Quality and Outcomes Framework – Prevalence, Achievements and Exceptions Report

England, 2016-17

Published 26 October 2017

This publication provides data for the reporting year April 2016 to March 2017 and covers all General Practices in England that participated in the Quality and Outcomes Framework (QOF) in 2016-17.

Key findings

QOF prevalence

- The highest prevalence rates are for hypertension (13.8 per cent), obesity (9.7 per cent) and depression (9.1 per cent).

- The conditions with the greatest change in prevalence from 2015-16 are depression (increased by 0.8 percentage points) and obesity (increased by 0.2 percentage points)[1].

QOF achievement

- The average achievement score for practices was 534.0 points out of 559.

- 883 practices achieved the maximum of 559 points (this was 11.9 per cent of practices in 2016-17). 640 practices achieved the maximum of 559 points in 2015-16 (this was 8.4 per cent of practices).

QOF exceptions

- The indicator group with the highest exception rate is cardiovascular disease at 32.3 per cent overall.

- The indicator group with the lowest exception rate is blood pressure at 0.5 per cent overall.

1. Figures for 2015-16 have been recalculated based on the practices included in the 2016-17 release only

Contents

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These data are collected primarily to support QOF payments to general practices. They are calculated from the achievement scores allocated to each indicator. The QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.

This publication may be of interest to General Practitioners, members of the public and other stakeholders to make local and national comparisons and gain a picture of GP service provision and service quality for participating practices in England.

1.0 Introduction to the Quality and Outcomes Framework (QOF)

This publication provides data for the reporting year 1 April 2016 to 31 March 2017 and covers all General Practices in England that participated in the Quality and Outcomes Framework (QOF) in 2016-17. Participation by practices in the QOF is voluntary, though participation rates are very high at 95.4 per cent.

1.1 Overview of the QOF

The Quality and Outcomes Framework (QOF) was introduced as part of the 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.

Further information, including the QOF data and definitions, is available in the spreadsheets, .csv files, technical and data quality/frequently asked questions annex files that accompany this report at http://digital.nhs.uk/pubs/qof1617. Additional information is also available from the NHS Employers webpages[1]

QOF information from previous years has been published by NHS Digital and is available at http://content.digital.nhs.uk/qof and https://qof.digital.nhs.uk/

1.2 Feedback

We welcome your feedback for this report. Any comments or suggestions for improvements are welcomed and can be submitted via the 'Have your say' link on the publication webpage http://content.digital.nhs.uk/qof or by email to: enquiries@nhsdigital.nhs.uk

1.3 Comparison

The outputs in this publication present data from both the current reporting year and the previous reporting year. The aggregated (i.e. non-practice level) figures presented for 2015-16 in this release will not match those published in 2015-16, as all the following figures have been recalculated using practice level data that can be mapped to current NHS geographies.

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[1] http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/quality-and-outcomes-framework

