



Health & Social Care
Information Centre

Quality and Outcomes Framework Achievement, prevalence and exceptions data, 2012/13

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Executive Summary

Quality and Outcomes Framework Achievement, prevalence and exceptions data 2012/13

This report provides data for the reporting year April 2012 to March 2013 and covers all General Practices in England which participated in the Quality and Outcomes Framework (QOF) in 2012/13. 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 8,020 practices in 2012/13.

Information in this bulletin is derived from the Quality Management Analysis System (QMAS), a national system developed by the former NHS Connecting for Health (now part of the HSCIC) 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 June 2013 (some practices' QOF achievement would still have been subject to local agreement at this date).

There were changes to the QOF indicators in 2012/13 from 2011/12. 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 2011/12 to 2012/13 should be considered in the context of these changes.

This is the last time that QMAS will provide the source data for the QOF. From 2013/14 onwards data will be collected from practices by the General Practice Extraction Service (GPES)¹ and calculated by the Calculating Quality Reporting Service (CQRS)².

Key Facts

QOF Achievement

Achievement for 2012/13 is presented for 8,020 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 2012/13 compared with 2011/12.
- Average percentage points achievement decreased by 0.8 percentage points to 96.1 per cent in 2012/13.

Summary of overall achievement 2011/12 to 2012/13

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
2011/12	8,123	969.1	96.9	192	2.4	514	6.3
2012/13	8,020	960.8	96.1	294	3.7	719	9.0
Change	-103	-8.2	-0.8	102	1.3	205	2.6

¹ <http://www.hscic.gov.uk/gpes>

² <http://systems.hscic.gov.uk/cqrs>

QOF Prevalence

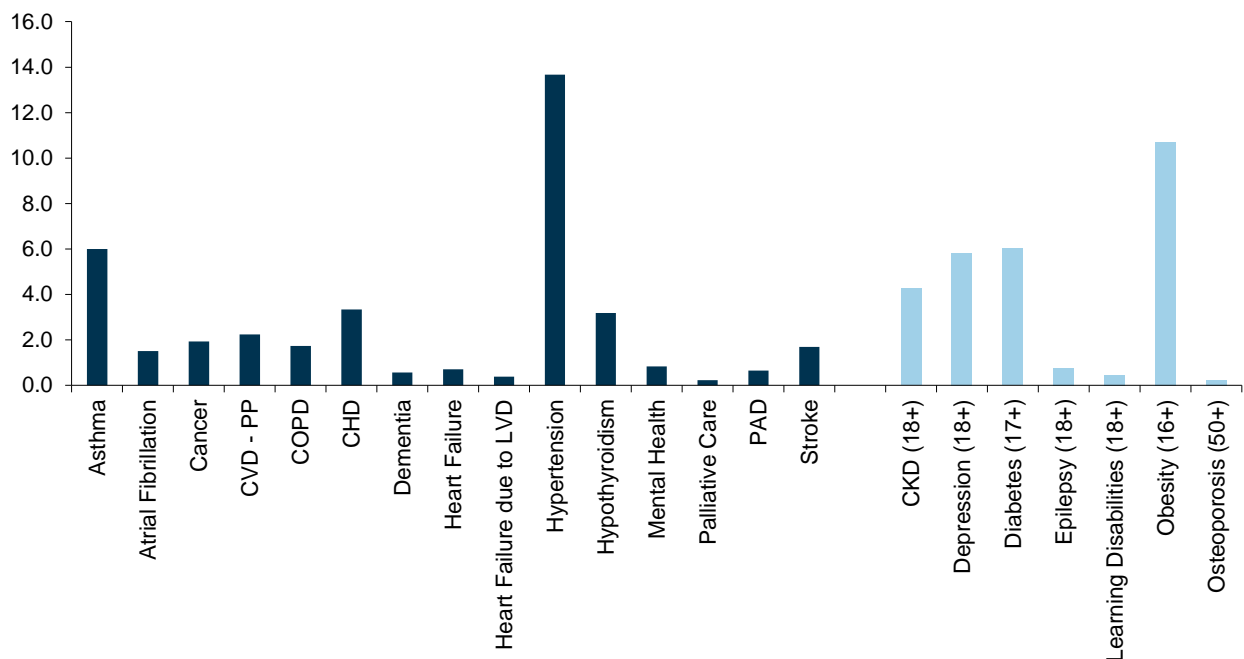
The number of patients on clinical registers can be used to calculate disease prevalence, expressing the number of patients on each register as a percentage of the number of patients on practices' lists.

- Hypertension (13.7 per cent, 7.7 million patients) and asthma (6.0 per cent, 3.4 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.

QOF reported prevalence for depression has reduced considerably compared with 2011/12. This reduction can be attributed to a change in the business rules for the depression register. Previously all patients with a record of unresolved depression at any point in their GP patient record were included on the register. As of April 2012, the register rules were changed to only include patients with a record of unresolved depression since April 2006, resulting in fewer patients on practice depression registers.

Obesity (10.7 per cent, 4.9 million patients 16 and over) and diabetes (6.0 per cent, 2.7 million patients 17 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 in light blue)



QOF Exceptions Reporting

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

- In 2012/13 the overall effective exception rate for England, across all clinical domain indicator groups, was 4.1 per cent, a 1.5 percentage point decrease on 2011/12.
- The main drivers for this overall reduction are changes to the smoking indicators. The new Smoking 07 and Smoking 08 indicators include large numbers of patients in their

respective denominators; this has the impact of reducing the overall exception rate, as the overall denominator is much higher.

Effective exception rates for clinical indicators at individual practice level for 2012/13 show that:

- 95 per cent of practices have an overall exception rate of under 7.0 per cent.
- Over half of practices (over four thousand) had exception rates of between 2 and 4 per cent.

Notes

For all QOF data, consideration must be given to changes to indicators and their definitions each year when interpreting changes from one year to the next. The QOF has undergone several revisions since it was first introduced, with several changes in 2012/13 from 2011/12.

Changes are covered in detail via the following link to the NHS Employers website, [Summary of 2012/13 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 2012/13 QOF measured achievement against 148 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 2012/13, and QOF information from previous years, has been published by the Health and Social Care Information Centre at: <http://www.hscic.gov.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 the former NHS Connecting for Health (now part of the HSCIC). QMAS uses data from general practices to calculate their QOF achievement.

More detailed QOF information for 2012/13, and QOF information from previous years, has been published by the Health and Social Care Information Centre at <http://www.hscic.gov.uk/qof>

1.2 Contents of the QOF

The QOF contains four main components, known as domains. The four domains are: 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 2012/13 QOF measured achievement against 148 indicators; practices scored points on the basis of achievement against each indicator, up to a maximum of 1,000 points. A list of 2012/13 QOF indicators is provided in the Technical Annex.

The QOF has undergone some revisions since it was first introduced, with several changes in 2012/13 from 2011/12. Main changes to the QOF at the start of 2012/13 included the retirement of seven indicators (including five from the Quality and Productivity area), releasing 45 points to fund new and replacement indicators; the introduction of nine new NICE recommended clinical indicators, including two new clinical areas (PAD and Osteoporosis) and additional smoking indicators; the introduction of three new organisational indicators for improving Quality and Productivity which focus on accident and emergency attendances; sixteen other indicators were replaced, either due to changes to indicator wording or coding/business logic changes or to 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 the 2012/13 QOF indicator changes, point and thresholds.*](#)

In 2012/13 the QOF covered the following areas:

Domain	Indicator Group	Number of Indicators	Number of Points
Clinical	Asthma	4	45
	Atrial Fibrillation (AF)	4	27
	Cancer	2	11
	Cardiovascular Disease - Primary Prevention (PP)	2	13
	Chronic Kidney Disease (CKD)	5	36
	Chronic Obstructive Pulmonary Disease (COPD)	5	30
	Dementia (DEM)	3	26
	Depression (DEP)	3	31
	Diabetes Mellitus (DM)	15	88
	Epilepsy	4	14
	Heart Failure (HF)	4	29
	Hypertension (BP)	3	69
	Hypothyroidism	2	7
	Learning Disabilities (LD)	2	7
	Mental Health (MH)	10	40
	Obesity (OB)	1	8
	Osteoporosis : secondary prevention of fragility fractures (OST)	3	9
	Palliative Care (PC)	2	6
	Peripheral Arterial Disease (PAD)	4	9
	Secondary prevention of coronary heart disease (CHD)	7	69
Smoking	4	73	
Stroke and Transient Ischaemic Attack (TIA)	7	22	
Clinical Total		96	669
Organisational	Education and Training	7	28
	Information for Patients	1	2
	Medicines Management	8	36
	Practice Management	7	13.5
	Quality and Productivity	9	99.5
	Records and Information	10	75
Organisational Total		42	254
Patient Experience	Length of Consultations	1	33
Patient Experience Total		1	33
Additional Services	Cervical Screening	4	22
	Child Health Surveillance (CHS)	1	6
	Contraception	3	10
	Maternity Services (MAT)	1	6
Additional Services Total		9	44
Total		148	1,000

2. Changes to the content of the QOF publication

This report provides data for the reporting year April 2012 to March 2013. This is the second time that exceptions data are published alongside achievement and prevalence data, having previously been published in a separate report.

In April 2013 changes to the structure of the NHS came into effect (<http://www.nhs.uk/NHSEngland/thenhs/about/Pages/nhsstructure.aspx>). Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) were abolished and were replaced with organisations such as Clinical Commissioning Groups (CCGs) and NHS England Area Teams (ATs). In addition there are now four NHS England Regions above the Area Teams in the structural hierarchy.

