

HAVERING PCT

QOF Year End Report 2004/05

1.0 Purpose of the Report

- 1.1 This report is to inform the Board of the outcome of the implementation of the Quality and Outcomes Framework, a key part of the new General Medical Services contract.

2.0 Background/Introduction

- 2.1 The Quality and Outcomes Framework (QOF) is an integral part of the new General Medical Services (nGMS) contract which focuses practice activity and provides a significant driver for quality improvement in primary care.
- 2.2 The QOF itself is part of the payment mechanism for General Practice within the new contract. It is based on the practice demonstrating that it has carried out specified clinical and organisational processes which are defined and measured by a set of indicators. Participation in the QOF by practices is voluntary, however failure to take part disbars a practices from the payment attached to the framework. All Havering PCT practices have opted to participate.
- 2.3 The indicators and the QOF overall promotes practice team working and the effective management of Long Term Conditions. This is key area of activity for Havering PCT in particular.
- 2.4 The Framework is monitored directly through GP clinical systems, which are connected (solely for the purposes of the QOF) to the Quality Management and Analysis System (QMAS), a new central database. This central database also represents a very significant new public health information resource linked to registered populations.

3.0 Implementation of the Quality Outcome Framework

- 3.1 The QOF is a detailed set of clinical and organisational indicators, divided into ten clinical, five organisational and five subsidiary 'domains'. In Havering PCT a template was devised to measure achievement against these indicators. Local priority clinical indicators relating to Diabetes and CHD were also considered.
- 3.2 The overall effect of compliance with the indicators is that there will be a better and more consistent recording of activity coupled with an incentive to ensure that as many indicators as possible are achieved. The total 'score' available in the framework was 1,050 points. Each point is worth £77.50 for an average size practice in 2004/05 (the average size practice being 5,891).

15/09/05

- 3.3 The first year implementation of the Framework required the following steps from PCTs and practices.
- 3.3.1 Practices agreed with Havering PCT before the start of the year a 'reasonable' level of aspiration within the total number of points available. This aspiration level was used to make 1/3rd payments 'on account' throughout the year to practices.
- 3.3.2 In Havering PCT between November 2004 and January 2005, assessment teams visited each practice to assess the accuracy of the reports made by the practice, review procedures and agree a report with the practice either agreeing the forecast outcome of the QOF or recommending actions to substantiate the 'achievement' points claimed. Review visits were directed by comprehensive guidance. Each assessment team, established by Havering PCT, was made up of a GP, a managerial and a lay member.
- 3.3.3 At the end of the year, practices and the PCT were required to agree any amendments to the QOF scores and to validate the final claim for payment. Any disagreement would then be the subject of dispute resolution procedures within the PCT, with an option for appealing against the PCT's decision in line with standard external disputes resolution procedures.
- 3.3.4 There are standard procedures for pre-payment verification within the process outlined above. However, in order to ensure that there are robust and consistent review processes, the PCT is also required to carry out a full audit of a randomly selected 5% of all practices. These procedures, and the audit process, are in the process of being organised now, with the aim of completing by the end of July 2005. The audit will be carried out by a team external to the PCT.
- 3.3.5 Following completion of the QOF process, all fifty-two practices were sent a QOF review questionnaire to enable Havering PCT to gather practice views relating to the whole QOF process. Overall, assessors, and practices viewed the QOF process positively and saw it as a useful learning tool for all parties involved. Data collected has now been analysed and a summary of findings is attached at Appendix A. A full summary of findings is available if required.
- 3.3.6 The Patient Experience section (domain) of the QOF included 3 indicators, which required a patient survey to be completed. The three indicators were :-
- **PE 2** – the practice will have undertaken an approved patient survey each year.
 - **PE 3** – the practice will have undertaken an approved patient survey each year, reflected on the results and have proposed changes if appropriate.
 - **PE 4** – the practice will have undertaken an approved survey each year and discussed the results as a team and with either a patient group or Non Executive

director of the PCO. Appropriate changes will have been proposed with some evidence that the changes have been enacted.

Practices had a choice of 2 approved surveys, either General Practice Assessment Questionnaire (GPAQ) or Improving Practice Questionnaire (IPQ). It was a practice decision as to which survey they would use. Both surveys included similar questions, covering a range of issues across the practice.

