

# Quality and Outcomes Framework, Achievement, prevalence and exceptions data, 2011/12

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# Executive Summary

## Quality and Outcomes Framework Achievement, prevalence and exceptions data 2011/12

This report provides data for the reporting year April 2011 to March 2012. For the first time exceptions data are published alongside achievement and prevalence data, having previously been published in a separate report.

The report covers data for all General Practices in England which participated in the Quality and Outcomes Framework (QOF) in 2011/12. Participation by practices in the QOF is voluntary, though participation rates are very high, with most Personal Medical Services (PMS) practices also taking part. This publication covers data for 8,123 practices in 2011/12.

Information in this bulletin is derived from the Quality Management Analysis System (QMAS), a national system developed by NHS Connecting for Health that uses data from general practices to calculate QOF achievement for individual practices. Information is as held on the QMAS system at the end of July 2012 (some practices' QOF achievement would still have been subject to local agreement at this date).

There were changes to the QOF indicators in 2011/12 from 2010/11. These changes included the retirement of previous indicators, introduction of new indicators and definitional changes to existing indicators. These changes impact on the QOF business rules and have an onward impact on the QOF data, therefore any changes to volumes and rates from 2010/11 to 2011/12 should be considered in the context of these changes.

## Key Facts

### QOF Achievement

Achievement for 2011/12 is presented for 8,123 general practices in England. These practices made an end-of-year submission to QMAS.

- More practices achieved the maximum score of 1,000 points in 2011/12 compared with 2010/11.
- Average percentage points achievement increased by 2.2 percentage points to 96.9 per cent in 2011/12.

### Summary of overall achievement 2010/11 to 2011/12

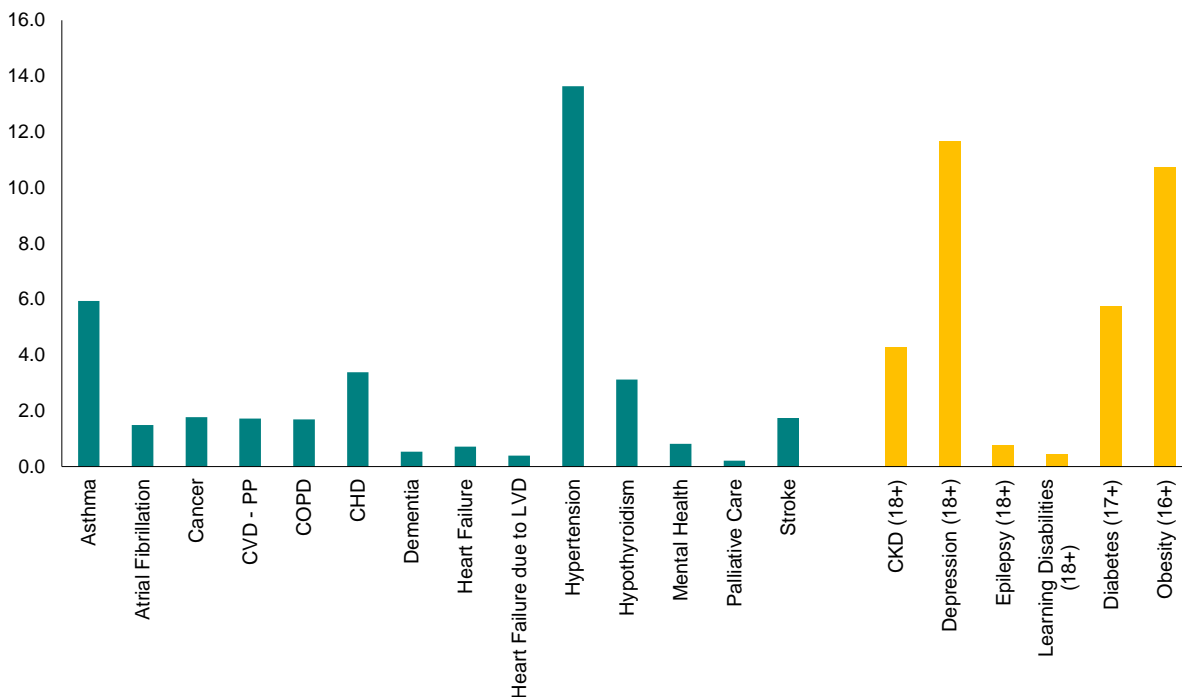
Year	Number of Practices	Average points per practice	Average per cent points achievement	Practices achieving max points	Number & per cent		
					Per cent of practices achieving max points	Practices achieving <90 per cent points	Per cent of practices achieving <90 per cent points
2010/11	8,245	946.6	94.7	105	1.3	806	9.8
2011/12	8,123	969.1	96.9	192	2.4	514	6.3
Change 2010/11 to 2011/12	-122	22.5	2.2	87	1.1	-292	-3.4

## QOF Prevalence

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.

- Hypertension (13.6 per cent, 7.6 million patients) and asthma (5.9 per cent, 3.3 million patients) remain the two conditions reporting the highest prevalence rates for conditions covering all ages. These two conditions have consistently had the highest rates since introduction of QOF measures in 2004/05.
- Depression (11.7 per cent, 5.1 million patients 18 and over) and Obesity (10.7 per cent, 4.9 million patients 16 and over) are the conditions with the highest recorded prevalence rates for age-specific indicators.

### England raw prevalence rates for all QOF registers (age-specific registers shown in orange)



## QOF Exception Reporting

Exception reporting rates reflect the percentage of patients who are not included when determining Quality and Outcomes Framework (QOF) achievement (see [Notes](#)). Exception rates are presented for indicators in the clinical domain.

- In 2011/12 the overall effective exception rate for England, across all clinical domain indicator groups, was 5.6 per cent, a 0.2 percentage point increase on 2010/11.

Effective exception rates for clinical indicators at individual practice level for 2011/12 show that:

- 95 per cent of practices have an overall exception rate of under 10.1 per cent.
- Over 3,000 practices (almost 40 per cent) had exception rates of between 4 and 6 per cent.

## Notes

For all QOF data, consideration must be given to changes to indicators and their definitions each year when interpreting changes to from one year to the next. The QOF has undergone several revisions since it was first introduced, with several changes in 2011/12 from 2010/11. Changes are covered in detail via the following link to the NHS Employers website, *Summary of 2011/12 QOF indicator changes, points and thresholds*

The QOF contains four main components, known as domains; Clinical, Organisational, Patient Experience and Additional Services. Each domain consists of a set of achievement measures, known as indicators, against which practices score points according to their level of achievement. The 2011/12 QOF measured achievement against 142 indicators, and practices scored points on the basis of achievement against each indicator, up to a maximum of 1,000 points.

The QOF allows practices to exception-report (exclude) specific patients from data collected to calculate achievement scores. Patients can be exception-reported from individual indicators if, for example, they do not attend appointments or where the treatment is judged to be inappropriate by the GP (such as medication cannot be prescribed due to side-effects). The GMS contract sets out criteria which allow practices to participate in QOF but not to be penalised where exception reporting occurs. Patient exception reporting referred to in this bulletin applies to those indicators in the clinical domain of the QOF where level of achievement is determined by the percentage of patients receiving the specified level of care.

More detailed QOF information for 2011/12, and QOF information from previous years, has been published by the Health and Social Care Information Centre at [www.ic.nhs.uk/qof](http://www.ic.nhs.uk/qof).

# 1. Introduction to the Quality and Outcomes Framework

## 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. QOF is therefore an incentive payment scheme, not a performance management tool, and a key principle is that QOF indicators should be based on the best available research evidence. Participation by practices in the QOF is voluntary, though 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 their QOF achievement.

More detailed QOF information for 2011/12, and QOF information from previous years, has been published by the Health and Social Care Information Centre at [www.ic.nhs.uk/qof](http://www.ic.nhs.uk/qof).

## 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 and 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 2011/12 QOF measured achievement against 142 indicators; practices scored points on the basis of achievement against each indicator, up to a maximum of 1,000 points. A list of 2011/12 QOF indicators is provided in the Technical Annex.

The QOF has undergone some revisions since it was first introduced, with several changes in 2011/12 from 2010/11. Changes to the QOF at the start of 2011/12 included the introduction of new indicators in the epilepsy, learning disability and dementia clinical indicator sets; the introduction of a new set of indicators measuring quality and productivity, 12 indicators across a range of sets were retired, 22 indicators were replaced, either due to changes to indicator wording or coding/business logic changes, five indicators had changes to point values or thresholds. Overall, the maximum QOF score remained at 1,000 points. Changes are covered in detail via the following link to the NHS Employers website:

[Summary of 2011/12 QOF indicator changes, points and thresholds](#)

In 2011/12 the QOF covered the following areas;

Domain	Indicator group	Number of indicators	Number of points
Clinical	Asthma	4	45
	Atrial Fibrillation	3	27
	Cancer	2	11
	Cardiovascular Disease Primary Prevention	2	13
	Chronic Kidney Disease	5	38
	Chronic Obstructive Pulmonary Disease	5	30
	Coronary Heart Disease	8	76
	Dementia	3	26
	Depression	3	31
	Diabetes Mellitus (Diabetes)	15	92
	Epilepsy	4	14
	Heart Failure	4	29
	Hypertension	3	79
	Hypothyroidism	2	7
	Learning Disabilities	2	7
	Mental Health	10	40
	Obesity	1	8
	Palliative Care	2	6
Smoking	2	60	
Stroke or Transient Ischaemic Attacks (TIA)	7	22	
<b>Clinical Total</b>		<b>87</b>	<b>661</b>
Organisational	Education and Training	7	28
	Medicines Management	8	36
	Patient Communication	1	2
	Practice Management	7	13.5
	Quality and Productivity	11	96.5
	Records and Information about Patients	11	86
<b>Organisational Total</b>		<b>45</b>	<b>262</b>
Patient Experience	Length of Consultations	1	33
<b>Patient Experience Total</b>		<b>1</b>	<b>33</b>
Additional Services	Cervical Screening	4	22
	Child Health Surveillance	1	6
	Contraceptive Services	3	10
	Maternity Services	1	6
<b>Additional Services Total</b>		<b>9</b>	<b>44</b>
<b>Total</b>		<b>142</b>	<b>1,000</b>



## 2. Changes to the contents of the QOF publication

This report provides data for the reporting year April 2011 to March 2012. For the first time exceptions data are published alongside achievement and prevalence data, having previously been published in a separate report. This follows a public consultation on the content of the QOF publication. Further details on the consultation and its outcomes are available on the HSCIC website at *QOF Consultation*.

Other outcomes to the consultation are the inclusion of several new measures. These additional measures are;

### **Percentage of patients receiving the intervention QOF points available Points Achieved as a per cent of QOF points available**

Data for these new measures are not covered in this bulletin.