Although data in this report relate to 2012/13 when the previous NHS structure (PCTs/SHAs) was in place, for the benefit of users seeking to establish baselines in the new structure (CCGs/ATs), all sub-national data in this report are presented under the new structure. The accompanying annexes which hold sub-national data are also presented under the new structures. This has been achieved by mapping practice level data to their new parent organisations as defined by data available through the Organisational Data Service (ODS)³. In addition, where sub-national comparisons are made to the previous year, data for the previous year have also been mapped to the new structure. This has been done using a similar mapping technique, with the additional step of using practice postcodes to allocate those practices which were active in 2011/12, but which have since closed, to a CCG.

We acknowledge that there are limitations to this mapping, and in some cases this may result in practices being allocated incorrectly to CCGs. We expect the impact of this to be minimal on the data and we apologise for any inconvenience or confusion caused where this occurs.

We welcome any feedback from users on any aspects of the report which can be submitted to enquiries@hscic.gov.uk.

³ <http://systems.hscic.gov.uk/data/ods/datadownloads/gppractice>

3. Achievement

3.1 Overall Achievement

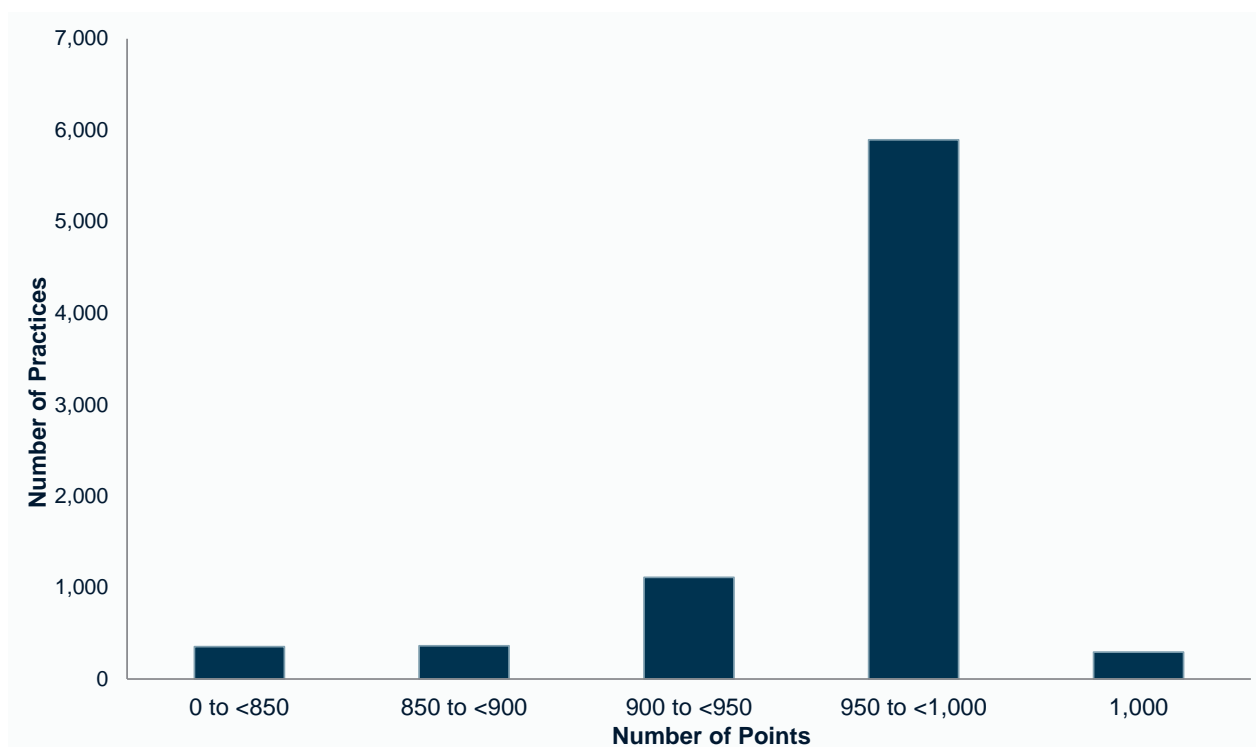
3.1.1 Practice achievement

- In 2012/13, the average points achievement for practices in England decreased in comparison with the previous year, but more practices achieved the maximum score of 1,000 points.
- Average percentage points achievement decreased by 0.8 percentage points to 96.1 per cent in 2012/13.
- These figures reflect a change to the previously established trend of increasing achievement scores, however this will have been influenced by changes to the QOF indicators from 2011/12 to 2012/13.

Table 3.1: Summary of overall achievement 2012/13 to 2012/13

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
2011/12	8,123	969.1	96.9	192	2.4	514	6.3
2012/13	8,020	960.8	96.1	294	3.7	719	9.0
Change	-103	-8.2	-0.8	102	1.3	205	2.6

Figure 3.1: Distribution of the total points achieved by practices in England in 2012/13



3.1.2 Clinical Commissioning Group, Area Team and Region level achievement

For comparability purposes, practice scores from 2011/12 have been mapped to the new NHS structure, allowing for the calculation of CCG, AT and Region level averages.

- Maximum average practice points achievement by Clinical Commissioning Groups (CCGs) increased compared with 2011/12, however minimum average points for CCGs decreased.
- The ranges (the differences between the minimum and maximum values) have increased.

Table 3.2: Summary of average practice achievement by CCG, AT and Region 2011/12 to 2012/13

	Minimum points achievement	Maximum points achievement	Range (max points - min points)	Minimum points percentage	Maximum points percentage	Range (max per cent - min per cent)
Number & per cent						
CCG						
2011/12	912.1	992.0	79.8	91.2	99.2	8.0
2012/13	897.5	993.8	96.3	89.7	99.4	9.6
Area Team						
2011/12	954.4	983.0	28.6	95.4	98.3	2.9
2012/13	929.5	977.7	48.2	93.0	97.8	4.8
Region						
2011/12	956.2	976.6	20.4	95.6	97.7	2.0
2012/13	943.8	970.5	26.7	94.4	97.1	2.7

Note:

2011/12 data has been "mapped" to the new geographical boundaries to allow for historical comparisons to be made.

3.1.3 Domain level achievement

- There were some changes in practice average points achievement across most domains compared with 2011/12. There were changes to the points available in both the clinical and organisational domains.
- Average percentage points achievement was relatively stable compared with 2011/12. The addition of new disease areas (PAD and Osteoporosis) to the clinical domain may have contributed to lower achievement in 2012/13; historically practices improve their achievement for new indicators over time, as they become more proficient at meeting the indicator requirements.

Table 3.3: Domain level average achievement 2011/12 to 2012/13

		Number & per cent				Total QOF
		Clinical	Organisational	Patient Experience	Additional Services	
<i>Points available</i>						
	2011/12	661.0	262.0	33.0	44.0	1000.0
	2012/13	669.0	254.0	33.0	44.0	1000.0
<i>Average points per practice</i>						
	2011/12	641.2	252.5	32.7	42.7	969.1
	2012/13	638.4	247.2	32.6	42.7	960.8
Absolute change		-2.8	-5.3	-0.1	0.0	-8.2
<i>Average percentage points achieved</i>						
	2011/12	97.0	96.4	99.0	97.0	96.9
	2012/13	95.4	97.3	98.7	97.0	96.1
Percentage point change		-1.6	0.9	-0.2	-0.1	-0.8

3.2 Clinical Domain

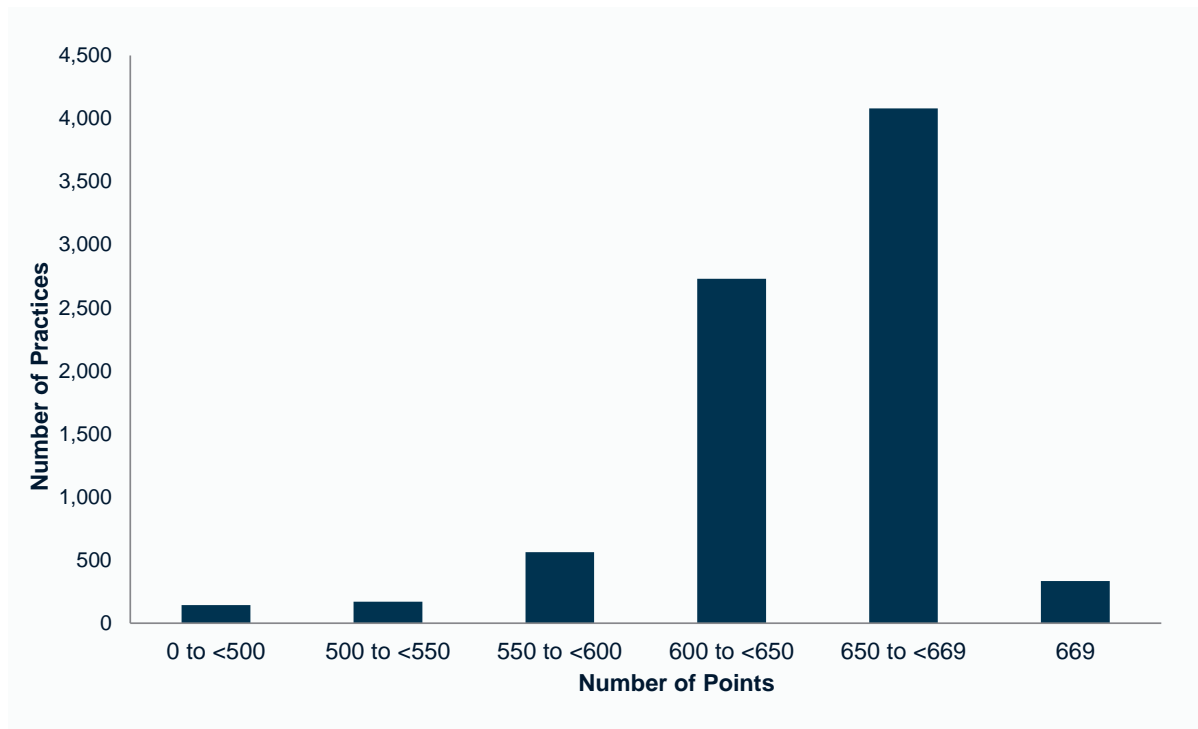
3.2.1 Practice achievement

- Average practice achievement decreased by 2.8 points in 2012/13 and there were 8.0 more points available than during the previous year. Average percentage points achieved decreased by 1.6 percentage points from 2011/12.
- Fewer practices achieved the maximum number of points available in 2012/13 compared with 2011/12. Changes to indicators, and the introduction of new indicators during this period, particularly new disease areas such as PAD and Osteoporosis, is likely to have had an impact on practice achievement.

