM 17.1

If total cholesterol is greater than 5.0 mmol/l, statin therapy to reduce cholesterol should be initiated and titrated as necessary to reduce total cholesterol to less than 5 mmol/l. There is ongoing debate concerning the intervention levels of serum cholesterol in diabetic patients who do not apparently have cardiovascular disease. Further National Guidance is awaited.

The age when a statin should be initiated is unclear. It is pragmatically suggested that all diabetic patients over the age of 40 with a cholesterol of greater than 5mmol/l should be treated with a statin. Below the age of 40 a decision needs to be reached between the doctor and the patient and may involve assessment of other risk factors and the actual age of the patient. Where a statin is not prescribed the patient can be exception reported.

COPD 1.1

Patients should not be registered as asthmatic and as having COPD. Patients diagnosed as COPD who were previously on the asthma register should be coded as inactive on the asthma register.

COPD 2.1

There has been some discussion around the issue of spirometry testing and reversibility. While it is recognised that there may be an element of reversibility in patients with COPD the definition centres on the lack of reversibility. Patients with reversible airways obstruction should be included in the asthma disease register.

Epilepsy 1.1

Drugs on repeat prescription will now be picked up on search.

Cancer 2.2

The IT solution for this indicator has now been put in place. QMAS will report the number of patients with cancer diagnosed since 1 April 2003 with a review recorded in the six months after diagnosis by searching for 8BAV., the 'cancer care review' code

Records 2.4

Locums who have worked occasionally in the practice can be excluded, but those who undertake regular sessions should be included.

Records 7.2

The practice should describe how prescribed medication is recorded. (Grade C)

Records 9.2

A survey of the drugs used should be carried out. The survey should show an indication can be identified for at least 80% of repeat medications commenced after 1st April 2004. (Grade A)

Records 15.4

Assessors may need to clarify with the practice what information they would normally include in a clinical summary ensuring that they do not assess this indicator based on their own experience and beliefs.

Education 2.1

Section 4, significant events meetings. These are generally multidisciplinary but need not be so and are chaired. Notes should be taken but should not include patient identification.

Education 3.4

Note that the appraisal content is confidential and should not be discussed at the visit.

Education 4.2

If a new member of staff has commenced after 1 April 2003, a copy of the induction programme which has been implemented should be available. (Grade B)

Management 3.1

Additional guidance on confidentiality has been provided.

Medicines 5.2

A survey of medication review should be undertaken. (Grade A) This could be a computerised search and print out or a survey of fifty records of patients on four or more medications.

Medicines 9.2

A survey of medication reviews should be undertaken. (Grade A) This could be a computerised search and print out or a survey of fifty records of patients on repeat medications.

PE 2.1 Patient Surveys

This has been changed to reflect the agreement that 25 questionnaires per 1000 registered patients on the practice's list should be returned (rather than 50 per doctor) as set out in the Statement of Financial Entitlements (SFE) 2004/05.