**Percentage of patients receiving the intervention** are presented in indicator specific spreadsheets at national, SHA, PCT and practice level, where they are presented alongside achievement and exceptions data.

**QOF points available** and **Points Achieved as a per cent of QOF points available** data are only provided at practice level in the practice domain summary spreadsheet.

Details on the technical aspects of the new measures are available in both the response document to the *QOF Consultation* and in the Technical Annex.

A further change concerns the spreadsheets, which have been restructured to allow for the presentation of these new measures and for the inclusion of exceptions data alongside the achievement data. Details of the restructure of the practice level spreadsheets are covered in the *QOF Consultation*.

In a final change, a Technical Annex has been produced alongside this report bulletin. The Technical Annex contains much of the technical detail around the QOF and reporting conditions that were previously included in the main report bulletin. This change has been made to make the report more accessible and reduce the amount of detailed text presented. Users, particularly those new to the data or those wanting to know more of the technical details and reporting caveats are advised to consider the points made in the Technical Annex when interpreting the data presented in this bulletin.

We welcome any feedback from users on these changes, or on any other aspects of the report which can be submitted to [enquiries@ic.nhs.uk](mailto:enquiries@ic.nhs.uk).

### 3. Achievement

#### 3.1 Overall Achievement

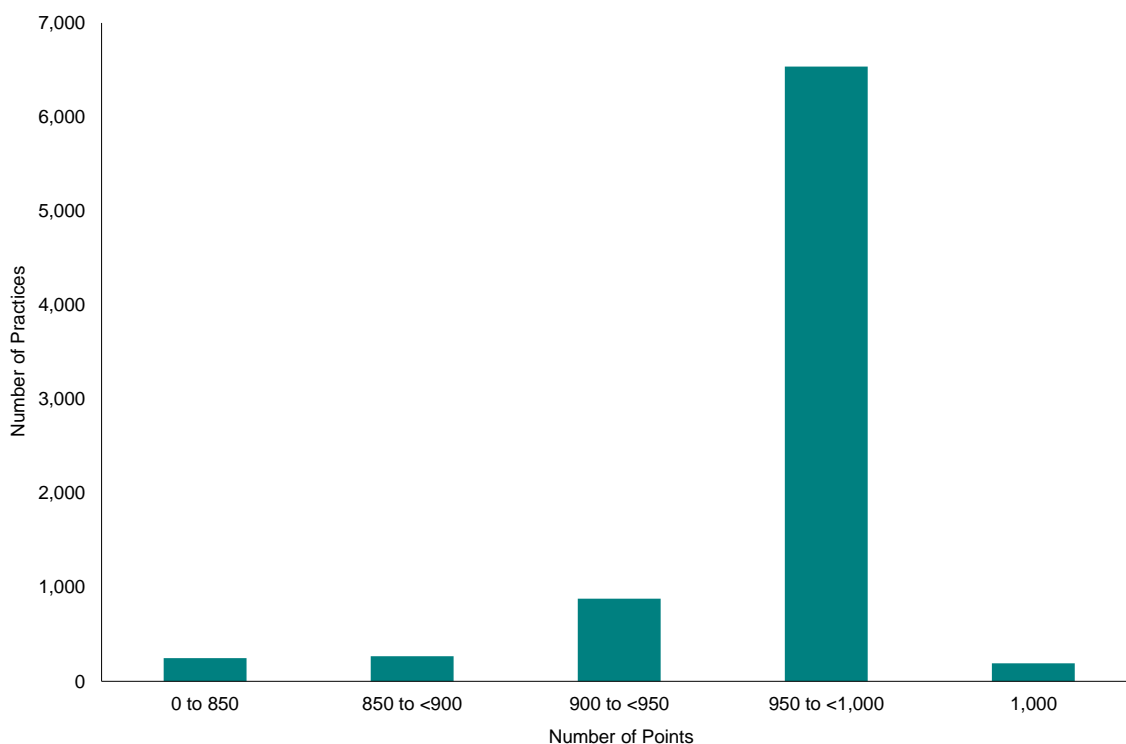
##### 3.1.1 Practice achievement

- In 2011/12, the average points achievement for practices in England increased in comparison with the previous year, and more practices achieved the maximum score of 1,000 points.
- Average percentage points achievement increase by 2.2 percentage points to 96.9 per cent in 2011/12.
- These figures reflect an established trend of increasing achievement, though it should be noted changes from 2010/11 to 2011/12 will have been influenced by changes to the QOF indicators during this time.

**Table 3.1 - Summary of overall achievement 2010/11 to 2011/12**

Year	Number of Practices	Average points per practice	Average per cent points achievement	Practices achieving max points	Number & per cent		
					Per cent of practices achieving max points	Practices achieving <90 per cent points	Per cent of practices achieving <90 per cent points
2010/11	8,245	946.6	94.7	105	1.3	806	9.8
2011/12	8,123	969.1	96.9	192	2.4	514	6.3
Change 2010/11 to 2011/12	-122	22.5	2.2	87	1.1	-292	-3.4

**Figure 3.1 - Distribution of the total points achieved by practices in England in 2011/12**



### 3.1.2 Primary Care Trust and Strategic Health Authority level achievement

- Minimum and maximum average practice points achievement by Primary Care Trusts (PCT) and Strategic Health Authorities (SHA) increased compared with 2010/11.
- Over the same period, the ranges (the differences between the minimum and maximum values) have decreased notably, indicating lower achieving practices have narrowed the gap on the higher scoring practices.

**Table 3.2 - Summary of average practice achievement by PCT and SHA 2010/11 to 2011/12**

	Minimum points achievement	Maximum points achievement	Range (max points - min points)	Number & per cent		
				Minimum points percentage	Maximum points percentage	Range (max per cent - min per cent)
<b>PCT</b>						
2010/11	891.9	981.8	90.0	89.2	98.2	9.0
2011/12	912.1	989.8	77.7	91.2	99.0	7.8
<b>SHA</b>						
2010/11	933.0	965.2	32.2	93.3	96.5	3.2
2011/12	956.2	982.3	26.1	95.6	98.2	2.6

### 3.1.3 Domain Level Achievement

- There were notable changes in practice average points achievement across most domains compared with 2010/11. These changes should be considered in the light of changes to the points available in each domains.
- Average percentage points achievement showed little change from 2010/11 for most domains. The notable increase in this measure for the Patient Experience domain can be attributed to the retirement of the two patient survey-based indicators (PE7 and PE8) at the end of 2010/11, which historically produced lower levels of achievement.

**Table 3.3 - Domain level average achievement 2010/11 to 2011/12**

	Clinical	Organisational	Patient Experience	Number & per cent	
				Additional Services	Total QOF
<i>Points available</i>					
2010/11	697.0	167.5	91.5	44.0	1000.0
2011/12	661.0	262.0	33.0	44.0	1000.0
<b>Absolute change</b>	<b>-36.0</b>	<b>94.5</b>	<b>-58.5</b>	<b>0.0</b>	<b>0.0</b>
<i>Average points per practice</i>					
2010/11	674.4	163.1	66.4	42.7	946.6
2011/12	641.2	252.5	32.7	42.7	969.1
<b>Absolute change</b>	<b>-33.2</b>	<b>89.4</b>	<b>-33.7</b>	<b>0.0</b>	<b>22.5</b>
<i>Average percentage points achieved</i>					
2010/11	96.8	97.4	72.6	97.1	94.7
2011/12	97.0	96.4	99.0	97.0	96.9
<b>Percentage point change</b>	<b>0.2</b>	<b>-1.0</b>	<b>26.4</b>	<b>-0.1</b>	<b>2.2</b>

### 3.2 Clinical Domain

The clinical domain has the largest number of points available, 661.0 from a maximum of 1,000 (66.1 per cent) across 20 clinical areas.

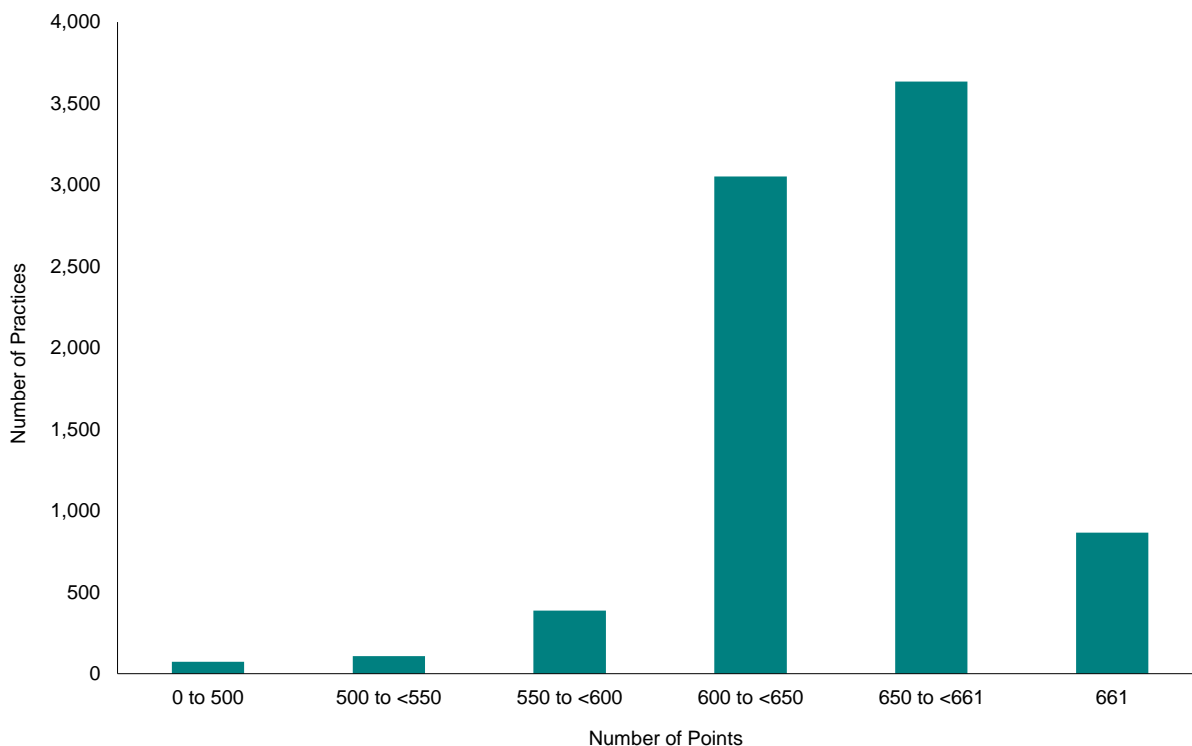
#### 3.2.1 Practice achievement

- While average practice achievement decreased by 33.2 points in 2011/12, there were 36.0 fewer points available than during the previous year. Average percentage points achievement increase by 0.2 percentage points from 2010/11.
- Fewer practices achieved the maximum number of points available in 2011/12 compared with 2010/11.