Table 3.4: Clinical domain achievement 2011/12 to 2012/13

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
2011/12	661.0	641.2	97.0	867	10.7
2012/13	669.0	638.4	95.4	334	4.2
Change	8.0	-2.8	-1.6	-533	-6.5

Figure 3.2: Distribution of the total points achieved in the clinical domain by practice in England in 2012/13



3.2.2 Clinical Commissioning Group, Area Team and Region level achievement

The range of achievement at Region, Area Team, CCG and practice level for the clinical domain is shown in table 3.5. Data for 2011/12 have been mapped to the new structures to allow for comparison. The maximum number of points available in the clinical domain changed from 661.0 in 2011/12 to 669.0 in 2012/13. Three measures are presented for points achieved.

- At practice level, the percentage point difference between the lower and upper quartiles was greater in 2012/13 than in 2011/12, which suggests that for this domain gap between the lower scoring practices and those scoring higher has increased.

Table 3.5: Clinical domain sub-national achievement 2011/12 to 2012/13

	Number & per cent							
	Average Points ¹				Percentage points			
	All Prac	CCG	AT	Region	All Prac	CCG	AT	Region
Median								
2011/12	652.2	643.8	641.8	641.4	98.7	97.4	97.1	97.0
2012/13	652.8	641.9	640.8	638.4	97.6	95.9	95.8	95.4
Lower Quartile								
2011/12	637.7	637.1	648.3	637.5	96.5	96.4	98.1	96.5
2012/13	631.6	632.4	637.2	632.9	94.4	94.5	95.2	94.6
Upper Quartile								
2011/12	658.0	648.3	646.8	644.2	99.5	98.1	97.8	97.5
2012/13	662.7	648.3	645.7	642.9	99.1	96.9	96.5	96.1

¹Maximum points available in this domain in 2011/12 = 661.0 and in 2012/13 = 669.0

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 22 clinical areas within the clinical domain of the QOF.

- Over half the clinical areas showed a reduction in achievement compared with the previous year. Indicators have changed across a number of clinical areas, and these changes may have had an impact across the whole domain.

Table 3.6: Percentage points scored for each clinical area 2011/12 to 2012/13

QOF Clinical Indicator Set	Per cent & percentage point				
	Points available		Percentage points scored		Percentage point change
	2011/12	2012/13	2011/12	2012/13	
Asthma	45	45	98.7	97.2	-1.5
Atrial Fibrillation	27	27	99.1	98.1	-1.0
Cancer	11	11	96.9	96.5	-0.4
Cardiovascular Disease – Primary Prevention	13	13	94.2	93.7	-0.6
Chronic Kidney Disease	38	36	97.0	96.8	-0.2
Chronic Obstructive Pulmonary Disease	30	30	97.2	97.1	-0.1
Coronary Heart Disease	76	69	97.8	98.2	0.4
Dementia	26	26	93.8	92.0	-1.8
Depression	31	31	88.1	89.4	1.2
Diabetes	92	88	97.7	96.1	-1.6
Epilepsy	14	14	92.7	93.2	0.5
Heart Failure	29	29	98.6	98.7	0.1
Hypertension	79	69	99.0	95.8	-3.3
Hypothyroidism	7	7	99.7	99.7	-0.1
Learning Disabilities	7	7	83.5	84.6	1.1
Mental Health	40	40	94.4	94.3	0.0
Obesity	8	8	100.0	100.0	0.0
Osteoporosis: Secondary prevention of fragility fractures	-	9	-	74.5	-
Palliative Care	6	6	92.9	93.8	0.9
Peripheral Arterial Disease(PAD)	-	9	-	89.8	-
Smoking	60	73	99.2	94.6	-4.6
Stroke / Transient Ischaemic Attack	22	22	98.7	98.1	-0.6

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.

- Percentage points achievement decreased across all areas in 2012/13.

Table 3.7: QOF achievement by clinical indicators type by practices in England in 2011/12 and 2012/13

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>					
2011/12	1	1.1	6.0	5.4	90.5
2012/13	1	1.0	6.0	5.4	90.3
<i>Intermediate Outcome (IO)</i>					
2011/12	13	14.9	173.0	170.2	98.4
2012/13	15	15.6	176.0	168.9	96.0
<i>Process measure linked to health outcomes (PD)</i>					
2011/12	16	18.4	129.0	126.3	97.9
2012/13	21	21.9	144.0	136.6	94.9
<i>Process measure (PI)</i>					
2011/12	40	46.0	282.0	268.4	95.2
2012/13	40	41.7	267.0	252.1	94.4
<i>Register (R)</i>					
2011/12	17	19.5	71.0	70.8	99.7
2012/13	19	19.8	76.0	75.4	99.2
Total					
2011/12	87	100.0	661.0	641.2	97.0
2012/13	96	100.0	669.0	638.4	95.4

3.3 Organisational Domain

The organisational domain has the second largest number of points available, 254.0 from a maximum of 1,000. In 2012/13 there were changes to the Quality and Productivity area, with five indicators (worth 28 points) relating to prescribing removed, and three indicators relating to accident and emergency attendance (worth 31 points) introduced. Overall the organisational domain carried eight fewer points than in 2011/12.

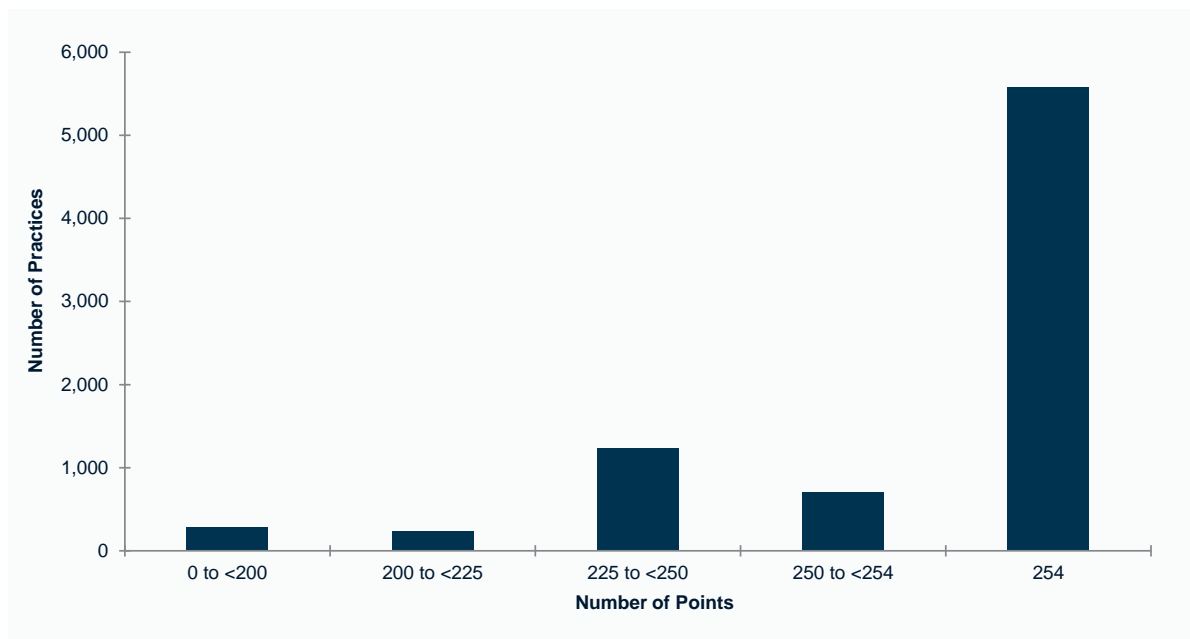
3.3.1 Practice achievement

- With eight fewer points available in 2012/13, average practice achievement decreased by 5.3 points, but average percentage points achievement rose by 0.9 percentage points to 97.3.
- There was an increase in the number of practices achieving the maximum points in this domain, with nearly 70 per cent reaching this level. It is likely that this is linked to the changes in the Quality and Productivity indicators in 2012/13.
- The increase in practices achieving all the organisational domain points, will have contributed to the increase in the number of practices achieving maximum points across all domains (see table 3.1)

Table 3.8: Organisational domain achievement 2011/12 to 2012/13

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
2011/12	262.0	252.5	96.4	789	9.7
2012/13	254.0	247.2	97.3	5,570	69.5
Change	-8.0	-5.3	0.9	4,781	59.7

Figure 3.3: Distribution of the total points achieved in the organisational domain by practices in England 2012/13



3.3.2 Practice, CCG, Area Team and Region level achievement

The range of achievement at Region, Area Team, CCG and practice level for the organisational domain is shown in table 3.9. The number of points available in this domain was reduced from 262.0 in 2011/12 to 254.0 in 2012/13. Three measures are presented for points achieved.

