

Quality outcome frameworks



Prof. David R. Matthews

ABCD



**The Oxford Centre
for Diabetes, Endocrinology and Metabolism**

The QOF for diabetes is the most important performance in diabetes in the UK over the last decade

Rubbish!



What are QOFs?

...let's go to the government website to
see...





The Quality and Outcomes Framework (QOF)

The Quality and Outcomes Framework (QOF) is the annual reward and incentive programme detailing GP practice achievement results.

It is now in its second year of operation.

QOF is a voluntary process for all surgeries in England and was introduced as part of the GP contract in 2004.

QOF awards surgeries achievement points for:

- managing some of the most common chronic diseases e.g. asthma, diabetes
- how well the practice is organised
- how patients view their experience at the surgery
- the amount of extra services offered such as child health and maternity services.

October 2007

[The Quality and Outcomes Framework Exception Reporting Statistics for England 2006/07](#)

October 30, 2007

September 2007

[Time Series Analysis for 2001-2006 for Selected Clinical Indicators from the Quality and Outcomes Framework](#)

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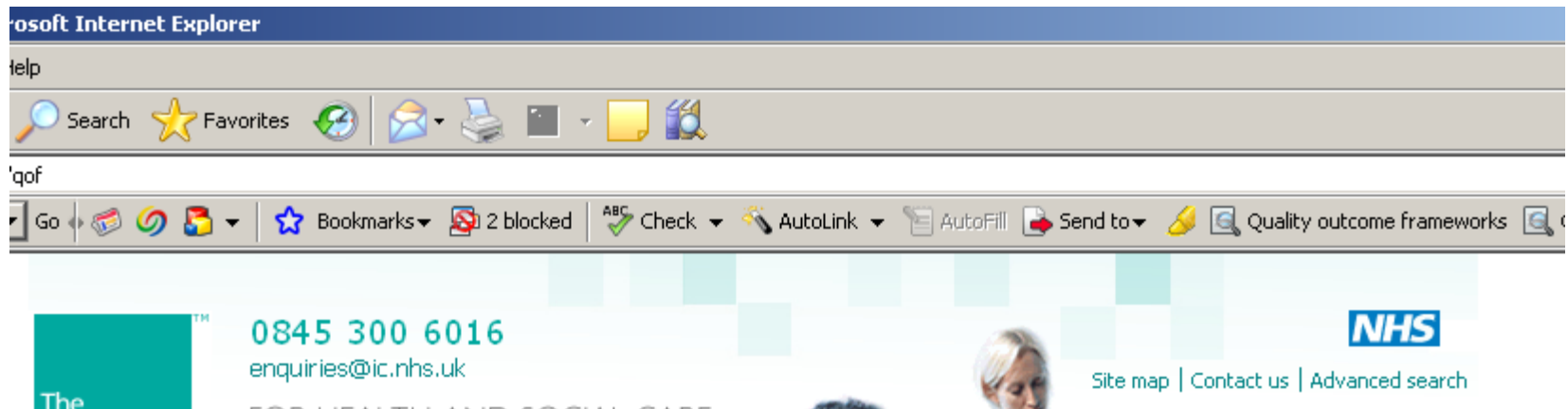
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The Quality and Outcomes Framework (QOF) is the annual reward and incentive programme detailing GP practice achievement results.

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- Statistics & data collections
- Audits & performance
- The Quality and Outcomes Framework (QOF)**

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The Quality and Outcomes Framework (QOF) is the annual reward and incentive programme detailing GP practice achievement results.

The QOF is NOT about Quality or about OUTCOME

The QOF is about improving the quality of your INCOME



Quality Income Framework



The Quality and Outcomes Framework (QOF) is the annual reward and incentive programme detailing GP practice achievement results.

Which turns out to be about *quantity*



Quantity Income Framework





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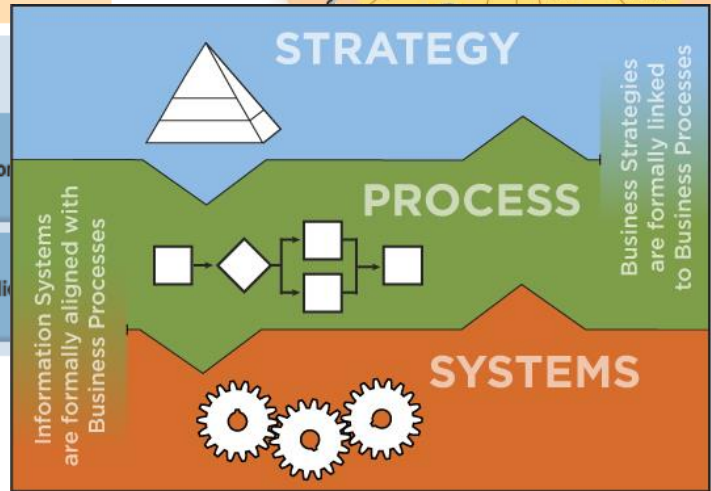
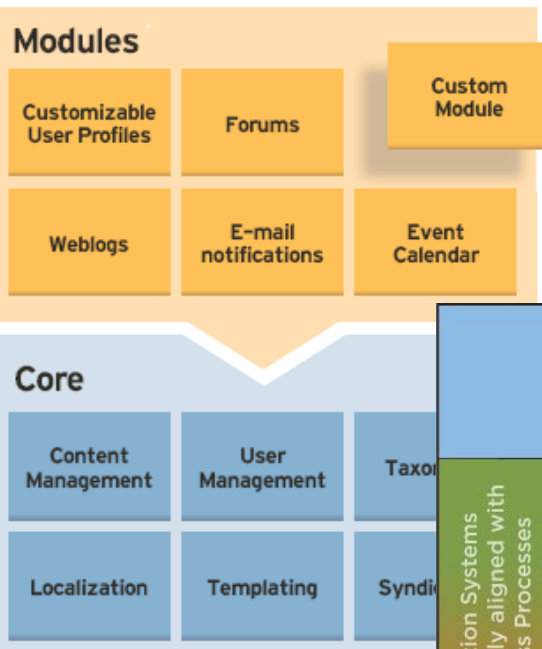
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Frameworks