**Table 3.4 - Clinical domain achievement 2010/11 to 2011/12**

Year	Points available	Average points per practice	Average per cent points achievement	Number & per cent	
				Practices achieving max points	Per cent of practices achieving max points
2010/11	697.0	674.4	96.8	1,082	13.1
2011/12	661.0	641.2	97.0	867	10.7
Change	-36.0	-33.2	0.2	-215	-2.4

**Figure 3.2 - Distribution of the total points achieved in the clinical domain by practices in England in 2011/12**



### 3.2.2 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 3.5. Note that the maximum number of points available in the clinical domain changed from 697.0 in 2010/12 to 661.0 in 2011/12. Three measures are presented for points achieved.

- At practice level, the percentage point difference between the lower and upper quartiles was less in 2011/12 than in 2010/11, which suggests that for this domain the lower scoring practices have narrowed the gap on those higher scoring practices.

**Table 3.5 - Clinical domain PCT and SHA achievement 2010/11 to 2011/12**

	Number & per cent					
	Average Points <sup>1</sup>			Percentage points		
	All Prac	PCT	SHA	All Prac	PCT	SHA
<b>Median</b>						
2010/11	687.0	675.5	675.0	98.6	96.9	96.8
2011/12	652.2	641.7	641.8	98.7	97.1	97.1
<b>Lower Quartile</b>						
2010/11	669.5	669.3	673.4	96.1	96.0	96.6
2011/12	637.7	636.1	641.2	96.5	96.2	97.0
<b>Upper Quartile</b>						
2010/11	695.0	680.4	676.6	99.7	97.6	97.1
2011/12	658.0	647.3	643.3	99.5	97.9	97.3

<sup>1</sup>Maximum points available in this domain in 2010/11 = 697.0 and in 2011/12 = 661.0

### 3.2.3 Disease Areas within the Clinical Domain - Practice achievement

Table 3.6 shows the average practice score as a percentage of the maximum available for each of the 20 clinical areas within the clinical domain of the QOF.

- Increases are seen among most clinical areas and those areas which report the most notable changes since 2010/11 are those which were subject to changes to points available in 2011/12 (e.g. Learning Disabilities, Dementia etc).
- With the exception of Chronic Obstructive Pulmonary Disease (COPD), those clinical areas with no changes to points available remained stable or increased in 2011/12 compared with 2010/11.

**Table 3.6 - Percentage points scored for each clinical area, 2010/11 to 2011/12**

QOF Clinical Indicator Set	Points available		Per cent & percentage point		
	2010/11	2011/12	Percentage points scored		Percentage point change
Asthma	45	45	98.7	98.7	0.0
Atrial Fibrillation	27	27	98.6	99.1	0.5
Cancer	11	11	96.9	96.9	0.0
Cardiovascular Disease – Primary Prevention	13	13	93.7	94.2	0.5
Chronic Kidney Disease	38	38	96.4	97.0	0.6
Chronic Obstructive Pulmonary Disease	30	30	97.4	97.2	-0.2
Coronary Heart Disease	87	76	99.1	97.8	-1.3
Dementia	20	26	98.1	93.8	-4.3
Depression	53	31	85.1	88.1	3.0
Diabetes	100	92	96.1	97.7	1.6
Epilepsy	15	14	95.0	92.7	-2.3
Heart Failure	29	29	98.0	98.6	0.6
Hypertension	81	79	99.1	99.0	-0.1
Hypothyroidism	7	7	99.7	99.7	0.0
Learning Disabilities	4	7	99.2	83.5	-15.7
Mental Health	39	40	95.2	94.4	-0.8
Obesity	8	8	100.0	100.0	0.0
Palliative Care	6	6	91.4	92.9	1.5
Smoking	60	60	99.2	99.2	0.0
Stroke / Transient Ischaemic Attack	24	22	98.6	98.7	0.1

### 3.2.4 Indicators by Type within the Clinical Domain

The QOF programme team at the National Institute for Health and Clinical Excellence (NICE) has produced a classification of the types of indicator in the clinical domain of the QOF. The five categories of QOF clinical indicator, defined by NICE, are:

- **Health outcome (O)** – the indicator directly measures a health outcome (such as mortality, morbidity, health-related quality of life). There is one outcome indicator – Epilepsy 8: epilepsy seizure-free in the past 12 months.
- **Intermediate outcome (IO)** – the indicator measures an intermediate health outcome. Refers to indicators relating to BP target; cholesterol target; HbA1c target; lithium levels.
- **Process measure directly linked to health outcomes (PD)** – the indicator measures an action (process) that is directly linked to a therapeutic intervention that is known to improve health outcomes. This is defined as delivery of a drug therapy or non-drug interventions and may include referral to specialist service where intervention will be delivered (for example, smoking cessation).
- **Process measure indirectly linked to outcomes (PI)** – this includes both pure process measures (e.g., BP measurement) and process measures that may indirectly lead to an improvement in health outcomes (e.g. use of a diagnostic test, clinical review).
- **Register (R)** – the indicator is a clinical register.

The classification of each clinical indicator is shown in the Technical Annex.

- Achievement in both the process measures decreased in 2011/12, though these measure types were both subject to changes in points available in 2011/12.

**Table 3.7: QOF achievement by clinical indicator type by practices in England in 2010/11 and 2011/12**

Indicator Category	Number of indicators	Percentage of Indicators	Points Available	Number & per cent	
				Average points per practice	Percent of points achieved of those available
<i>Health Outcome (O)</i>					
2010/11	1	1.2	6.0	5.4	89.5
2011/12	1	1.1	6.0	5.4	90.5
<i>Intermediate Outcome (IO)</i>					
2010/11	12	14.0	173.0	168.3	97.3
2011/12	13	14.9	173.0	170.2	98.4
<i>Process measure linked to health outcomes (PD)</i>					
2010/11	14	16.3	116.0	114.1	98.3
2011/12	16	18.4	129.0	126.3	97.9
<i>Process measure (PI)</i>					
2010/11	42	48.8	331.0	316.0	95.5
2011/12	40	46.0	282.0	268.4	95.2
<i>Register (R)</i>					
2010/11	17	19.8	71.0	70.7	99.5
2011/12	17	19.5	71.0	70.8	99.7
<b>Total</b>					
<b>2010/11</b>	<b>86</b>	<b>100.0</b>	<b>697.0</b>	<b>674.4</b>	<b>96.8</b>
<b>2011/12</b>	<b>87</b>	<b>100.0</b>	<b>661.0</b>	<b>641.2</b>	<b>97.0</b>

### 3.3 Organisational Domain

The organisational domain has the second largest number of points available, 262.0 from a maximum of 1,000. In 2011/12 eleven indicators relating Quality and Productivity were introduced into the Organisational domain. These indicators were worth a total of 96.5 points. Overall, points available in this domain increased from 167.5 in 2010/11 to 262.0 in 2011/12.

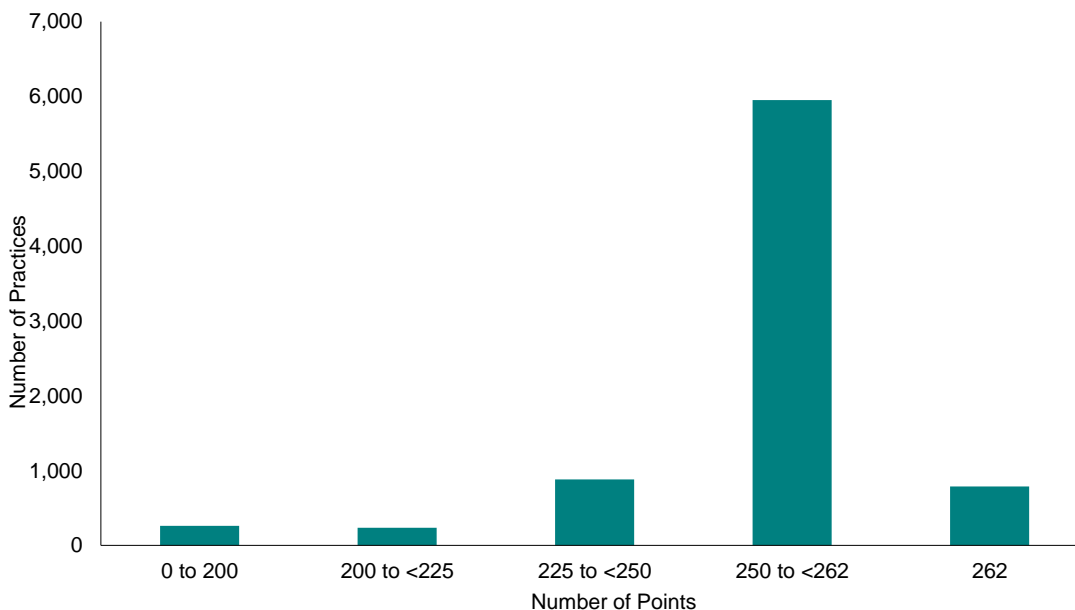
#### 3.3.1 Practice achievement

- With an additional 94.5 points available in 2011/12, average practice achievement increased by 89.4 points.
- Increased average points achievement in this domain appears to be a major factor in the rise in overall QOF achievement in 2011/12 (as shown in table 3.1 and 3.3)
- The inclusion of additional points in 2011/12 also appears to have had an impact on average percentage points achievement (decreased by 1.0 per cent) and on the number of practices achieving maximum points in this domain (decreased by 1,374)

**Table 3.8 - Organisational domain achievement 2010/11 to 2011/12**

Year	Points available	Average points per practice	Average per cent points achievement	Number & per cent	
				Practices achieving max points	Per cent of practices achieving max points
2010/11	167.5	163.1	97.4	2,163	26.2
2011/12	262.0	252.5	96.4	789	9.7
Change	94.5	89.4	-1.0	-1,374	-16.5

**Figure 3.3 - Distribution of the total points achieved in the organisational domain by practices in England in 2011/12**





### 3.3.2 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 3.9. The number of points available in this domain was increased from 167.5 in 2010/11 to 262.0 in 2011/12. Three measures are presented for points achieved.