- At practice level the gap between the lower and upper quartiles has decreased in compared with 2011/12. All measures of percentage achievement are higher in 2012/13 compared with the previous year

Table 3.9: Organisational domain sub-national achievement 2011/12 to 2012/13

	Number & per cent							
	Average Points ¹				Percentage points			
	All Prac	CCG	AT	Region	All Prac	CCG	AT	Region
Median								
2011/12	258.5	254.2	254.6	253.2	98.7	97.0	97.2	96.6
2012/13	254.0	249.7	250.0	248.0	100.0	98.3	98.4	97.7
Lower Quartile								
2011/12	253.5	250.4	252.1	250.7	96.8	95.6	96.2	95.7
2012/13	250.0	244.3	245.9	244.7	98.4	96.2	96.8	96.4
Upper Quartile								
2011/12	260.8	257.2	255.9	253.6	99.5	98.2	97.7	96.8
2012/13	254.0	252.3	250.9	248.7	100.0	99.3	98.8	97.9

¹Maximum points available in this domain in 2011/12 = 262.0 and in 2012/13 = 254.0.

3.3.3 Indicator groups within the organisation 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 there were rises in Records & Information and Quality & Productivity groups. Records & Information points available reduced in 2012/13 as one indicator relating to smoking was moved to the clinical domain.

Table 3.10: Organisational domain; percentage of points achieved by indicator group, 2011/12 to 2012/13

	Records & Information	Information for Patients	Education & Training	Practice Management	Medicines Management	Per cent Quality & Productivity
<i>Points available</i>						
2011/12	86	2	28	13.5	36	96.5
2012/13	75	2	28	13.5	36	99.5
<i>Percentage points scored</i>						
2011/12	97.5	98.9	96.8	98.5	98.2	94.3
2012/13	98.6	99.2	96.5	98.5	98.0	96.1
<i>Percentage point change</i>						
	1.2	0.2	-0.3	0.0	-0.1	1.9

3.4 Patient Experience Domain

3.4.1 Practice achievement

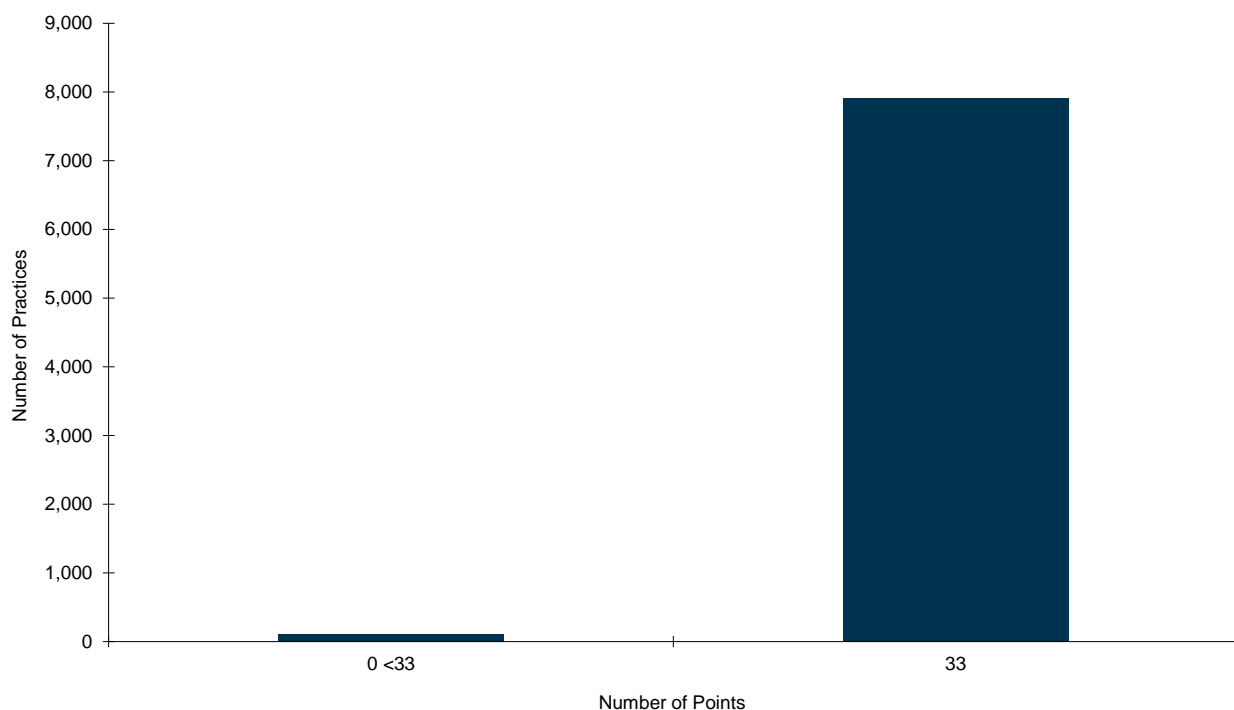
The patient experience domain is the smallest in terms of available points, which remained at 33.0 in 2012/13. There is only one indicator in this domain, relating to the length of consultations.

- There was little change in average points achievement and average percentage points achievement.
- Almost all practices achieved the maximum points, though this was a slight reduction on the previous year. There were no changes to the indicator in this domain in 2012/13.

Table 3.11: Patient experience domain achievement 2011/12 to 2012/13

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
2011/12	33.0	32.7	99.0	8,038	99.0
2012/13	33.0	32.6	98.7	7,917	98.7
Change	0.0	-0.1	-0.2	-121	-0.2

Figure 3.4: Distribution of the total points achieved in the patient experience domain by practices domain by practices in England in 2012/13



3.4.2 Practice, CCG, Area Team and Region level achievement

The range of achievement at Region, Area Team, CCG and practice level for the patient experience domain is shown in table 3.12. Points available in this domain remained at 33.0 in 2012/13. Three measures are presented for points achieved.

- There has been little change in these data compared with the previous year. Achievement in this domain is very high, so there is little scope for improvement.

Table 3.12: Patient experience domain sub-national achievement 2011/12 to 2012/13

	Number & per cent							
	Average Points ¹				Percentage points			
	All Prac	CCG	AT	Region	All Prac	CCG	AT	Region
Median								
2011/12	33.0	33.0	32.8	32.7	100.0	100.0	99.5	99.0
2012/13	33.0	33.0	32.8	32.7	100.0	100.0	99.5	99.0
Lower Quartile								
2011/12	33.0	33.0	32.6	32.5	100.0	100.0	98.9	98.4
2012/13	33.0	32.4	32.6	32.3	100.0	98.2	98.7	97.8
Upper Quartile								
2011/12	33.0	33.0	32.9	32.8	100.0	100.0	99.7	99.4
2012/13	33.0	33.0	32.9	32.8	100.0	100.0	99.7	99.3

¹Maximum points available in this domain in 2011/12 and 2012/13 = 33.0

3.5 Additional Services Domain

The amount of points available in this domain has remained the same since 2012/13, at 44.0 in total from four indicator groups. This represents 4.4 per cent of the total 1,000 points available to practices.

The additional services domain includes areas such as cervical screening, child health surveillance, maternity services and contraceptive services.

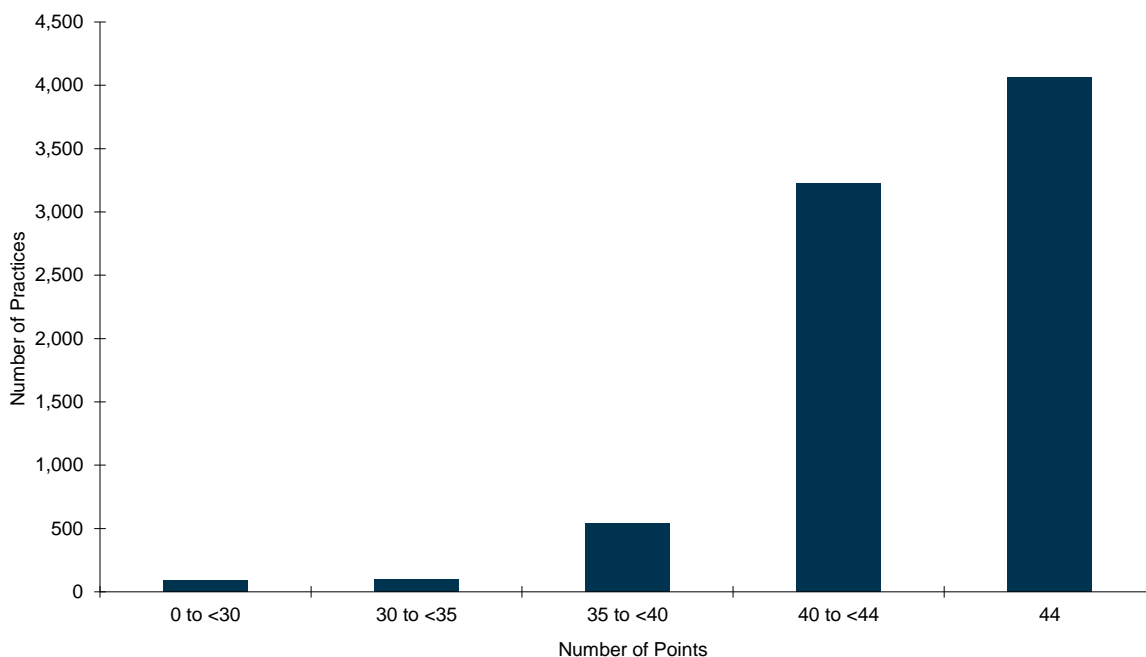
3.5.1 Practice achievement

- The additional services domain has had consistently high achievement for a number of years. More than half of practices achieved the maximum amount of points available.

Table 3.13: Additional services domain achievement 2011/12 to 2012/13

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
2011/12	44.0	42.7	97.0	4,136	50.9
2012/13	44.0	42.7	97.0	4,062	50.6
Change	-	0.0	-0.1	-74	-0.3

Figure 3.5: Distribution of the total points achieved in the additional services domain by practices in England 2011/12 to 2012/13



3.5.2 Practice, CCG, Area Team and Region level achievement

The range of achievement at Region, Area Team, CCG 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 2012/13, both the median and upper quartiles at practice level are at the maximum points score.
- At all levels, scores have remained stable in 2012/13, and reflect the high levels of achievement in this domain.