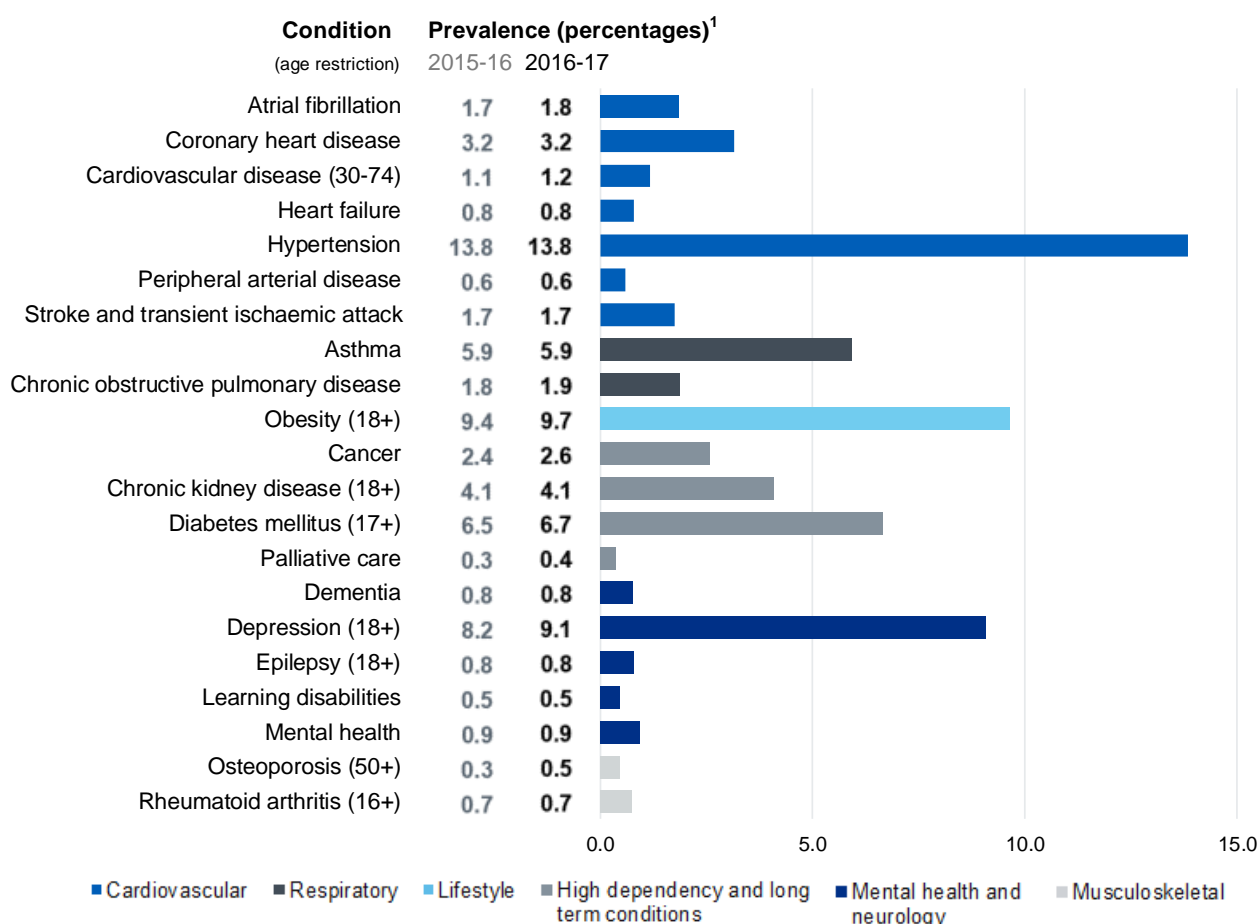# 2.0 Overview of QOF prevalence, achievement and exceptions

2.1 QOF prevalence

This records the proportions of patients at GP practices with health conditions as defined by QOF indicators.

- Of the conditions recorded in QOF, hypertension, obesity and depression are the most prevalent (figure 2.1).

- Of the conditions which can be compared year-on-year, depression and obesity exhibit the greatest changes between 2015-16 and 2016-17 (figure 2.1).

Figure 2.1: Summary of QOF prevalence

England, 2015-16 to 2016-17

Condition (age restriction)	Prevalence (percentages)[1] 2015-16	2016-17
Atrial fibrillation	1.7	1.8
Coronary heart disease	3.2	3.2
Cardiovascular disease (30-74)	1.1	1.2
Heart failure	0.8	0.8
Hypertension	13.8	13.8
Peripheral arterial disease	0.6	0.6
Stroke and transient ischaemic attack	1.7	1.7
Asthma	5.9	5.9
Chronic obstructive pulmonary disease	1.8	1.9
Obesity (18+)	9.4	9.7
Cancer	2.4	2.6
Chronic kidney disease (18+)	4.1	4.1
Diabetes mellitus (17+)	6.5	6.7
Palliative care	0.3	0.4
Dementia	0.8	0.8
Depression (18+)	8.2	9.1
Epilepsy (18+)	0.8	0.8
Learning disabilities	0.5	0.5
Mental health	0.9	0.9
Osteoporosis (50+)	0.3	0.5
Rheumatoid arthritis (16+)	0.7	0.7