- At all levels (Practice, PCT and SHA), the gap between the lower and upper quartiles has increased in 2011/12 compared with 2010/11. All measures of percentage achievement are lower in 2011/12 compared with the previous year
- These findings possibly reflect the impact of the increased points available in this domain with the introduction of the Quality and Productivity indicators in 2011/12

**Table 3.9 - Organisational domain PCT and SHA achievement 2010/11 to 2011/12**

	Number & per cent					
	Average Points <sup>1</sup>			Percentage points		
	All Prac	PCT	SHA	All Prac	PCT	SHA
<b>Median</b>						
2010/11	166.0	163.9	163.2	99.1	97.8	97.4
2011/12	258.5	253.7	253.3	98.7	96.8	96.7
<b>Lower Quartile</b>						
2010/11	163.5	162.3	162.8	97.6	96.9	97.2
2011/12	253.5	250.0	251.4	96.8	95.4	95.9
<b>Upper Quartile</b>						
2010/11	167.5	164.8	164.2	100.0	98.4	98.0
2011/12	260.8	256.8	255.3	99.5	98.0	97.4

<sup>1</sup>Maximum points available in this domain in 2010/11 = 167.5 and in 2011/12 = 262.0

### 3.3.3 Indicator Groups within the Organisational Domain

Table 3.10 shows achievement across all practices in England in each indicator group of the organisational domain, as a percentage of the total points available in each indicator group.

- Percentage achievement was largely consistent with the previous year, though notably achievement in the Quality and Productivity group was lowest. This is not unexpected as these indicators were new to the QOF in 2011/12.

**Table 3.10 - Organisational domain; percentage of points achieved by indicator group, 2010/11 to 2011/12**

	Records & Information	Information for Patients	Education & Training	Practice Management	Medicines Management	Quality & Productivity
<i>Points available</i>						
2010/11	87	3	28	13.5	36	-
2011/12	86	2	28	13.5	36	96.5
<b>Percentage points achievement</b>						
2010/11	96.9	99.2	96.9	98.6	98.2	-
2011/12	97.5	98.9	96.8	98.5	98.2	94.3
<b>Percentage point change</b>						
	0.6	-0.3	-0.1	-0.1	0.0	-

### 3.4 Patient Experience Domain

#### 3.4.1 Practice achievement

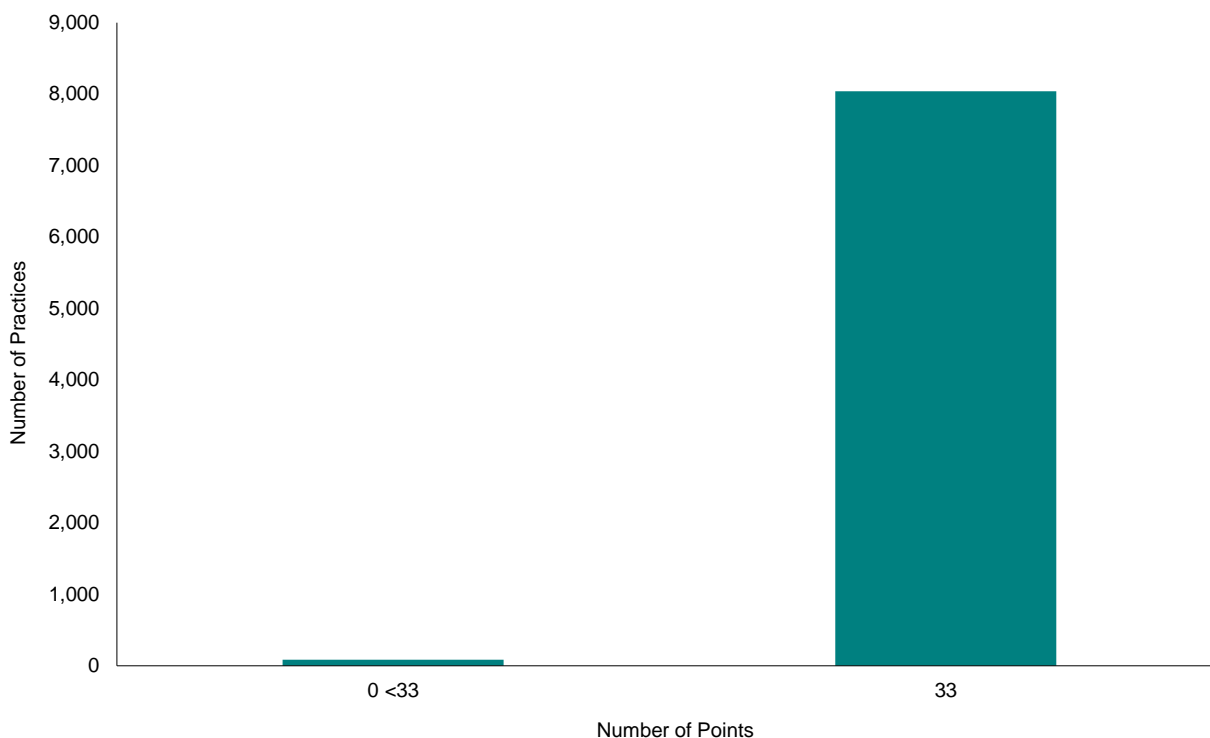
With the retirement of the patient survey based indicators (PE7 and PE8) at the end of 2010/11, points available in the Patient Experience domain reduced from 91.5 to 33.0.

- In contrast to the reduction in average points achievement (resulting from the retirement of PE7 and PE8), average percentage points achievement increased considerably to 99.0 per cent
- Almost all practices (99.0 per cent) achieved maximum points in this domain in 2011/12

**Table 3.11 – Patient Experience domain achievement 2010/11 to 2011/12**

Year	Points available	Number & per cent			
		Average points per practice	Average per cent points achievement	Practices achieving max points	Per cent of practices achieving max points
2010/11	91.5	66.4	72.6	1,074	13.0
2011/12	33.0	32.7	99.0	8,038	99.0
Change	-58.5	-33.8	26.4	6,964	85.9

**Figure 3.4 - Distribution of the total points achieved in the patient experience domain by practices in England in 2011/12**



### 3.4.2 Primary Care Trust and Strategic Health Authority level achievement

The range of achievement at SHA, PCT and practice level for the patient experience domain is shown in table 3.12. Points available in this domain reduced from 91.5 in 2010/11 to 33.0 in 2011/12. Three measures are presented for points achieved.

- The reduction of points in this domain has had a clear impact on achievement in this domain, with percentage points achievement showing that most practices achieved the full amount of points in 2011/12.

**Table 3.12 – Patient Experience domain PCT and SHA achievement 2010/11 to 2011/12**

	Number & per cent					
	Average Points <sup>1</sup>			Percentage points		
	All Prac	PCT	SHA	All Prac	PCT	SHA
<b>Median</b>						
2010/11	67.0	66.3	66.7	73.2	72.5	72.9
2011/12	33.0	33.0	32.8	100.0	100.0	99.4
<b>Lower Quartile</b>						
2010/11	52.0	62.3	65.3	56.9	68.1	71.3
2011/12	33.0	32.6	32.6	100.0	98.7	98.6
<b>Upper Quartile</b>						
2010/11	83.7	70.0	69.2	91.5	76.5	75.7
2011/12	33.0	33.0	32.9	100.0	100.0	99.7

<sup>1</sup>Maximum points available in this domain in 2010/11 = 91.5 and in 2011/12 = 33.0

### 3.5 Additional Services Domain

Unlike the other three QOF domains, the amount of points available in this domain in 2011/12 remained the same as 2010/11. The additional services domain is the smallest domain in terms of available points, with a total of 44.0 points available from four indicator groups, representing 4.4 per cent of the total 1,000 points available to practices.

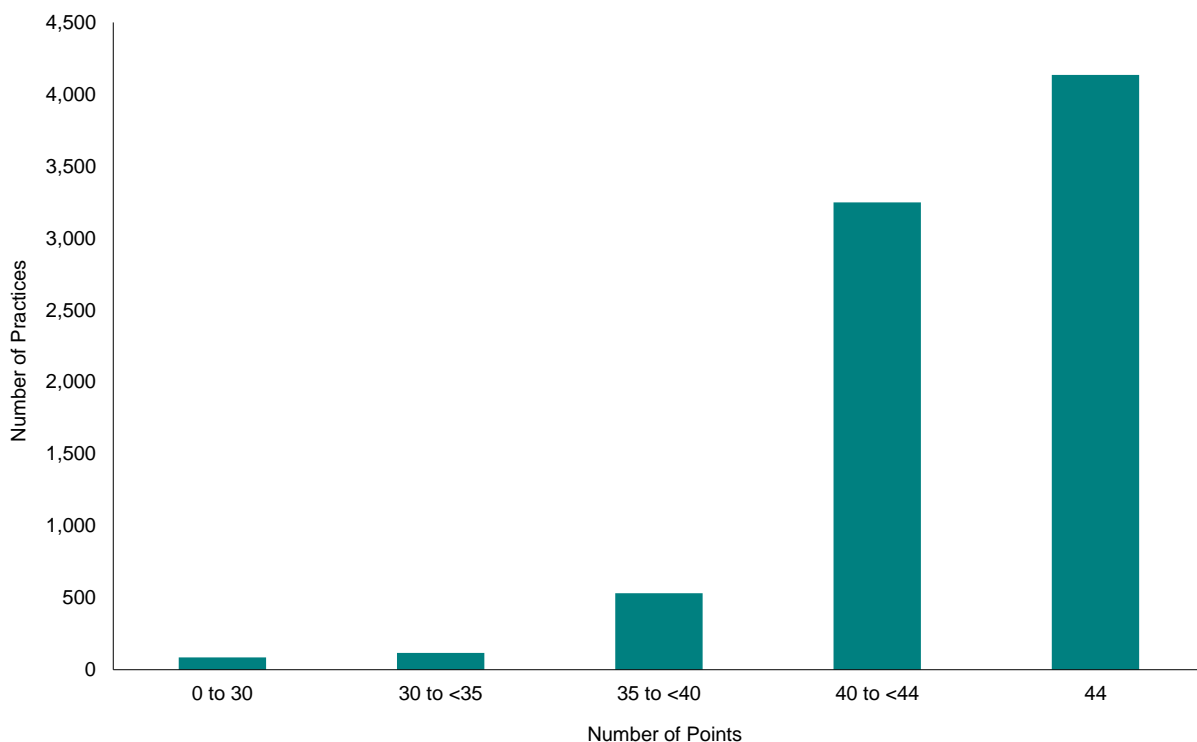
#### 3.5.1 Practice achievement

- In previous years, the additional services domain has had the greatest percentage of practices achieving maximum points. In 2011/12 it has been overtaken by the Patient Experience domain, however more than half of all practices still achieved maximum points in 2011/12.