Table 3.14: Additional services domain sub-national achievement 2011/12 to 2012/13

	Number & per cent							
	Average Points ¹				Percentage points			
	All Prac	CCG	AT	Region	All Prac	CCG	AT	Region
Median								
2011/12	44.0	43.1	43.2	42.9	100.0	98.0	98.1	97.5
2012/13	44.0	43.1	43.1	42.9	100.0	97.9	98.0	97.4
Lower Quartile								
2011/12	42.7	42.4	42.7	42.1	97.0	96.4	97.2	95.6
2012/13	42.6	42.3	42.6	42.1	96.8	96.2	96.7	95.7
Upper Quartile								
2011/12	44.0	43.4	43.3	43.1	100.0	98.7	98.4	98.0
2012/13	44.0	43.5	43.3	43.0	100.0	98.8	98.3	97.8

¹Maximum points available in this domain in 2011/12 and 2012/13 = 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 2012/13

Table 3.15: Additional services domain; percentage points achieved by indicator group 2011/12 to 2012/13

	Cervical Screening	Child Health Surveillance	Maternity Services	Per cent Contraceptive Services
<i>Points available</i>				
2011/12	22	6	6	10
2012/13	22	6	6	10
<i>Percentage points scored</i>				
2011/12	97.6	97.0	98.8	94.8
2012/13	97.3	97.4	99.0	94.7
<i>Percentage point change</i>				
	-0.2	0.3	0.2	-0.1

4. Prevalence

4.1 Definition of prevalence

For 21 of the 22 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 2012/13 is based on the 8,020 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.

Seven clinical areas of the QOF are based on registers that relate to specific age groups. Osteoporosis registers are based on patients aged 50+; 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 seven clinical areas, alternative calculations, based on estimates of appropriate age-banded list size information, were used to derive more accurate prevalence rates for these seven clinical areas (see [section 4.3](#))

4.2 National QOF prevalence rate – 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 2012/13 compared with the previous year.
- The 31.6 per cent increase in the number of patients on the Cardiovascular Disease – Primary Prevention⁴ register, must be considered in the context that this register is cumulative of new hypertension diagnoses since April 2009, and therefore these seemingly dramatic increases in patient numbers are expected. Similarly, the cancer register only includes those patients with a diagnosis since April 2003.

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

Clinical Area (age group)	Number of patients (thousands)				Number and per cent		
	2011/12	2012/13	Change (2011/12 to 2012/13)	Per cent change (2011/12 to 2012/13)	Per cent of patients		
					2011/12	2012/13	Change (2011/12 to 2012/13)
Asthma	3,296	3,359	63	1.9	5.9	6.0	0.0
Atrial Fibrillation	823	849	27	3.3	1.5	1.5	0.0
Cancer	983	1,082	99	10.0	1.8	1.9	0.2
Cardiovascular Disease - Primary Prevention	953	1,254	301	31.6	1.7	2.2	0.5
Chronic Obstructive Pulmonary Disease	939	975	36	3.9	1.7	1.7	0.1
Coronary Heart Disease	1,876	1,870	-5	-0.3	3.4	3.3	0.0
Dementia	294	319	25	8.5	0.5	0.6	0.0
Heart Failure	395	398	2	0.6	0.7	0.7	0.0
Heart Failure due to LVD ¹	214	214	0	-0.2	0.4	0.4	0.0
Hypertension	7,568	7,660	92	1.2	13.6	13.7	0.1
Hypothyroidism	1,732	1,789	57	3.3	3.1	3.2	0.1
Mental Health	453	471	18	4.1	0.8	0.8	0.0
Palliative Care	113	130	17	15.1	0.2	0.2	0.0
Peripheral Arterial Disease(PAD)	-	365	-	-	-	0.7	-
Stroke	964	951	-13	-1.3	1.7	1.7	0.0
Total list size for QOF practices	55,526	56,012	486	0.9	-	-	-

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

⁴ 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 1st April 2009), excluding those with pre-existing CHD, diabetes and stroke/TIA

4.3 National QOF prevalence rate – where registers are age-specific

Seven clinical areas within the QOF (chronic kidney disease, depression, diabetes, epilepsy, learning disabilities, obesity and osteoporosis) are based on clinical registers that relate to specific age groups. Osteoporosis registers are based on patients aged 50+; 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+.

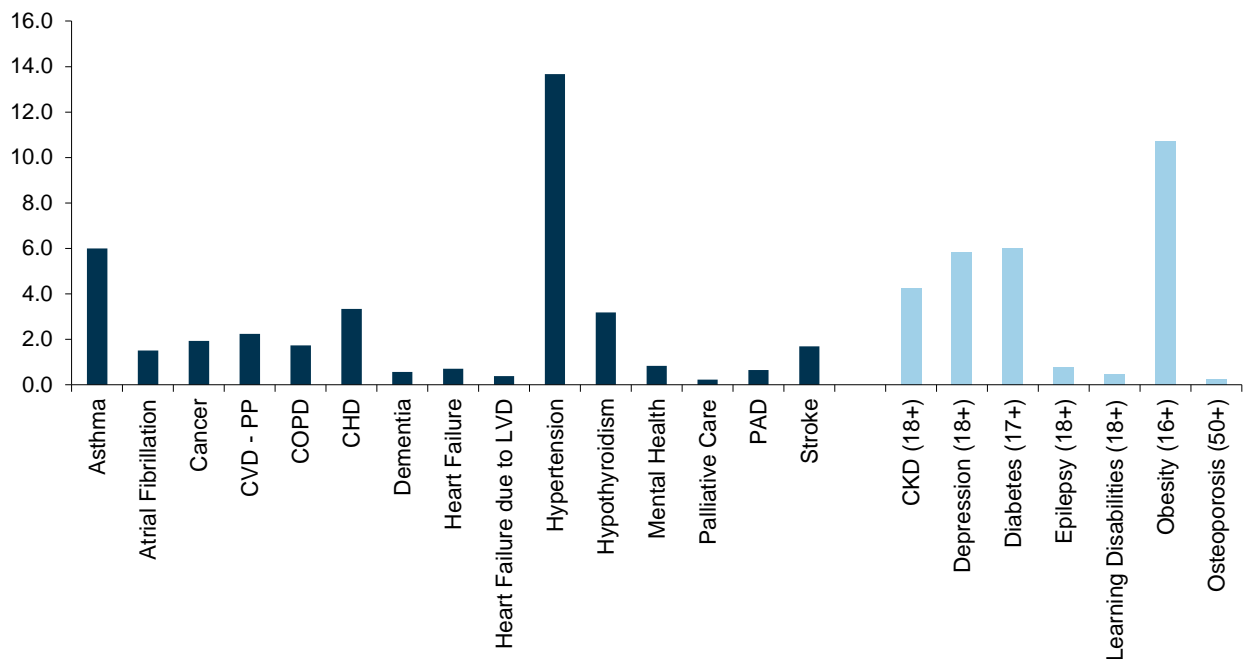
QOF list size information available from QMAS does not include a breakdown by age band. In order to calculate a prevalence rate for these seven clinical areas, based on the appropriate age-specific list sizes, it is necessary to use age-banded list sizes from an external data source. Further details on the data and methods used to calculate age-specific rates are available in the Technical Annex.

- For the age specific registers, most rates have remained static in 2012/13, but the rate for Depression shows a notable decrease. This reduction can be attributed to a change in the business rules for the depression register. Previously, all patients with a record of unresolved depression at any point in their GP patient record were included on the register. As of April 2013, the register rules were changed to only include patients with a record of unresolved depression since April 2006. As a result, fewer patients are included on the register, thus reducing the reported prevalence.
- Diabetes is the only age specific-disease area to show an increase in reported prevalence in 2012/13, rising by 0.3 percentage points. However it should be noted that the diabetes register was expanded from April 2012 to include all types of diabetes (except gestational diabetes), having previously only included patients with type 1 or type 2 diabetes. The rate of increase in the register for 2012/13 of 5.3 per cent, is slightly higher than the previous year (4.5 per cent).

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

Clinical Area (age group)	Number and per cent						
	Number of patients (thousands)				Per cent of patients		
	2011/12	2012/13	Change	Per cent change	2011/12	2012/13	Change
Osteoporosis: secondary prevention of fragility fractures (50+)	-	48	-	-	-	0.2	-
50+ list size for QOF practices	-	19,509	-	-	-	-	-
Chronic Kidney Disease (18+)	1,874	1,882	8	0.4	4.3	4.3	0.0
Depression (18+)	5,124	2,582	-2,542	-49.6	11.7	5.8	-5.8
Epilepsy (18+)	341	345	4	1.1	0.8	0.8	0.0
Learning Disabilities (18+)	199	206	7	3.6	0.5	0.5	0.0
18+ list size for QOF practices	43,855	44,235	380	0.9	-	-	-
Diabetes (17+)	2,566	2,703	137	5.3	5.8	6.0	0.3
17+ list size for QOF practices	44,570	44,947	378	0.8	-	-	-
Obesity (16+)	4,867	4,895	28	0.6	10.7	10.7	0.0
16+ list size for QOF practices	45,285	45,660	375	0.8	-	-	-

Figure 4.1: England raw prevalence rates for all QOF registers (age-specific in light blue)



4.4 Variation in QOF prevalence rates

The distribution of prevalence at practice level for 2012/13 is shown in figure 4.2 for non age-specific indicators, and figure 4.3 for the age-specific indicators. Variation at CCG level is shown in figures 4.4 and 4.5.

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, Region, Area Team and CCG totals as the absence of age-specific list sizes for these practices has a negligible impact on these aggregated prevalence rates.