Legend: ■ Cardiovascular ■ Respiratory ■ Lifestyle ■ High dependency and long term conditions ■ Mental health and neurology ■ Musculoskeletal
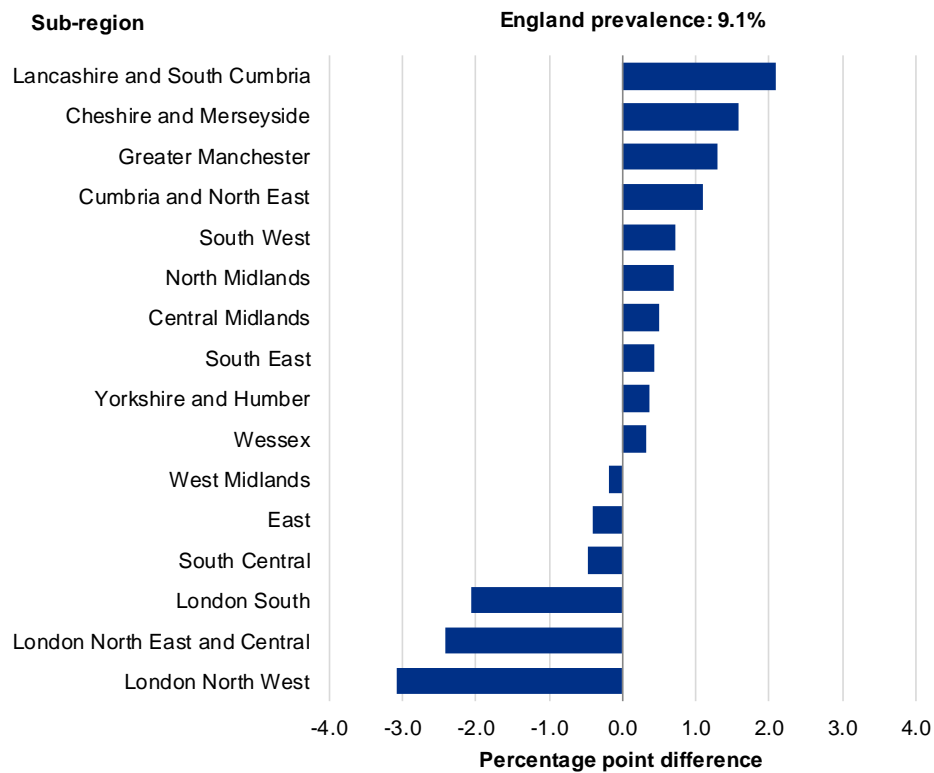
1) Prevalence rates for 2015-16 have been re-calculated using only those practices for which data are available for both reporting years. Therefore, figures presented for 2015-16 may not match those previously published.
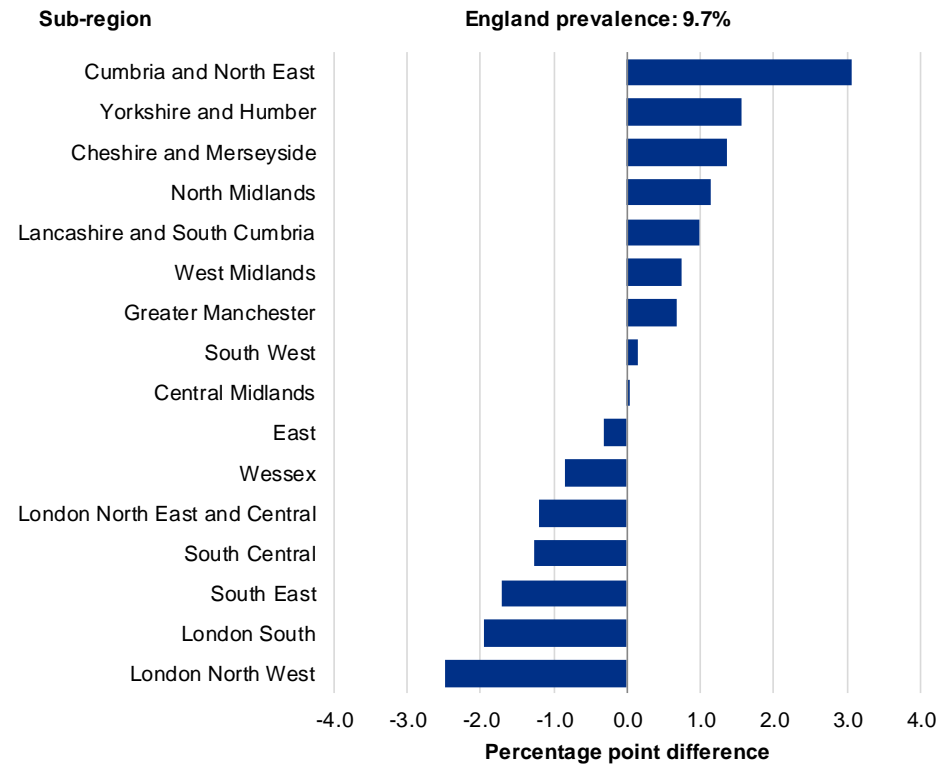
Of the conditions recorded in QOF, depression, obesity, hypertension, asthma, chronic kidney disease (CKD) and coronary heart disease (CHD) exhibit the greatest range in prevalence between sub-regions (figures 2.1.1 - 2.1.6).