**Table 3.13 – Additional Services domain achievement 2010/11 to 2011/12**

Year	Points available	Number & per cent			
		Average points per practice	Average per cent points achievement	Practices achieving max points	Per cent of practices achieving max points
2010/11	44.0	42.7	97.1	4,304	52.2
2011/12	44.0	42.7	97.0	4,136	50.9
Change	-	0.0	-0.1	-168.0	-1.3

**Figure 3.5 - Distribution of the total points achieved in the additional services domain by practices in England in 2011/12**



### 3.5.2 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 3.14. For both years shown, the maximum number of points available in the additional services domain was 44.0. Three measures are presented for points achieved.

- With more than half of practices achieving maximum points in the additional services domain in 2011/12, both the median and upper quartiles at practice level are at the maximum points score.
- At all levels, scores have remained stable in 2011/12, and reflect the high levels of achievement in this domain.

**Table 3.14 – Additional Services domain PCT and SHA achievement 2010/11 to 2011/12**

	Number & per cent					
	Average Points <sup>1</sup>			Percentage points		
	All Prac	PCT	SHA	All Prac	PCT	SHA
<b>Median</b>						
2010/11	44.0	43.1	43.0	100.0	97.9	97.8
2011/12	44.0	43.0	43.0	100.0	97.8	97.8
<b>Lower Quartile</b>						
2010/11	42.8	42.3	42.8	97.2	96.1	97.2
2011/12	42.7	42.3	42.8	97.0	96.1	97.3
<b>Upper Quartile</b>						
2010/11	44.0	43.4	43.3	100.0	98.5	98.3
2011/12	44.0	43.3	43.3	100.0	98.5	98.5

<sup>1</sup>Maximum points available in this domain in 2010/11 and 2011/12 = 44.0

### 3.5.3 Indicator Groups within the Additional Services Domain

Table 3.15 shows the level of achievement across all practices in England in each indicator group of the additional services domain, presented as a percentage of the total points available in each indicator group.

- There were only marginal fluctuations in achievement across each indicator group, with achievement remaining stable in 2011/12

**Table 3.15 – Additional Services domain; percentage points achieved by indicator group, 2010/11 to 2011/12**

	Cervical Screening	Child Health Surveillance	Maternity Services	Contraceptive Services
<i>Points available</i>				
2010/11	22	6	6	10
2011/12	22	6	6	10
<b>Percentage points achievement</b>				
2010/11	98.0	96.6	99.2	94.4
2011/12	97.6	97.0	98.8	94.8
<b>Percentage point change</b>				
	-0.4	0.4	-0.4	0.4

## 4. Prevalence

### 4.1 Definition of Prevalence

For 19 of the 20 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:

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

Unless stated, QOF prevalence information for 2011/12 is based on the 8,123 practices that were in the QOF achievement dataset.

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.

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. For further notes regarding prevalence rates and their interpretation, see sections 3 and 4 of the Technical Annex.

Six clinical areas of the QOF are based on registers that relate to specific age groups. Diabetes registers are based on patients aged 17+; chronic kidney disease, depression, epilepsy 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 six clinical areas, alternative calculations, based on estimates of appropriate age-banded list size information, were used to derive more accurate prevalence rates for these six clinical areas (see [section 4.3](#))

## 4.2 National QOF Prevalence rates - registers based on all ages

For the clinical areas where QOF registers are based on all ages, QOF prevalence rates for England are presented in table 4.1.

When interpreting QOF disease registers and prevalence rates it is important to consider that increases from one year to the next can be influenced by increased and more accurate coding of conditions, changes to indicators, increased case finding and epidemiological factors (such as an ageing population).

- Figures presented show that in this group, prevalence rates have remained largely static in 2011/12 compared with the previous year.
- The 43.7 per cent increase in the number of patients on the *Cardiovascular Disease – Primary Prevention*<sup>1</sup> register, must be considered in the context that this register is cumulative of new hypertension diagnoses since 2009, and therefore these seemingly dramatic increases in patient numbers are expected.

**Table 4.1 - England raw prevalence rates for QOF registers based on all ages**

Clinical area	Number (thousands) and per cent						
	Number of patients (thousands)				Per cent of patients		
	2010/11	2011/12	Change	Per cent change	2010/11	2011/12	Change
Asthma	3,273	3,296	23	0.7	5.9	5.9	0.0
Atrial Fibrillation	791	823	31	4.0	1.4	1.5	0.0
Cancer	876	983	107	12.2	1.6	1.8	0.2
Cardiovascular Disease - Primary Prevention	663	953	290	43.7	1.2	1.7	0.5
Chronic Obstructive Pulmonary Disease	899	939	40	4.4	1.6	1.7	0.1
Coronary Heart Disease	1,878	1,876	-2	-0.1	3.4	3.4	0.0
Dementia	267	294	27	10.1	0.5	0.5	0.0
Heart Failure	393	395	2	0.6	0.7	0.7	0.0
Heart Failure due to LVD <sup>1</sup>	214	214	0	0.2	0.4	0.4	0.0
Hypertension	7,460	7,568	107	1.4	13.5	13.6	0.1
Hypothyroidism	1,667	1,732	64	3.9	3.0	3.1	0.1
Mental Health	438	453	15	3.4	0.8	0.8	0.0
Palliative Care	93	113	20	21.8	0.2	0.2	0.0
Stroke	944	964	20	2.1	1.7	1.7	0.0
<i>Total list size for all QOF practices</i>	<i>55,170</i>	<i>55,526</i>	<i>356</i>	<i>0.6</i>	<i>-</i>	<i>-</i>	<i>-</i>

<sup>1</sup>Heart Failure due to LVD (left ventricular dysfunction) is a subset of the main 'heart failure' register

<sup>1</sup> Cardiovascular Disease – Primary Prevention register does not count the number of patients with cardiovascular disease. It is a register of patients with a new diagnosis of hypertension (since 1<sup>st</sup> April 2009), excluding those with pre-existing CHD, diabetes and stroke/TIA

### 4.3 National QOF Prevalence rates – where registers are age-specific

Six clinical areas within the QOF (chronic kidney disease, depression, 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+; depression, 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 breakdown by age band. In order to calculate a prevalence rate for these six clinical areas, based on the appropriate age-specific list sizes, it is necessary to use age-banded list sizes from an external data source. Further details on the data and methods used to calculate age-specific rates are available in the Technical Annex.

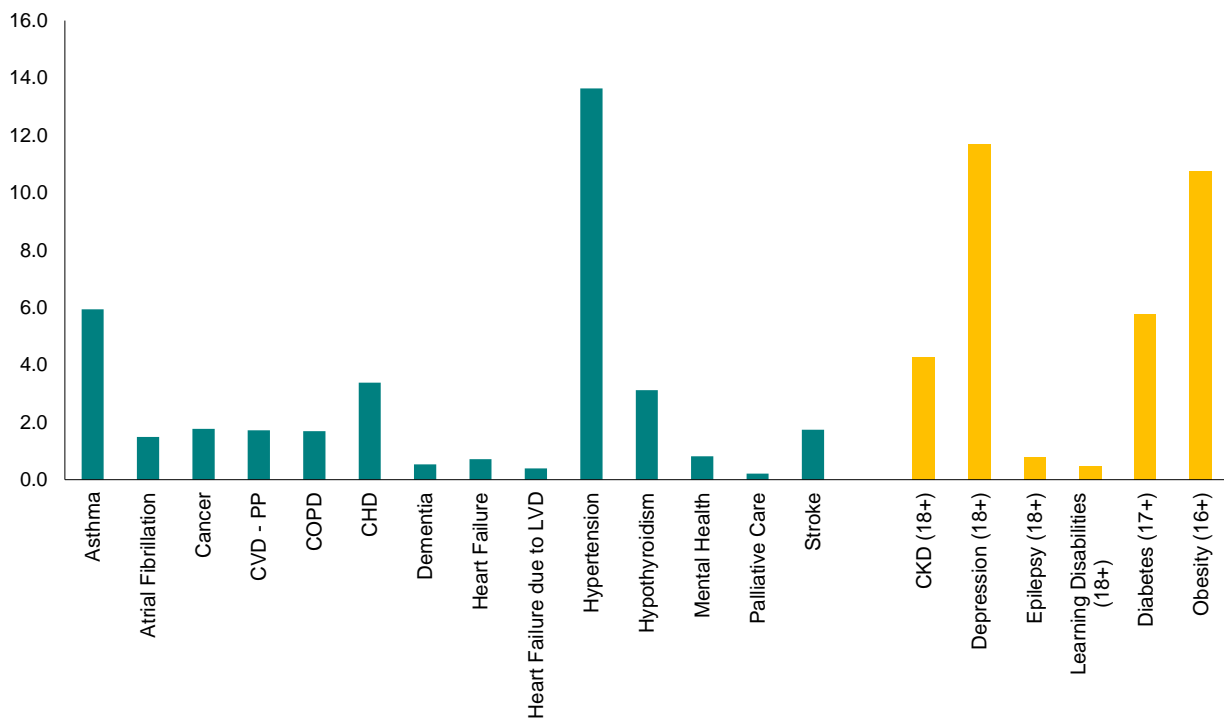
- For the age specific registers, some rates have remained static in 2011/12, but Depression, Obesity and Diabetes increased and remain as the conditions with the highest recorded prevalence in this group.

**Table 4.2 - England raw prevalence rates for QOF registers based on specific age groups**

Clinical area (age group)	Number (thousands) and per cent						
	Number of patients (thousands)				Per cent of patients		
	2010/11	2011/12	Change	Per cent change	2010/11	2011/12	Change
Chronic Kidney Disease (18+)	1,855	1,874	19	1.0	4.3	4.3	0.0
Depression (18+)	4,878	5,124	246	5.0	11.2	11.7	0.5
Epilepsy (18+)	337	341	5	1.4	0.8	0.8	0.0
Learning Disabilities (18+)	189	199	10	5.3	0.4	0.5	0.0
<i>18+ list size for QOF practices (estimated)</i>	<i>43,578</i>	<i>43,855</i>	<i>277</i>	<i>0.6</i>	-	-	-
Diabetes (17+)	2,456	2,566	110	4.5	5.5	5.8	0.2
<i>17+ list size for QOF practices (estimated)</i>	<i>44,292</i>	<i>44,570</i>	<i>278</i>	<i>0.6</i>	-	-	-
Obesity (16+)	4,730	4,867	136	2.9	10.5	10.7	0.2
<i>16+ list size for QOF practices (estimated)</i>	<i>45,005</i>	<i>45,285</i>	<i>279</i>	<i>0.6</i>	-	-	-



Figure 4.1 – England raw prevalence rates for all QOF registers (age-specific registers shown in orange)



#### 4.4 Variation in QOF Prevalence Rates

The distribution of prevalence at practice level for 2011/12 is shown in figure 4.2 for non age-specific indicators, and figure 4.3 for the age-specific indicators. Variation at PCT level is shown in figures 4.4 and 4.5.