The blue 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 higher 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. Particularly high or low prevalence rates may result from practices with low numbers of patients.
- 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, 2012/13

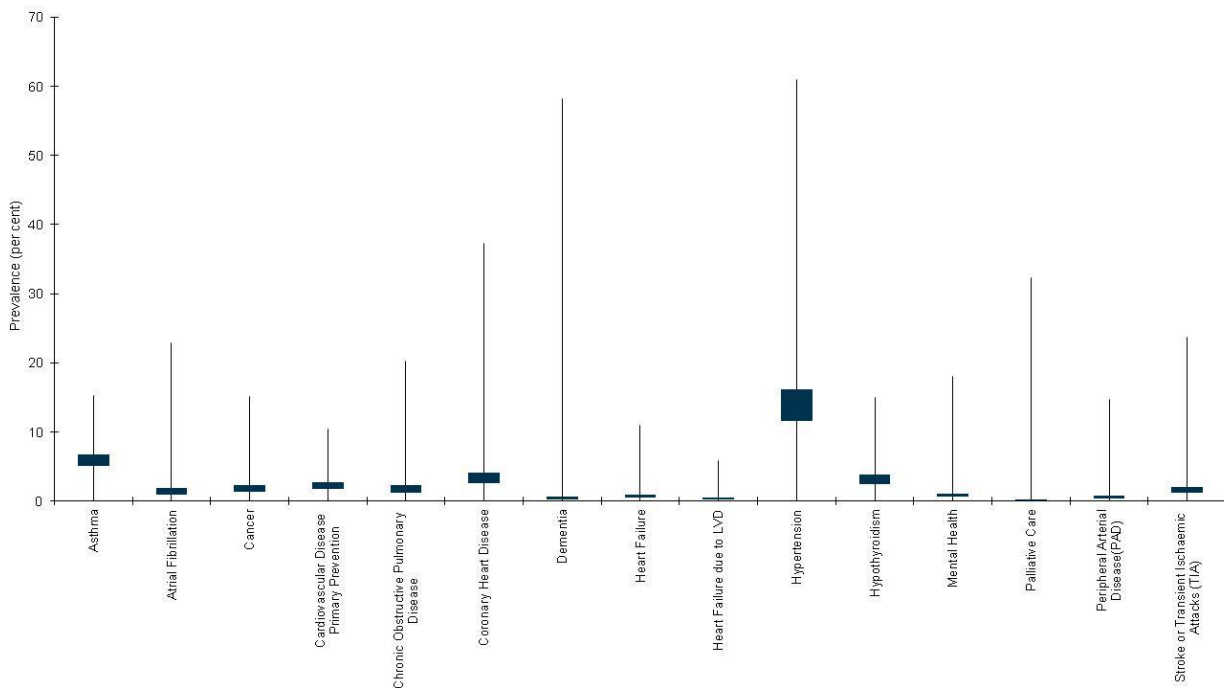
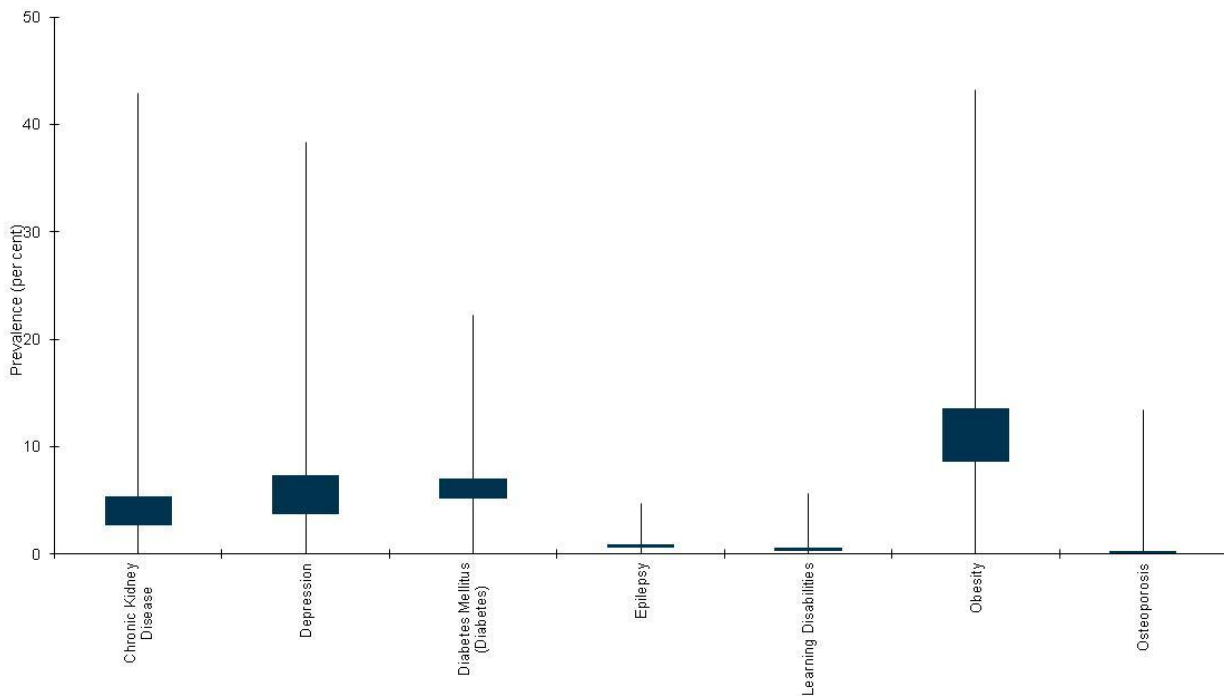


Figure 4.3: Variation in practice raw prevalence rates (per cent) for QOF registers that are based on age specific groups, 2012/13



4.4.2 Variation among CCG 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 CCG raw prevalence rates (per cent) for QOF registers that are based on all ages, 2012/13

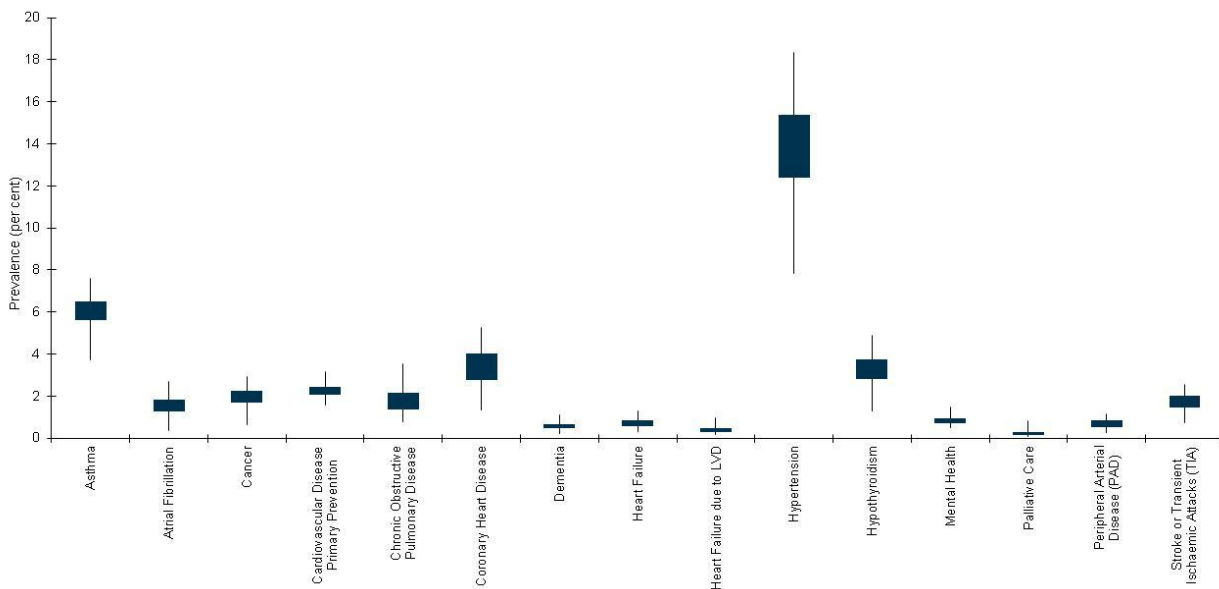
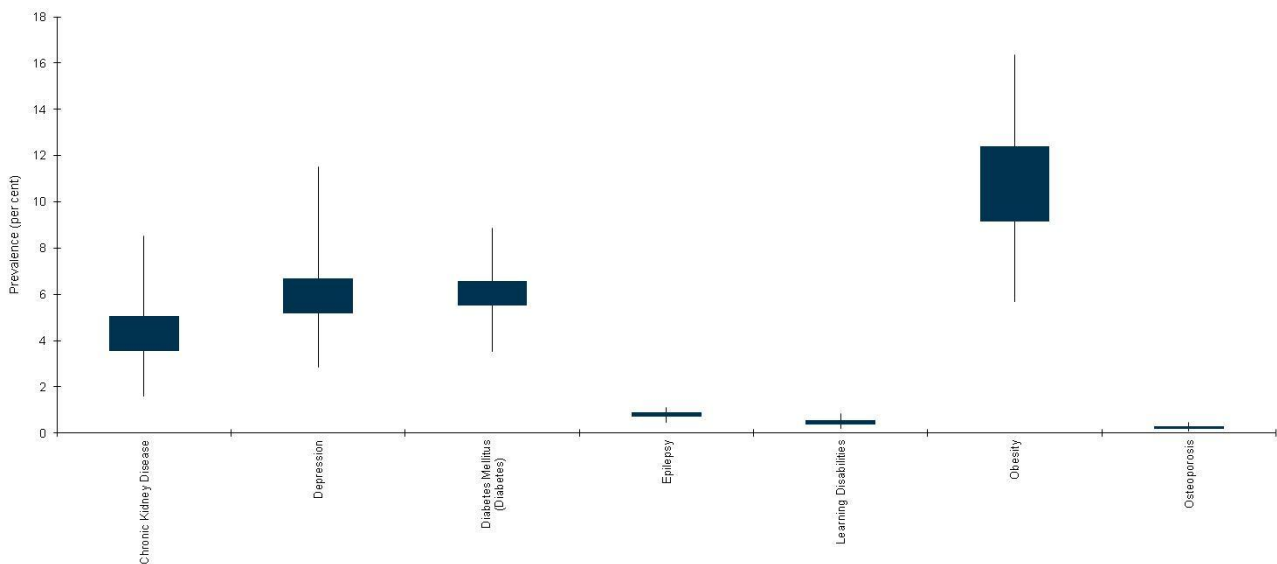