Following survey analysis, practices held meetings with their staff to discuss the results and to agree main issues to take forward in the coming year. These issues were then discussed with either the practice PPG or the Locality Lay Member and an action plan was agreed. Actions agreed by individual practices will be monitored as part of the QOF process in 2005/06.

An analysis of the Patient Satisfaction survey outcomes has now been completed. From data analysed, the main areas where patients would like to see improvement in their own practices are very similar.

The top 5 common areas found for improvement are listed below:

- Improved telephone systems
- Improved patient access to a GP
- Improved patient waiting areas
- Increased opening hours
- Improved communications between staff and patients

3.3.7 A summary of Locality practice results can be found in appendix B.

4 Outcomes in the first year

4.1 This section sets out an overview of the results of the first year of the QOF for Havering PCT.

4.1.1 Havering PCTs recruitment of assessor teams followed by the organisation of reviews and reports in the three months between November 2004 and January 2005 was an extremely challenging task undertaken by each Locality Team and demanding a high level of input. Particularly so as new PCT and General Practice computer reporting systems and payment mechanisms were being developed and introduced at the same time. Generally the process worked well, with limited disputes over the outcomes. In total, 4 practices disputed their final QOF achievement. Of these, 1 dispute has now been resolved and discussions are ongoing with 3 practices. All the disputes relate to one indicator, the 'Access Bonus'.

4.1.2 The aspiration set before PMS adjustment at the beginning of the year was 46,606.48, against a final percentage achievement of 98% before PMS adjustment was made. (An adjustment to PMS practices (Personal Medical

Services) is made as PMS predates nGMS and already contains a payment for some quality elements.) This 98% figure indicates that the aspiration estimate was accurate.

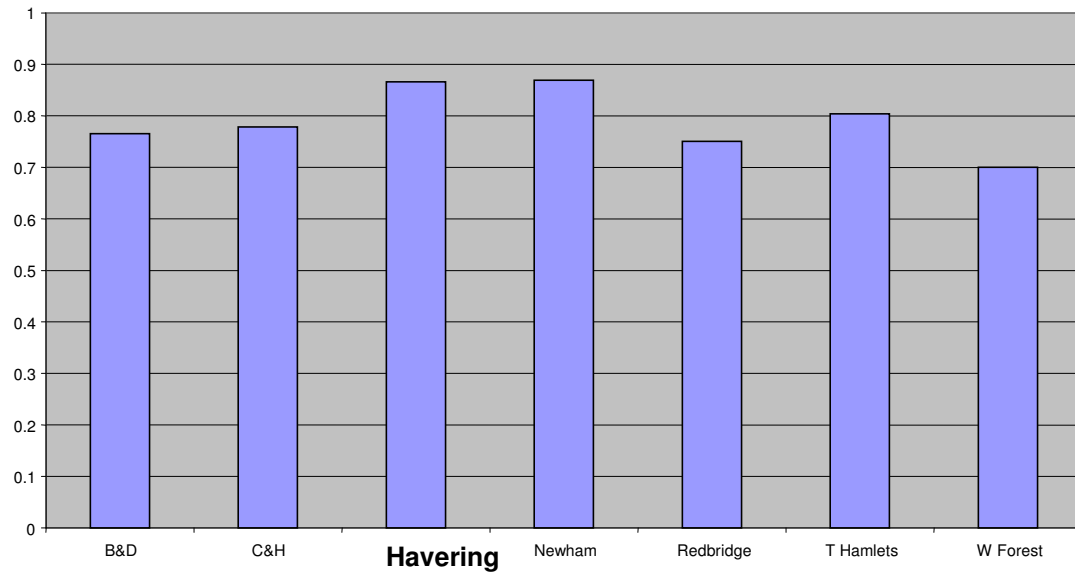
A summary of the achievement is shown below.

Domain	Maximum Possible	Aspiration	Achievement
Clinical	29,150	25,165.77	25,253.73
Organisational	9,752	8,742.00	8,088.00
Additional Services	1,908	1,783.00	1,731.45
Patient Experience	5,300	4,725.00	4,745.00
Total	46,110	40,415.77	39,818.17
Holistic Care	5,300	4,307.53	4,220.42
Quality Practice	1,590	1,333.14	1,281.34
Access Bonus	2,650	2,550.00	2,300
Total	55,650	48,606.44	47,619.92
PMS Points Adjustment			2,694.19
Rounding errors			-0.02
Total	55,650	48,606.44	44,925.73

Appendix C attached shows the achievement by practices on a locality basis.