One practice was not included in figures 4.2 to 4.5 because it had registers greater than the list size for some disease areas. This practice offers a walk-in type service and thus many of the patients using the service are not registered, which skews prevalence figures.

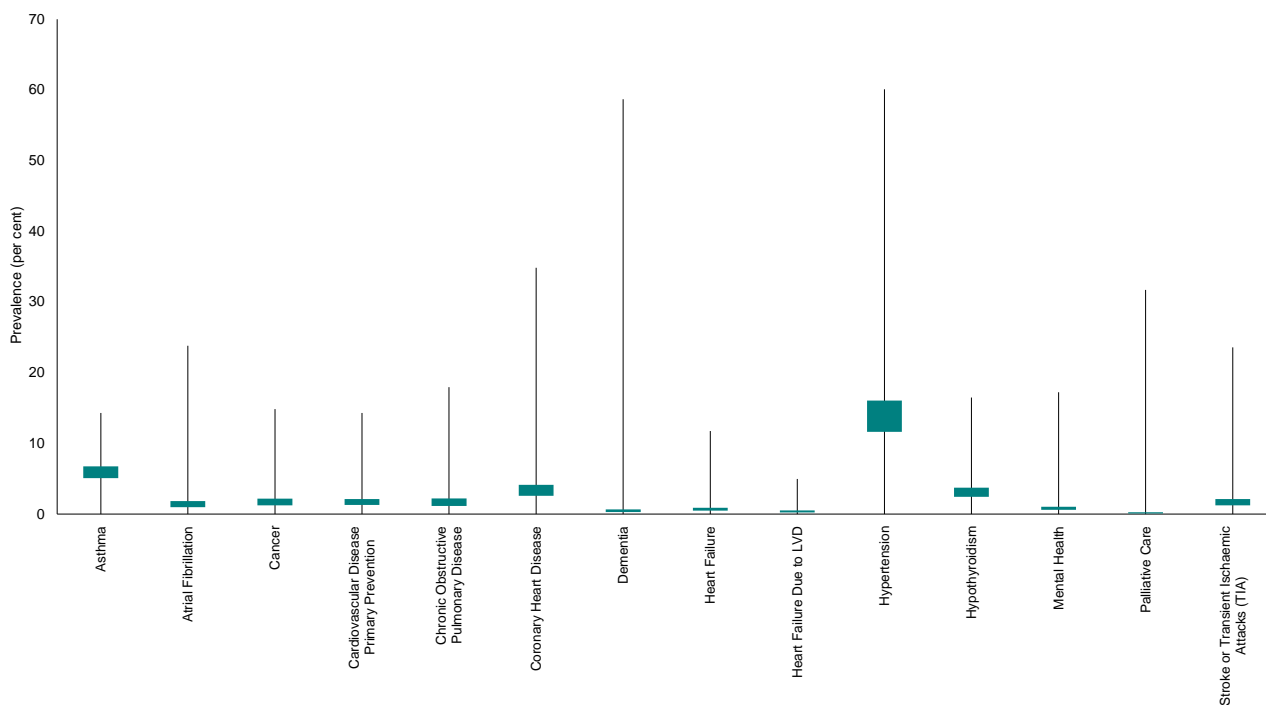
A further four practices were excluded from the practice-based data for figure 4.3 because there were no age-specific list size data available, and thus we were unable to calculate age-specific rates for these practices (see Technical Annex for notes regarding age specific list size data). However, disease registers for these practices are included in national, SHA and PCT totals as the absence of age-specific list sizes for these practices has a negligible impact on these aggregated prevalence rates.

The green boxes show the range from the lower to upper quartiles (50.0 per cent of practices will lie between these limits) while the 'whiskers' show the range from the minimum to maximum values.

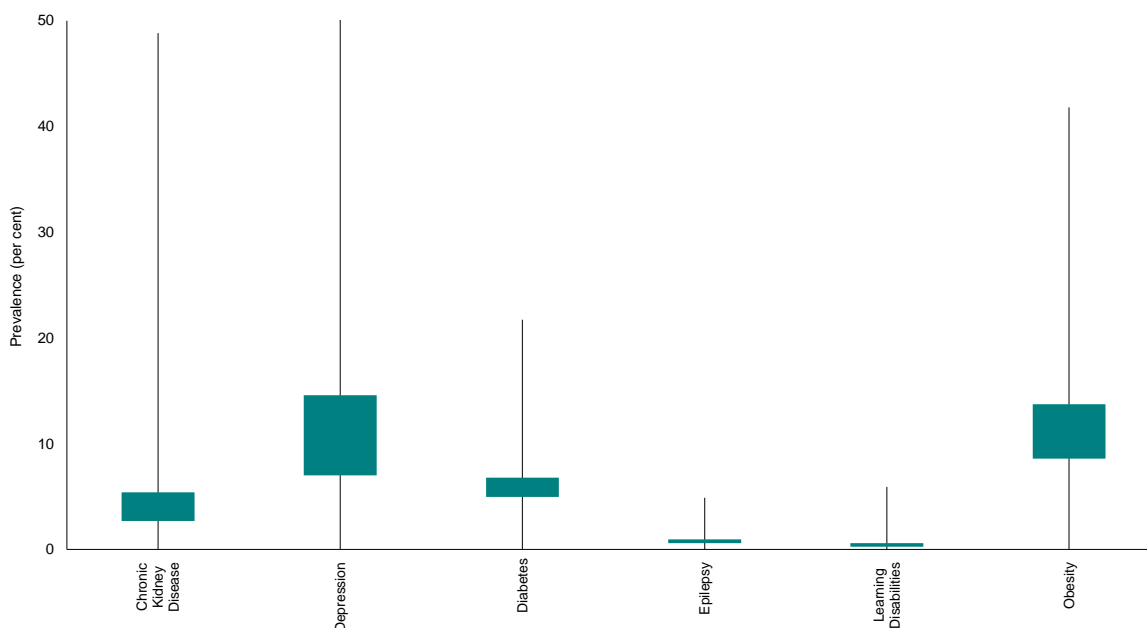
#### 4.4.1 Variation among practice rates

- There is considerable variation in prevalence rates among practices (figs 4.2 and 4.3), with some practices reporting zero rates compared with very high rates in other practices. This variation reflects the differing nature of populations served by practices, and the differences in the types of services that practices may provide.
- Despite this variation, the boxes (showing the middle 50 per cent of practices, or *inter-quartile ranges*) are generally compact, reflecting the consistent rates among these practices.

**Figure 4.2 - Variation in practice raw prevalence rates (per cent) for QOF registers that are based on all ages, 2011/12**



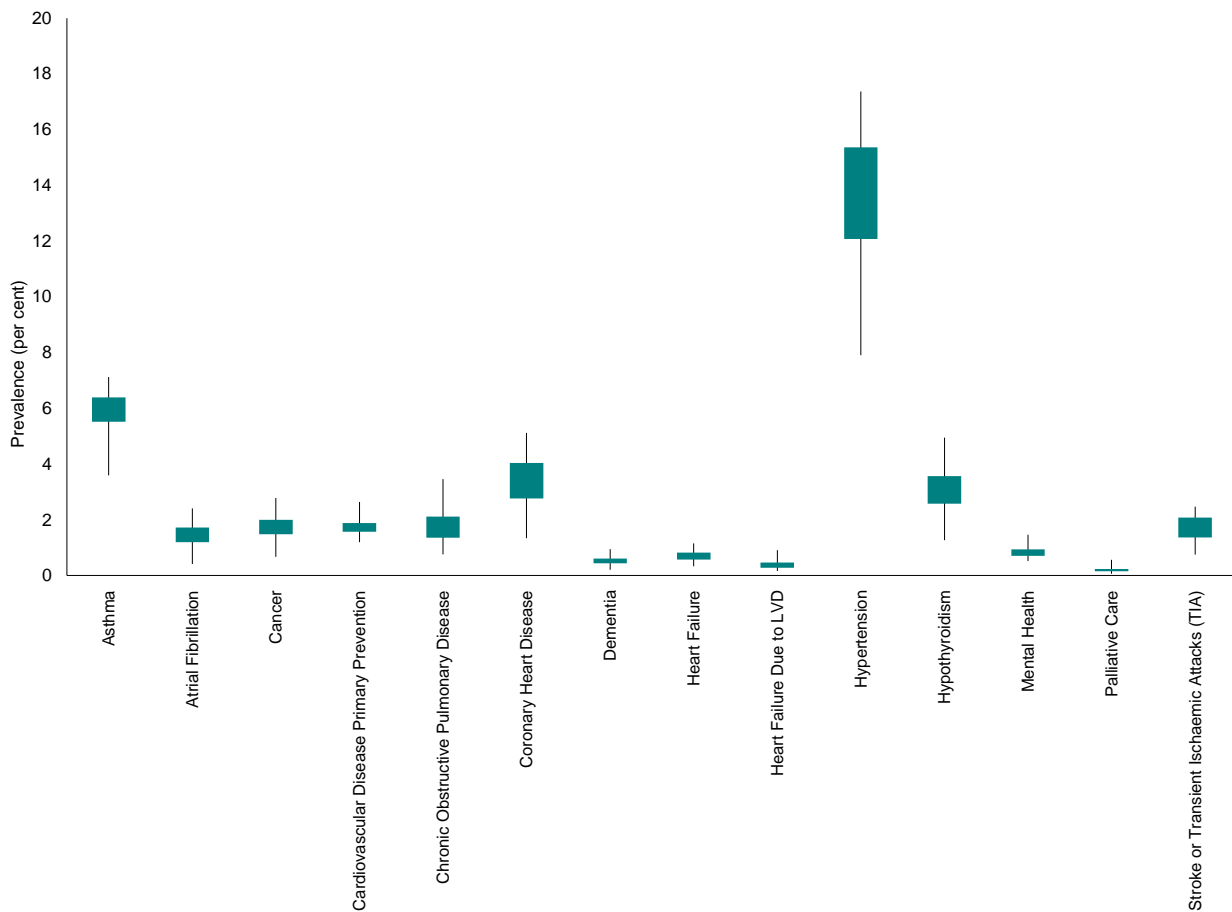
**Figure 4.3 - Variation in practice raw prevalence rates (per cent) for QOF registers that are based on specific age groups, 2011/12**