Figure 4.5: Variation in CCG raw prevalence rates (per cent) for QOF registers that are based on specific age groups, 2012/13



5. Exceptions

5.1 Exceptions reporting by indicator group

Table 5.1 shows effective exception rates for 20 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 via QMAS (see Technical Annex for further details). In 2012/13 eleven practices were unable to submit exceptions data via QMAS. For consistency with the rest of this report and the published annexes, exceptions rates reported in this section include data for all practices. This means that for those practices which do not submit any exceptions, their indicator denominators are still included in the exception calculations (see method below). This has the impact of slightly reducing the exception rates. However, the impact of this is minimal with an impact of less than 0.01 of a percentage point on the national level exception rate. At Area Team level (where only seven of 25 are affected), the biggest impact is less than 0.05 of a percentage point of overall exception rates.

Exception rates are calculated as follows;

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

- After remaining steady at around five and a half per cent from 2009/10 to 2011/12, the overall effective exception rate for England has decreased in 2012/13. The apparently notable reduction is attributed to the inclusion of new smoking indicators in 2012/13. As most patients aged 15+ (46 million) are included in the denominator for the new Smoking 07 indicator, this has the impact of reducing the overall exception rate. The total of all denominators for Smoking indicators are much higher than previously (69 million compared with 14 million in 2011/12).
- In spite of the decrease in the overall rate, increases were apparent across the majority of clinical indicator groups, with the most notable increases seen in Atrial Fibrillation, Mental Health and Asthma. These disease areas all had new exception codes added in 2012/13 following changes to the indicators.

Table 5.1: Exception rates by indicator group, 2012/13 (with 2011/12 comparison)

Indicator Group	Number (thousands) and per cent				
	Total number of exceptions (thousands) 2012/13	Sum of denominators (thousands) 2012/13	Exception rate (per cent)		Change 2011/12 to 2012/13
			2011/12	2012/13	
Asthma	280	3,995	5.3	6.6	1.2
Atrial Fibrillation	120	1,345	3.6	8.2	4.6
Cancer	3	164	1.5	1.5	0.0
Cardiovascular Disease Primary Prevention	97	1,459	8.2	6.2	-2.0
Chronic Kidney Disease	211	5,577	3.7	3.6	-0.1
Chronic Obstructive Pulmonary Disease	361	2,763	11.8	11.6	-0.2
Coronary Heart Disease	902	8,545	9.4	9.5	0.1
Dementia	49	353	13.4	12.2	-1.2
Depression	262	4,712	5.7	5.3	-0.4
Diabetes Mellitus (Diabetes)	2,516	32,819	6.9	7.1	0.2
Epilepsy	109	670	13.5	14.0	0.5
Heart Failure	75	552	13.0	12.0	-1.0
Hypertension	428	14,891	2.5	2.8	0.3
Hypothyroidism	8	1,781	0.5	0.5	0.0
Learning Disabilities	1	12	9.7	10.0	0.3
Mental Health	403	2,199	11.8	15.5	3.6
Osteoporosis: Secondary prevention of fragility fractures	6	42	-	12.8	-
Peripheral Arterial Disease(PAD)	132	965	-	12.0	-
Smoking	387	69,783	0.7	0.6	-0.1
Stroke or TIA	369	4,424	7.8	7.7	-0.1
All Clinical Indicator Groups	6,720	157,052	5.6	4.1	-1.5

5.2 Exception reporting by indicator

Effective exception rates for England were calculated for the 76 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.

- CHD 10, CHD 14, Epilepsy 09, Heart Failure 04 and Mental Health 16 were also among the 10 indicators with the highest exceptions rates during 2011/12.
- Atrial Fibrillation 07, Depression 07, Dementia 04, Mental Health 19 and Mental Health 20 were new indicators in 2012/13. The numbers of patients qualifying for new exception reporting codes in some of these disease areas have contributed to their overall increase in exception rates.
- Exceptions by NICE indicator types are discussed in section 5.3

Table 5.2: Exception rates by indicator (highest ten), 2012/13 (with 2011/12 comparison)

Indicator	Total number of exceptions 2012/13	Sum of denominators 2012/13	Exception rate (per cent)		Change 2011/12 to 2012/13	NICE Indicator type
			2011/12	2012/13		
Mental Health 19	151	163	-	48.1	-	PI
Epilepsy 09	34	55	36.7	37.9	1.2	PI
Dementia 04	25	59	-	30.0	-	PI
Heart Failure 04	47	129	29.0	26.6	-2.4	PD
Mental Health 20	74	240	-	23.5	-	PI
CHD 14	22	74	24.3	22.9	-1.4	PD
Depression 07	93	336	-	21.7	-	PI
CHD 10	383	1,487	20.2	20.5	0.3	PD
Atrial Fibrillation 07	95	382	-	20.0	-	PD
Mental Health 16	24	108	17.3	18.1	0.8	PD

- The impact of the introduction of the Smoking 07 and Smoking 08 indicators is apparent in table 5.3. The large numbers of patients in the denominators for these new indicators (46 million and 9 million respectively) contribute to the reduction in the overall exception rate in 2012/13. Smoking 05 and Smoking 06 replaced Smoking 03 and Smoking 04 in 2012/13 and the exception rates are comparable.
- Exceptions by NICE indicators type are discussed in section 5.3

Table 5.3: Exception rates by indicator (lowest ten), 2012/13 (with 2011/12 comparison)

Indicator	Total number of exceptions 2012/13	Sum of denominators 2012/13	Exception rate (per cent)		Change 2011/12 to 2012/13	NICE Indicator type
			2011/12	2012/13		
Atrial Fibrillation 05	19	775	-	2.4	-	PI
Dementia 22	56	2,647	2.0	2.1	0.1	PI
Cancer 03	3	164	1.5	1.5	0.0	PI
Hypertension 04	108	7,551	1.2	1.4	0.2	PI
Smoking 08	98	9,090	-	1.1	-	PD
Smoking 06	19	2,033	-	0.9	-	PD
Smoking 05	83	12,285	-	0.7	-	PI
CKD 02	12	1,870	0.6	0.6	0.0	PI
Hypothyroidism 02	8	1,781	0.5	0.5	0.0	PI
Smoking 07	186	46,375	-	0.4	-	PI

5.3 Exceptions reporting by type of indicator

Table 5.4 presents a summary of 2012/13 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 five indicators classified as process measures directly linked to health outcomes (PD) and five classed as process measures indirectly linked to health outcomes (PI).

Table 5.4: QOF achievement and exception rates by clinical indicator type in 2012/13 (with 2011/12 comparison)

Indicator Category	Number of indicators	Points Available	Exception rate (per cent)
<i>Health Outcome</i>			
2011/12	1	6.0	16.8
2012/13	1	6.0	17.7
<i>Intermediate Outcome</i>			
2011/12	13	173.0	6.4
2012/13	15	176.0	6.9
<i>Process measure linked to health outcomes</i>			
2011/12	16	129.0	9.7
2012/13	21	144.0	7.2
<i>Process measure</i>			
2011/12	40	282.0	3.8
2012/13	39	267.0	2.4
<i>Register¹</i>			
2011/12	17	71.0	-
2012/13	19	76.0	-
Total			
2011/12	87	661.0	5.6
2012/13	95	669.0	4.1

¹There is no exception reporting for registers

5.4 Exception reporting at Area Team level

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

- London, Thames Valley and Arden, Herefordshire and Worcestershire Area Teams have the lowest overall exception rates, with Lancashire and Wessex Area Teams reporting the highest rates.
- All Area Teams experienced a decrease in rates in 2012/13. This decrease can be linked to the addition of the Smoking 07 and 08 indicators, and the associated large numbers of patients in these denominators.
- Table 5.6 demonstrates that some Area Teams report some of the highest exception rates for certain indicator groups, but much lower for other groups (e.g. Merseyside, ranked 1 for Asthma but 14 for Diabetes). Others, such as Wessex, are ranked highly (so have amongst the highest rates) for all groups shown here, whereas London is ranked low (meaning it has amongst the lowest exception rates), for the three groups shown below.