Figure 2.1.1 and 2.1.2: Prevalence of depression and obesity; comparison of sub-regional prevalence to national prevalence

Figure 2.1.1: Depression

Sub-region

England prevalence: 9.1%

Sub-region
Lancashire and South Cumbria
Cheshire and Merseyside
Greater Manchester
Cumbria and North East
South West
North Midlands
Central Midlands
South East
Yorkshire and Humber
Wessex
West Midlands
East
South Central
London South
London North East and Central
London North West

Percentage point difference

Figure 2.1.2: Obesity

Sub-region

England prevalence: 9.7%

| Sub-region |
|---|
| Cumbria and North East |
| Yorkshire and Humber |
| Cheshire and Merseyside |
| North Midlands |
| Lancashire and South Cumbria |
| West Midlands |
| Greater Manchester |
| South West |
| Central Midlands |
| East |
| Wessex |
| London North East and Central |
| South Central |
| South East |
| London South |
| London North West |

Percentage point difference

Figure 2.1.3 to 2.1.6: Prevalence of hypertension, asthma, CKD and CHD; comparison of sub-regional prevalence to national prevalence
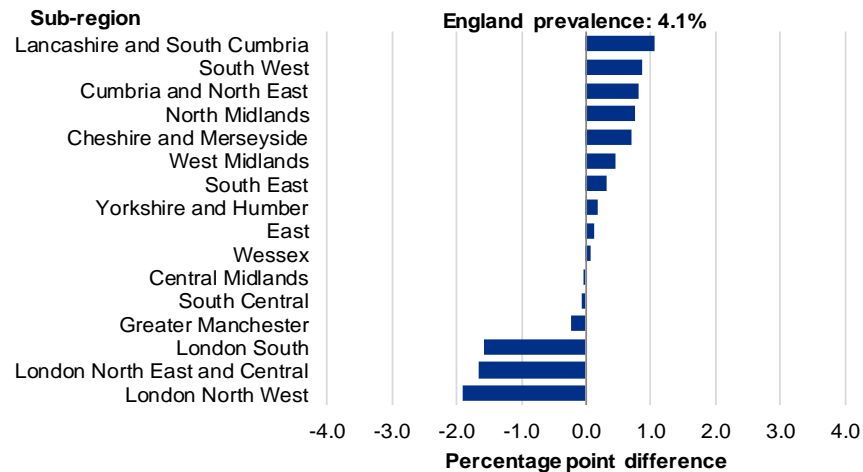
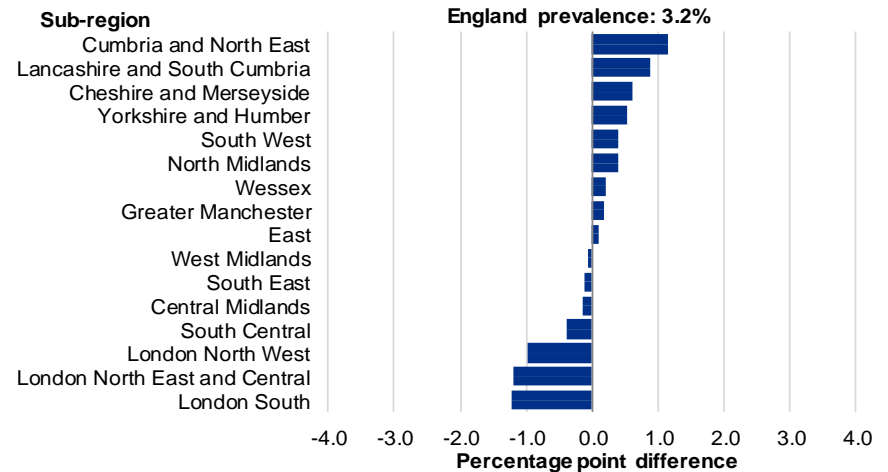**Figure 2.1.3: Hypertension**
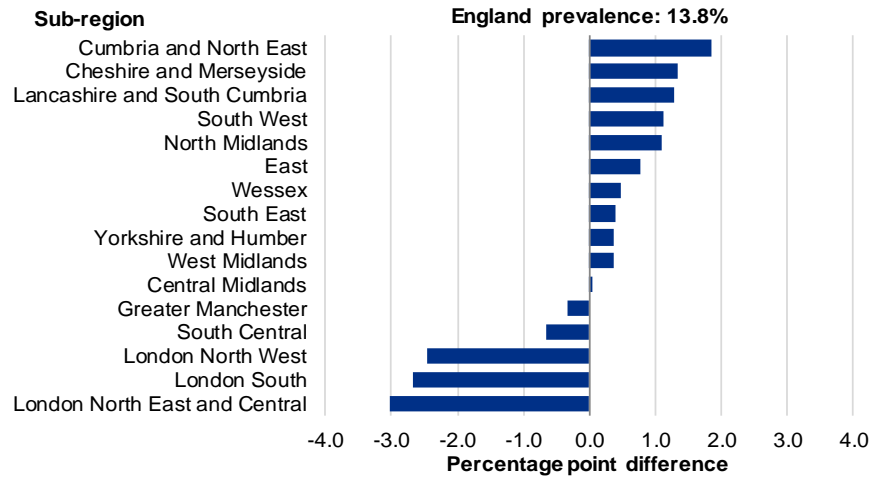
Figure 2.1.4: Asthma
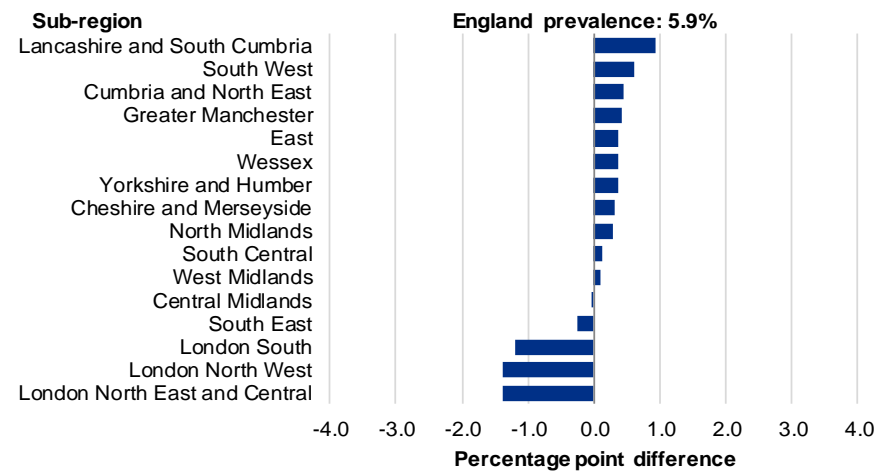
Figure 2.1.5: CKD

Figure 2.1.6: CHD

2.2 QOF achievement

Achievement scores are primarily used to calculate the payment that a practice should receive according to the services delivered. Practices do not accrue QOF points for conditions where they have no registered patients (with the exception of palliative care). This is not a reflection of its quality of service, only that no payment is appropriate.

- The overall achievement rate was 95.5 per cent. Achievement rates varied from 90.2 per cent for the cardiovascular disease (primary prevention) indicator group, to 99.2 per cent for the obesity indicator group (table 2.2).

- The greatest change in achievement rate between 2015-16 and 2016-17 was observed for the osteoporosis indicator group, in which the achievement rate increased from 88.2 per cent to 90.5 per cent (table 2.2).