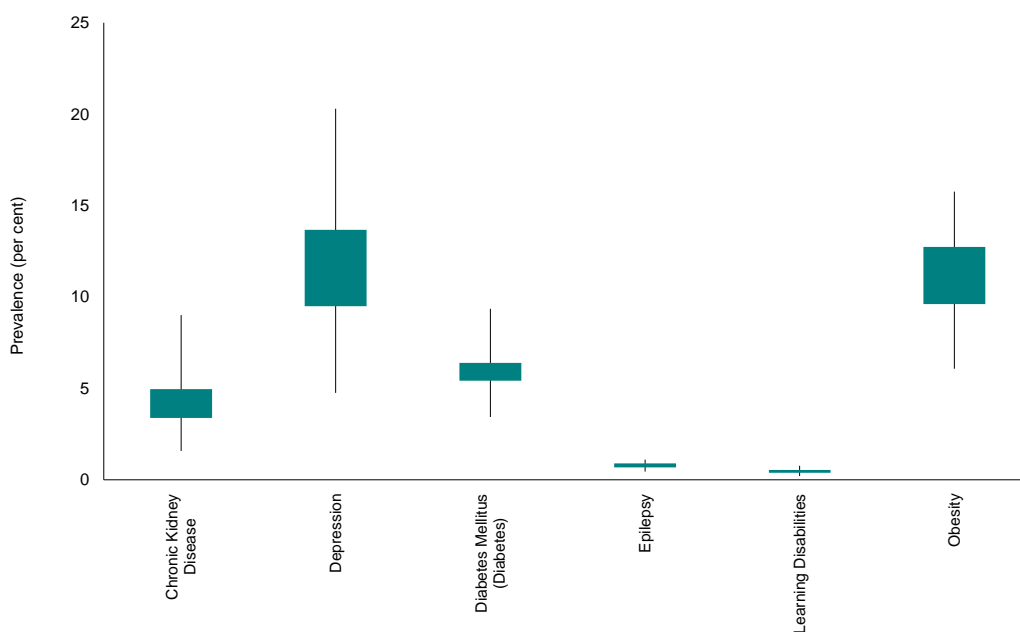
### 4.4.2 Variation among PCT rates

- The ranges of prevalence rates for each disease are much smaller, reflecting their nature as averages across a number of practices, which reduces the impact of outlier practices.

**Figure 4.4 - Variation in primary care trust raw prevalence rates (per cent) for QOF registers that are based on all ages, 2011/12**



**Figure 4.5 - Variation in primary care trust raw prevalence rates (per cent) for QOF registers that are based on specific age groups, 2011/12**



## 5. Exceptions

### 5.1 Exception Reporting by Indicator Group

Table 5.1 shows effective exception rates for 18 areas of the clinical domain. Exception reporting information is not available for two areas of the clinical domain (obesity and palliative care), because indicators for these areas refer only to the existence of clinical registers.

The exception rates shown are based on the sum of exceptions and the sum of denominators for all indicators within these indicator groups. Numbers of exceptions and the sum of the denominators refer to patient records associated with indicators, not individual patients. Individual patients can occur in more than one indicator group, and can occur more than once in any specific indicator group when associated with more than one indicator.

Not all practices submit exceptions data (see Technical Annex for further details). Only practices which submitted exceptions data for 2011/12 are included in the exception reporting figures. 8,113 practices submitted exceptions data in 2011/12. This equates to 99.9 per cent of the 8,123 practices covered in the achievement dataset.

Exception rates are calculated as follows;

$$\text{Exception Rate} = (\text{Indicator Exceptions} / (\text{Indicator Exceptions} + \text{Indicator Denominator})) \times 100$$

- After remaining stable from 2009/10 to 2010/11, the overall effective exception rate for England has increased in 2011/12. This reflects that the QOF indicators (and hence exception codes) remained unchanged from 2009/10 to 2010/11, but were changed in 2011/12.
- Increases were apparent across most clinical indicator groups, with the most notable increases seen in Dementia, Epilepsy and Coronary Heart Disease rates. These three areas experienced changes to indicators definitions, including the introduction of new indicators (and thus exception codes) in 2011/12, which has had an impact on exception rates.

Quality and Outcomes Framework Achievement, prevalence and exceptions data 2011/12

Table 5.1: Exception rates by indicator group, 2011/12 (with 2010/11 comparison)

Indicator Group	Total number of exceptions (thousands) 2011/12	Sum of denominators (thousands) 2011/12	Number (thousands) and per cent		Change 2010/11 to 2011/12
			Exception rate (per cent)		
			2010/11	2011/12	
Asthma	219	3,888	5.5	5.3	-0.2
Atrial Fibrillation	42	1,118	3.8	3.6	-0.2
Cancer	2	155	1.6	1.5	-0.1
Cardiovascular Disease Primary Prevention	102	1,145	11.5	8.2	-3.3
Chronic Kidney Disease	213	5,534	4.0	3.7	-0.3
Chronic Obstructive Pulmonary	344	2,570	12.4	11.8	-0.6
Coronary Heart Disease	891	8,567	7.5	9.4	1.9
Dementia	47	306	7.4	13.4	6.0
Depression	276	4,592	5.9	5.7	-0.2
Diabetes Mellitus (Diabetes)	2,324	31,172	6.5	6.9	0.4
Epilepsy	104	667	8.1	13.5	5.4
Heart Failure	78	523	14.8	13.0	-1.8
Hypertension	371	14,747	2.5	2.5	0.0
Hypothyroidism	8	1,722	0.5	0.5	0.0
Learning Disabilities <sup>1</sup>	1	12	-	9.7	-
Mental Health	300	2,231	10.4	11.8	1.4
Smoking	97	14,057	0.7	0.7	0.0
Stroke or TIA	373	4,439	7.1	7.8	0.7
<b>All Clinical Indicator Groups</b>	<b>5,791</b>	<b>97,445</b>	<b>5.4</b>	<b>5.6</b>	<b>0.2</b>

1 - No exceptions data were available for Learning Disabilities prior to 2011/12

## 5.2 Exception Reporting by Indicator

Effective exception rates for England were calculated for the 69 individual indicators in the clinical domain of the QOF (a full list of QOF clinical indicator definitions is provided in the Technical Annex). The 10 indicators with the highest exception rates are shown in table 5.2.

- Only Heart Failure 04 and CHD 10 were among the 10 indicators with the highest exceptions rates in 2009/10. Both of these have reduced their rates in 2011/12.
- Dementia 03 and Epilepsy 09 were new indicators in 2011/12, and with the exception of CHD 10 the remaining indicators shown were replacement indicators (modified) and thus would have no corresponding rate for 2010/11.
- Exceptions by NICE indicators type are discussed in [section 5.3](#)

**Table 5.2: Exception rates by indicator (highest ten), 2011/12 (with 2010/11 comparison)**

Indicator	Total number of exceptions (thousands) 2011/12	Sum of denominators (thousands) 2011/12	Number (thousands) and per cent			
			Exception rate (per cent)		Change 2010/11 to 2011/12	NICE Indicator type
			2010/11	2011/12		
Dementia 03	25	36	-	40.7	-	PI
Epilepsy 09	32	56	-	36.7	-	PI
Heart Failure 04	51	125	48.9	29.0	-19.9	PD
Depression 05	114	331	-	25.6	-	PI
CHD 14	13	40	-	24.3	-	PD
Mental Health 15	72	232	-	23.7	-	PI
COPD 15	23	77	-	22.9	-	PI
CHD 10	379	1,494	27.7	20.2	-7.5	PD
CHD 13	8	30	-	20.2	-	PI
Mental Health 16	22	106	-	17.3	-	PD

- CHD 09, Depression 01 and CHD 06 were not among the lowest ten indicators in 2010/11
- Exceptions by NICE indicators type are discussed in [section 5.3](#)

**Table 5.3: Exception rates by indicator (lowest ten), 2011/12 (with 2010/11 comparison)**

Indicator	Total number of exceptions 2011/12	Sum of denominators 2011/12	Number (thousands) and per cent			
			Exception rate (per cent)		Change 2010/11 to 2011/12	NICE Indicator type
			2010/11	2011/12		
CHD 09	52	1,821	3.0	2.8	-0.2	PD
Depression 01	105	3,857	2.8	2.6	-0.1	PI
CHD 06	50	1,824	2.9	2.6	-0.3	IO
Diabetes 22	51	2,512	2.2	2.0	-0.2	PI
Cancer 03	2	155	1.6	1.5	-0.1	PI
Hypertension 04	89	7,470	1.2	1.2	0.0	PI
Smoking 04	21	2,009	1.0	1.0	0.0	PD
Smoking 03	76	12,048	0.6	0.6	0.0	PI
CKD 02	11	1,860	0.6	0.6	0.0	PI
Hypothyroidism 02	8	1,722	0.5	0.5	0.0	PI

### 5.3 Exception Reporting by Type of Indicator

Table 5.4 presents a summary of 2011/12 exception reporting for all practices in England against the five clinical indicator categories defined by the QOF programme team at the National Institute for Health and Clinical Excellence (NICE). The five categories are defined in section 3.3.4 of this report and classification of each clinical indicator is shown in the Technical Annex. Note that there is no exception reporting for register indicators.

- The indicators classified as process measures have the lowest exception rate, with the highest exception rates shown for the one *health outcome* indicator.

By contrast, the ten indicators with the highest exception rates (table 5.2) include four indicators classified as process measures directly linked to health outcomes (PD) and six classed as process measures indirectly linked to health outcomes (PI).

**Table 5.4: QOF achievement and exception rates by clinical indicator type in 2011/12 (with 2010/11 comparison)**

Indicator Category	Number of indicators	Points Available	Exception rate (per cent)
<i>Health Outcome (O)</i>			
2010/11	1	6.0	16.2
2011/12	1	6.0	16.8
<i>Intermediate Outcome (IO)</i>			
2010/11	12	173.0	7.0
2011/12	13	173.0	6.4
<i>Process measure linked to health outcomes (PD)</i>			
2010/11	14	116.0	10.7
2011/12	16	129.0	9.7
<i>Process measure (PI)</i>			
2010/11	42	331.0	3.5
2011/12	40	282.0	3.8
<i>Register<sup>1</sup> (R)</i>			
2010/11	17	71.0	-
2011/12	17	71.0	-
<b>Total</b>			
<b>2010/11</b>	<b>86</b>	<b>697.0</b>	<b>5.4</b>
<b>2011/12</b>	<b>87</b>	<b>661.0</b>	<b>5.6</b>

<sup>1</sup>There is no exception reporting for registers

## 5.4 Exception Reporting at SHA Level

Geographical variation is found in overall exception rates (across all indicators) at SHA level.

- London SHA has the lowest overall exception rate, with South East Coast SHA reporting the highest rate. All SHAs experienced an increase in rates in 2011/12.