Table 5.5: Effective exception rates by Area Team, 2012/13 (with 2011/12 comparison)

Area Team	Total number of exceptions 2012/13	Sum of denominators 2012/13	Exception rate (per cent)		Change 2011/12 to 2012/13
			2011/12	2012/13	
England	6,720	157,052	5.4	4.1	-1.3
Cheshire, Warrington and Wirral	178	3,717	5.9	4.6	-1.4
Cumbria, Northumberland, Tyne and Wear	267	6,238	5.4	4.1	-1.3
Durham, Darlington and Tees	168	3,787	5.6	4.2	-1.4
Greater Manchester	328	8,281	5.3	3.8	-1.5
Lancashire	226	4,599	6.1	4.7	-1.5
Merseyside	176	3,858	5.8	4.4	-1.4
North Yorkshire and Humber	211	5,005	5.5	4.0	-1.4
South Yorkshire and Bassetlaw	189	4,601	5.2	4.0	-1.2
West Yorkshire	286	6,902	5.6	4.0	-1.6
Arden, Herefordshire and Worcestershire	183	4,857	5.0	3.6	-1.4
Birmingham and the Black Country	310	7,721	5.1	3.9	-1.2
Derbyshire and Nottinghamshire	276	5,967	6.2	4.4	-1.7
East Anglia	322	7,165	5.9	4.3	-1.6
Essex	195	5,129	5.1	3.7	-1.5
Hertfordshire and the South Midlands	302	7,389	5.6	3.9	-1.7
Leicestershire and Lincolnshire	254	5,418	5.9	4.5	-1.4
Shropshire and Staffordshire	214	4,729	5.9	4.3	-1.5
London	827	22,326	5.1	3.6	-1.6
Bath, Gloucestershire, Swindon and Wiltshire	197	4,174	6.0	4.5	-1.5
Bristol, North Somerset, Somerset and South Gloucestershire	190	4,183	5.5	4.3	-1.2
Devon, Cornwall and Isles of Scilly	245	5,215	5.9	4.5	-1.4
Kent and Medway	225	5,058	5.9	4.3	-1.6
Surrey and Sussex	364	7,596	6.4	4.6	-1.8
Thames Valley	204	5,394	5.3	3.6	-1.6
Wessex	385	7,745	6.4	4.7	-1.6

Table 5.6: Illustrative exceptions by indicator group and rank by Area Team, 2012/13

Area Team	Asthma		Coronary Heart Disease		Diabetes	
	Exception rate	Rank	Exception rate	Rank	Exception rate	Rank
Cheshire, Warrington and Wirral	8.0	6	10.2	7	7.7	7
Cumbria, Northumberland, Tyne and Wear	7.6	7	9.2	14	6.7	17
Durham, Darlington and Tees	8.9	3	8.7	24	6.8	16
Greater Manchester	6.2	18	8.3	25	6.5	21
Lancashire	7.3	10	10.4	5	8.1	5
Merseyside	9.3	1	9.9	11	7.0	14
North Yorkshire and Humber	6.6	15	10.3	6	6.4	22
South Yorkshire and Bassetlaw	6.9	14	9.3	13	6.2	25
West Yorkshire	6.1	19	8.8	23	6.6	19
Arden, Herefordshire and Worcestershire	4.4	24	8.9	21	6.7	18
Birmingham and the Black Country	4.7	23	9.1	18	6.5	20
Derbyshire and Nottinghamshire	7.5	8	10.1	9	7.5	11
East Anglia	6.9	13	10.5	4	7.4	12
Essex	5.4	22	9.2	15	6.2	24
Hertfordshire and the South Midlands	5.9	20	9.2	16	7.3	13
Leicestershire and Lincolnshire	7.5	9	9.3	12	7.7	8
Shropshire and Staffordshire	6.3	17	10.1	10	7.6	10
London	3.9	25	9.0	20	6.4	23
Bath, Gloucestershire, Swindon and Wiltshire	7.1	12	10.2	8	8.2	2
Bristol, North Somerset, Somerset and South Gloucestershire	6.6	16	9.2	17	8.2	3
Devon, Cornwall and Isles of Scilly	7.2	11	10.8	1	7.8	6
Kent and Medway	8.9	4	9.1	19	7.6	9
Surrey and Sussex	8.8	5	10.6	2	8.1	4
Thames Valley	5.5	21	8.9	22	6.9	15
Wessex	9.2	2	10.5	3	8.8	1

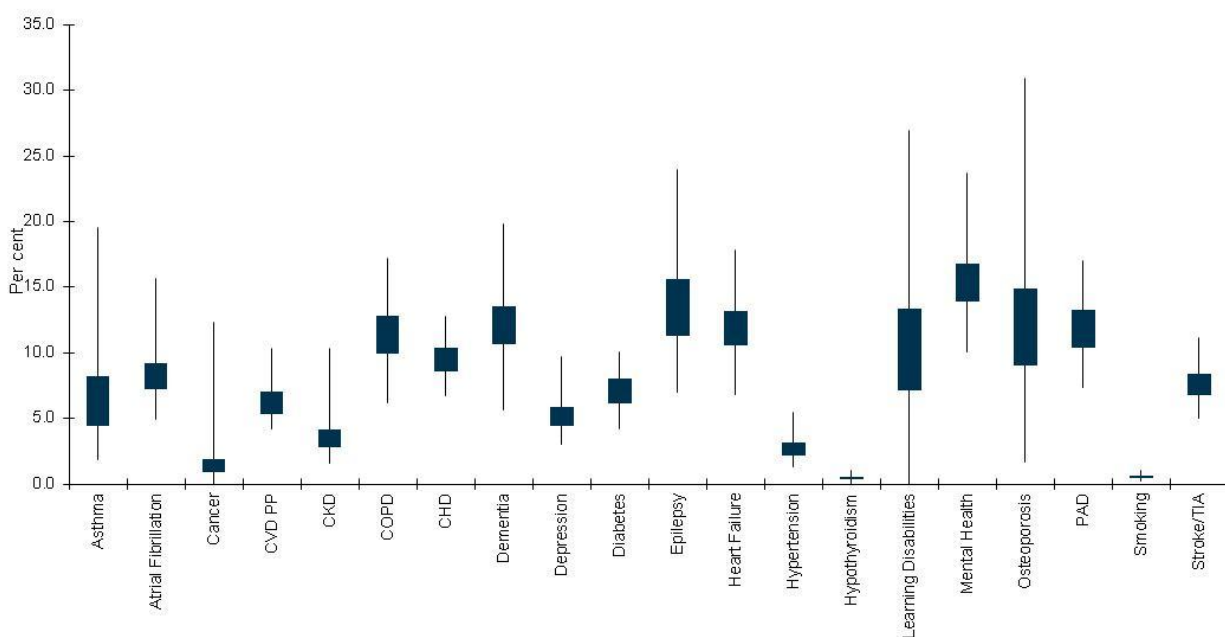
5.5 Exception reporting at CCG level

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

CCGs will be able to use local information on exception reporting to determine where they lie within the ranges. For example, CCGs 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 CCG and indicator group, presenting minimum and maximum values for CCGs, and inter-quartile ranges.

Figure 5.1: Exception rates by CCG and indicator group – minimum, maximum and inter-quartile ranges, 2012/13



5.6 Exceptions 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.

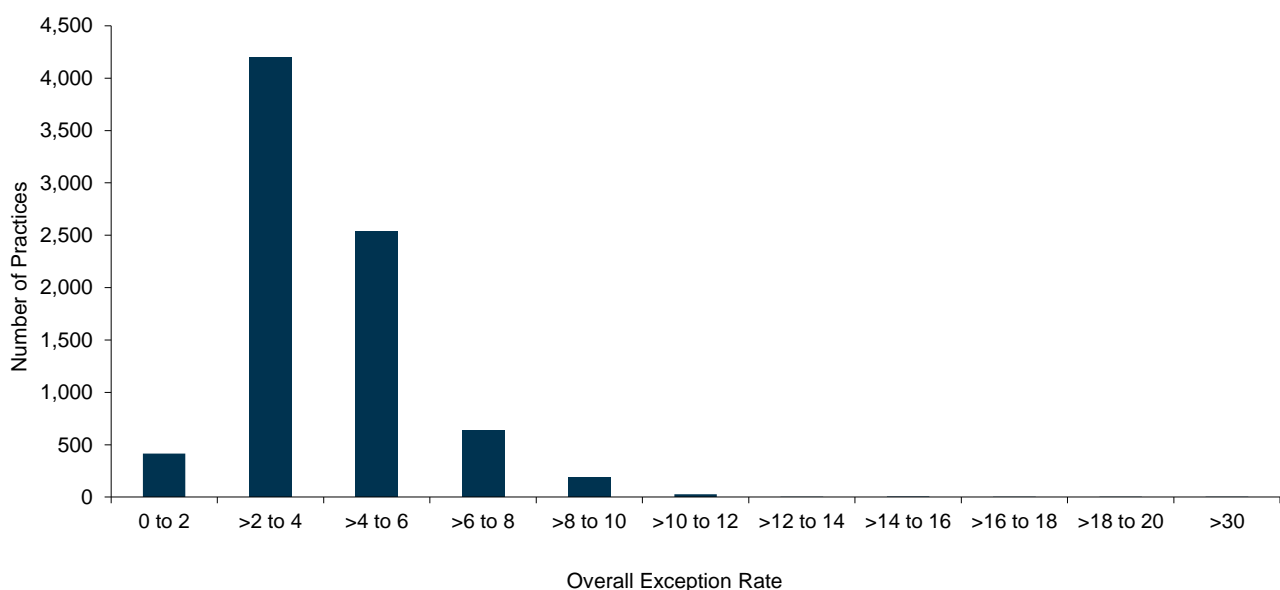
- 95 per cent of practices have an overall exception rate of 7.0 per cent or under.
- Over 4,000 practices (more than half) had exception rates of between 2 and 4 per cent.

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, 2012/13

Measure	2012/13 Exception rate
Minimum	0.0
1st percentile	1.4
5th percentile	2.0
Lower Quartile (25th percentile)	2.9
Median (50th percentile)	3.7
Upper Quartile (75th percentile)	4.8
95th percentile	7.0
99th percentile	9.3
Max	50.0

Figure 5.2: Frequency distribution of overall effective exception rates by practice, 2012/13



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
- Regions, Area Teams and CCGs– 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

QOF online database:

<http://www.qof.hscic.gov.uk/>

NHS Employers (for QOF guidance):

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

GMS contract Statement of Financial Entitlements:

http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Healthcare/Primarycare/PMC/contractingroutes/DH_4133079

QMAS:

<http://systems.hscic.gov.uk/qmas>

Primary Care Commissioning:

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

GPES:

<http://www.hscic.gov.uk/gpes>

CQRS:

<http://systems.hscic.gov.uk/cqrs>

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