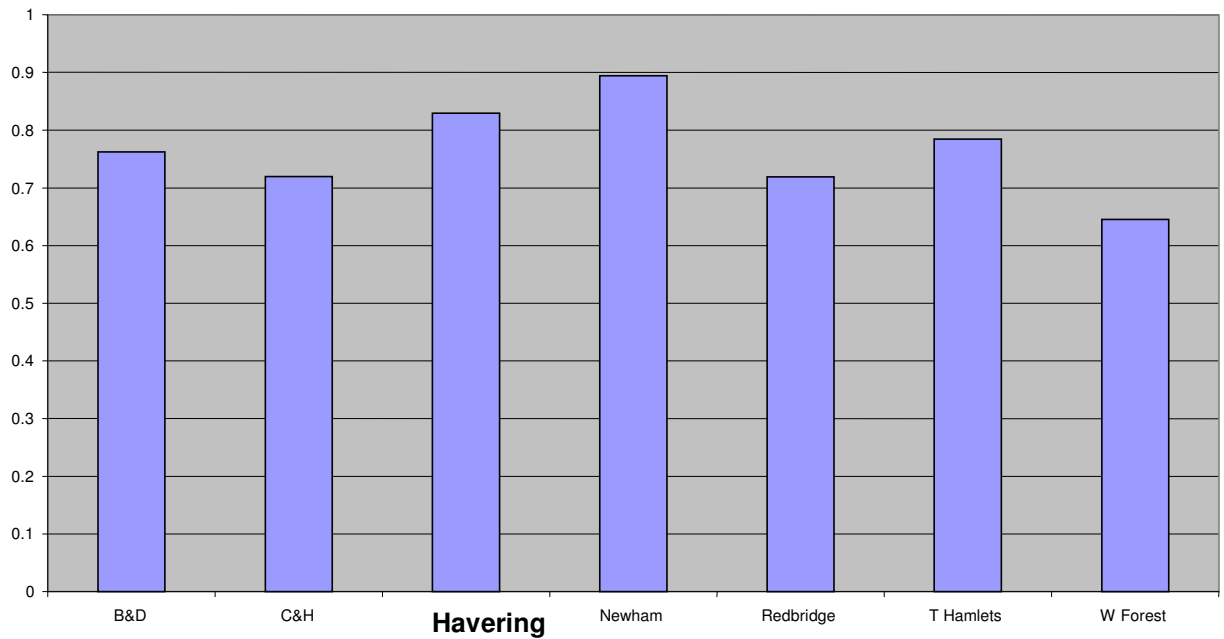
Havering PCT achievement levels compared with other PCTs in the Sector are set out in the Tables 1 & 2.

**QOF Year 1 2004/05
Clinical Achievement**



**Table 1 – QOF Achievement % by PCT,
Total of all clinical domains**

**QOF Year 1 - 2004/05
Organisational Domain**



**Table 2 – QOF Achievement % by PCT,
Total of all organisational domains**

5 Using the Information

The QOF generates valuable information that can be used as a quality marker. The use of this information can be used to:

- Map progress against selected Local Delivery Plan indicators;
- Monitor progress in reducing inequalities, using comparative analyses both within the PCT and the sector.
- The QOF can be used to make regular assessments of progress towards selected targets.
- It provides support in developing service specifications and procurement models in primary care where new services are being tendered;
- It is integral part of any primary care service development methodology.

6.0 Strengthening the process

As the PCT moves into the second year of QOF, we are examining the lessons learned so far. The need for a well-defined and strong process continues and the PCT is building on the processes used to date. This will require the Locality Teams to focus on QOF activity, particularly from September 2005 onwards.

- The Locality Teams will continue to work with practices to set accurate aspiration levels.
- The PCT review process will be monitored to ensure consistency, value for money and external rigour.
- Maintaining Prepayment Verification and implementing Audit procedures.

Ensure that PCT random audits of the QOF process report fully on clinical and organisational outcomes.

- The continuation of the North East London QOF Leads Group, which has been meeting in 2004/05 to ensure that there is sectoral discussion on the basic QOF implementation will enable the sector to bring about consistency especially on key areas like the 5% random checks, Access and Exception reporting.

7.0 Recommendations

The Board is asked to note the end of first year for QOF and to receive the report of the performance for the year.

Dev Chetty
Havering PCT QOF Lead