**Table 5.5: Effective exception rates by SHA, 2011/12 (with 2010/11 comparison)**

Strategic Health Authority	Total number of exceptions (thousands) 2011/12	Sum of denominators (thousands) 2011/12	Number (thousands) and per cent		
			(per cent)		Change 2010/11 to 2011/12
			2010/11	2011/12	
<b>England</b>	<b>5,791</b>	<b>97,445</b>	<b>5.4</b>	<b>5.6</b>	<b>0.2</b>
North East	313	5,456	5.2	5.4	0.2
North West	851	14,065	5.6	5.7	0.1
Yorkshire and the Humber	582	10,197	5.2	5.4	0.2
East Midlands	557	8,618	5.7	6.1	0.4
West Midlands	613	11,002	5.0	5.3	0.3
East of England	611	10,547	5.2	5.5	0.3
London	699	12,910	4.9	5.1	0.2
South East Coast	515	7,853	5.8	6.2	0.4
South Central	424	6,855	5.6	5.8	0.2
South West	627	9,942	5.7	5.9	0.2

Individual SHAs do not tend to be associated with relatively low or high exception rates for all indicator groups. There is variation, with individual SHAs may having relatively high exception rates for one indicator group, and relatively low exception rates for another. Table 5.6 illustrates this point for three selected indicator groups. The rank order of each SHA is shown (a rank of 1 denotes the highest exception rate for that indicator group).

- North East SHA has the second highest exception rate for Asthma, but among the lowest for CHD and Diabetes. Potentially, greater variation may be observed for individual indicators.

**Table 5.6: Illustrative exception rates by indicator group and rank by SHA, 2011/12**

Strategic Health Authority	Coronary Heart					
	Asthma		Disease		Diabetes	
	Exception rate	Rank	Exception rate	Rank	Exception rate	Rank
North East	6.8	2	8.9	10	6.3	9
North West	6.0	5	9.4	5	6.9	6
Yorkshire and the Humber	5.0	7	9.4	6	6.2	10
East Midlands	6.5	3	9.6	3	7.6	3
West Midlands	4.3	9	9.2	8	6.6	7
East of England	4.7	8	9.5	4	6.9	5
London	3.3	10	9.0	9	6.4	8
South East Coast	7.1	1	9.8	2	7.9	1
South Central	6.0	4	9.3	7	7.7	2
South West	5.6	6	9.9	1	7.6	4



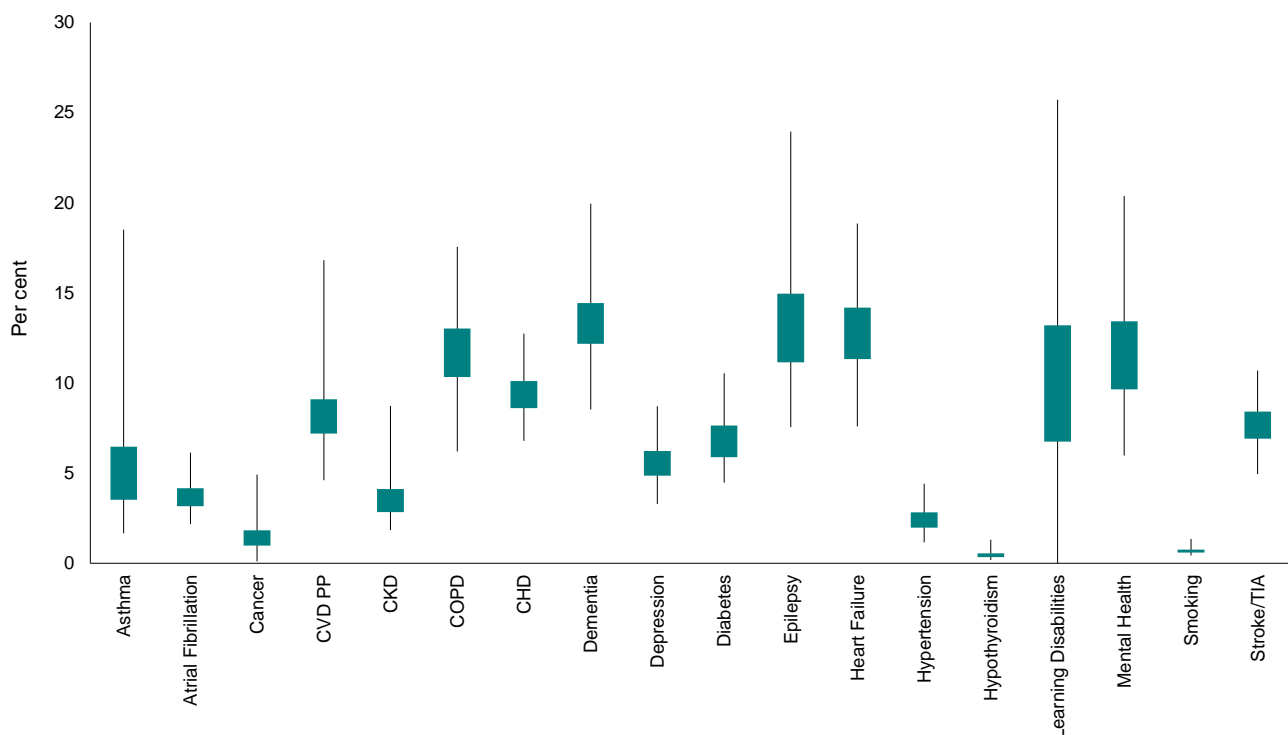
## 5.5 Exception Reporting at PCT Level

Variation is also found in overall exceptions rate (across all indicators) at PCT level.

PCTs will be able to use local information on exception reporting to determine where they lie within the ranges. For example, PCTs may examine how their overall rates reflect differences at practice level and at indicator level, and the extent to which relatively high or low rates are due to small numbers of patients.

Figure 5.1 shows the range of exception rates by PCT and indicator group, presenting minimum and maximum values for PCTs, and inter-quartile ranges.

**Figure 5.1: Exception rates by PCT and indicator group – minimum, maximum and inter-quartile ranges, 2011/12**



## 5.6 Exception Reporting at Practice Level

At practice level, there is variation in overall effective exception rates, table 5.7 and figure 5.2 illustrate this variation.

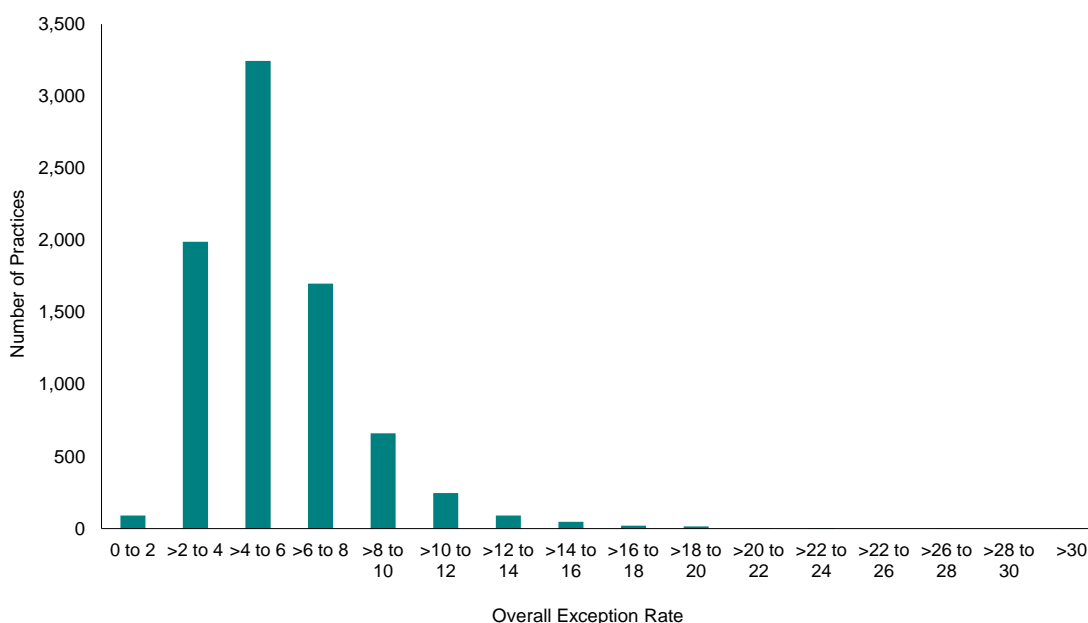
- 95 per cent of practices have an overall exception rate of under 10.1 per cent.
- Over 3,000 practices (almost 40 per cent) had exception rates of between 4 and 6 per cent.

Care should be taken not to draw false inferences from headline figures of exception rates calculated at practice level. For example, rates which appear to be very high (especially at individual indicator level) may simply be a function of very small numbers of patients. Similarly, very low (or zero) rates at indicator level could also result from very small numbers of patients.

**Table 5.7 Distribution of overall effective exception rates at practice level, 2011/12**

Measure	Per cent 2011/12 Exception rate
Minimum	0.0
1st percentile	1.9
5th percentile	2.7
Lower Quartile (25th percentile)	4.0
Median (50th percentile)	5.1
Upper Quartile (75th percentile)	6.7
95th percentile	10.1
99th percentile	14.2
Max	31.6

**Figure 5.2: Frequency distribution of overall effective exception rates by practice, 2011/12**



## 6. Uses and Usage of QOF data

Although collected primarily to support QOF payments, QOF information is valuable for many secondary uses:

- Department of Health – to inform policy and aspects of spending
- SHAs and PCTs – for monitoring, public health analysis (using clinical prevalence data for example), for commissioning etc
- GP practices – to assess performance in context
- Healthcare researchers and by organisations interested in specific care areas (for example diabetes care)
- Public health observatories – especially for prevalence analysis
- General public – reviewing local GP care information

## 7. QOF Links

NHS Employers (for QOF guidance):

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

GMS contract Statement of Financial Entitlements:

[http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Healthcare/Primarycare/PMC/contractingroutes/DH\\_4133079](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Healthcare/Primarycare/PMC/contractingroutes/DH_4133079)

QMAS (Connecting for Health):

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

Primary Care Commissioning:

<http://www.pcc-cic.org.uk/article/qof-business-rules-v230>

### QOF Publications in other UK countries

Scotland:

<http://www.isdscotland.org/Health-Topics/General-Practice/Quality-And-Outcomes-Framework/>

Wales:

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

Northern Ireland:

[http://www.dhsspsni.gov.uk/index/hss/gp\\_contracts/gp\\_contract\\_qof.htm](http://www.dhsspsni.gov.uk/index/hss/gp_contracts/gp_contract_qof.htm)

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