Table 2.2: Proportion of QOF points achieved, by indicator group

England, 2015-16 to 2016-17 — Percentages and *percentage points*

QOF group	Indicator group	Proportion of maximum points achieved[1]		Year-on-year change
		2015-16	**2016-17**	
Cardiovascular	Atrial fibrillation	99.4	98.5	*-0.8*
	Blood pressure	98.3	97.5	*-0.7*
	Secondary prevention of coronary heart disease	95.7	95.5	*-0.2*
	Cardiovascular disease - primary prevention (30-74)	89.3	90.2	*1.0*
	Heart failure	98.4	97.6	*-0.8*
	Hypertension	97.5	97.1	*-0.5*
	Peripheral arterial disease	97.1	96.8	*-0.3*
	Stroke and transient ischaemic attack	97.4	97.0	*-0.4*
Respiratory	Asthma	97.6	97.3	*-0.4*
	Chronic obstructive pulmonary disease	96.1	96.1	*0.0*
Lifestyle	Obesity (16+)	100.0	99.2	*-0.8*
	Smoking	96.0	96.2	*0.2*
High dependency and other long-term conditions	Cancer	98.1	97.1	*-1.0*
	Chronic kidney disease (18+)	99.9	99.1	*-0.8*
	Diabetes mellitus (17+)	90.1	91.0	*0.9*
	Palliative care	98.2	97.6	*-0.6*
Mental health and neurology	Dementia	97.0	96.6	*-0.3*
	Depression (18+)	92.8	92.8	*0.0*
	Epilepsy (18+)	99.9	99.1	*-0.9*
	Learning disabilities	99.8	99.0	*-0.8*
	Mental health	93.2	93.6	*0.4*
Musculoskeletal	Osteoporosis (50+)	88.2	90.5	*2.3*
	Rheumatoid arthritis (16+)	96.1	96.4	*0.3*
Fertility, obstetrics and gynaecology	Cervical screening (25-64)	97.4	96.2	*-1.3*
	Contraception (<55)	96.5	96.3	*-0.2*
All indicators		**95.3**	**95.5**	*0.2*

1) Achievement rates for 2015-16 have been re-calculated using only those practices for which data are available for both reporting years. Therefore, figures presented for 2015-16 may not match those previously published.

2.3 QOF exceptions

Exception reporting rates reflect the percentage of patients who are not included when determining QOF achievement, and are presented for applicable indicators within the QOF.

- The greatest change in exception rates between 2015-16 and 2016-17 is observed for the dementia indicator group, in which the exception rate decreased from 12.8 per cent to 10.0 per cent (table 2.3).

Table 2.3: QOF exception rates, by indicator group

England, 2015-16 to 2016-17

Percentages and *percentage points*

QOF group	Indicator group	Exception rate[1]		Year-on-year change
		2015-16	**2016-17**	
Cardiovascular	Atrial fibrillation	6.6	6.4	*-0.2*
	Blood pressure (45+)	0.5	0.5	*0.0*
	Secondary prevention of coronary heart disease	8.4	8.8	*0.4*
	Cardiovascular disease - primary prevention (30-74)	31.4	32.3	*0.9*
	Heart failure	9.2	9.1	*-0.1*
	Hypertension	3.9	4.0	*0.1*
	Peripheral arterial disease	5.8	5.9	*0.1*
	Stroke and transient ischaemic attack	10.1	10.3	*0.2*
Respiratory	Asthma	7.1	6.8	*-0.2*
	Chronic obstructive pulmonary disease	13.1	13.2	*0.2*
Lifestyle	Smoking	1.0	0.9	*0.0*
High dependency and other long-term conditions	Cancer	25.0	25.3	*0.3*
	Diabetes mellitus (17+)	11.6	11.8	*0.2*
Mental health and neurology	Dementia	12.8	10.0	*-2.7*
	Depression (18+)	22.1	22.9	*0.8*
	Mental health	11.4	11.3	*-0.1*
Musculoskeletal	Osteoporosis (50+)	15.3	17.2	*1.9*
	Rheumatoid arthritis (16+)	7.5	7.5	*0.0*
Fertility, obstetrics and gynaecology	Cervical screening (25-64)	6.5	6.7	*0.2*
	Contraception (<55)	2.6	2.1	*-0.5*
All indicators		**5.7**	**5.8**	*0.1*

1) Exception rates for 2015-16 have been re-calculated using only those practices for which data are available for both reporting years. Therefore, figures presented for 2015-16 may not match those previously published.

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