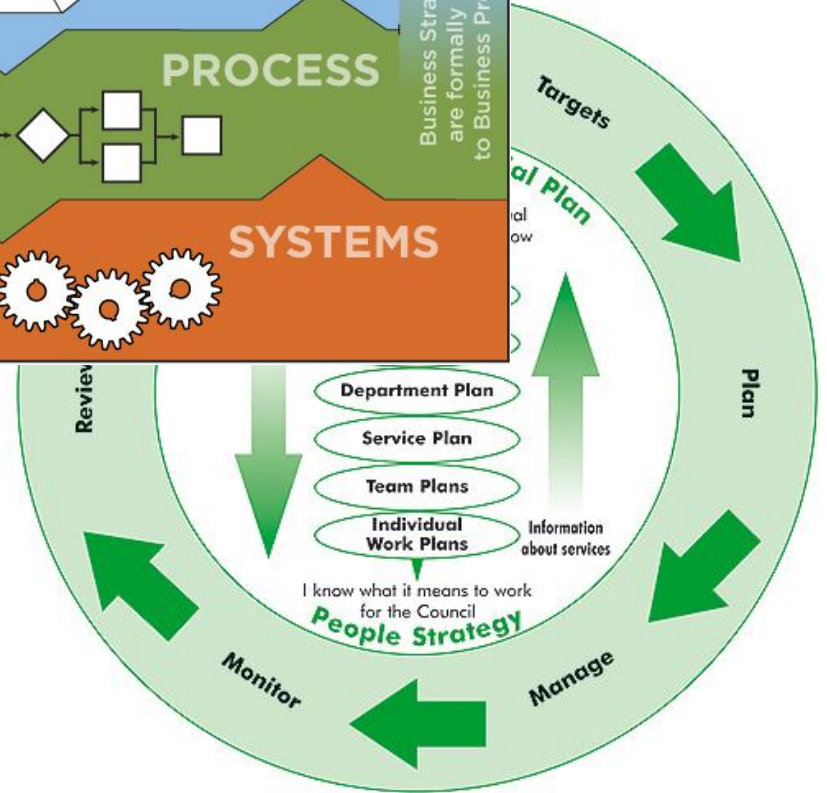
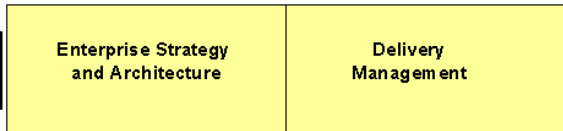
CIO – Head of Profession

Competency Lead /Senior Manager

Lead Practitioner

Senior Practitioner

Practitioner



**Frameworks are all about
organisation and structures
and nothing about care**



A photograph showing the intricate steel skeleton of a building under construction. The structure consists of numerous vertical columns and horizontal beams, creating a complex grid. In the lower foreground, a red crane arm is visible, extending upwards towards the structure. The background is a bright, overcast sky. A white rectangular box with blue text is overlaid on the center of the image.

Quantity income structure

So far, just semantics

now for the appalling facts...



How QOF works



Cheer up.
Just think of
how much
money I'm
earning



GPs get paid extra for doing what they should do anyway.

The extra payments were announced at almost the same time as GPs had independently negotiated a pay rise and no weekend work (except, of course, for cash)

GPs, at the end of the month, pay the rent and the staff and then divide the rest of the cash between themselves (really!) and this is their income.




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GPs 'earn up to £250,000 a year'

Some GPs are earning as much as £250,000 a year after expenses under their new contract, the BBC has found.



Experts say the government got its sums wrong in the contract

GP wages have risen by up to 25% since the contracts were introduced in 2004, according to specialist accounts.

The figures come from an annual survey by the Association of Independent Specialist Medical Accountants due out later this month.

Experts have said the contract was ill devised and is partly responsible for current NHS deficits.

The results of the survey of earnings suggest the average annual income for

“ There are thousands of people who are alive and well today as a direct result of this new contract ”

Health Secretary Patricia Hewitt

BBC NEWS:VIDEO AND AUDIO

A GP explains the changing nature of the job

 [VIDEO](#)

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The results of the survey of earnings suggest the average annual income for GPs could rise to £120,000 before tax.

“ There are thousands of people who are alive and well today as a direct result of this new contract ”

Health Secretary Patricia Hewitt

- ▶ Q&A: GP pay
- ▶ Do GPs earn their crust?

But the figures also give evidence that some GPs are earning up to £250,000.

GPs, however, say only a tiny minority earn that much. They argue their income had to be boosted, as it had fallen below that of other comparable professionals.

Overspends

One accountancy firm in the north-east of England said it has just under 10 GPs earning between £200,000 and £250,000 a year.

The survey is the first of its kind since the GP contract came into effect between April and December 2004.

Policy experts have said the government miscalculated its sums when it negotiated the deal.

“ It does not look like a terribly good deal at the moment for the taxpayer and the patient ”

Niall Dickson, King's Fund

The Department of Health has confirmed the current overspend on GPs is £300m.

TOP HEALTH STORIES

- ▶ Be thin to cut cancer, study says
- ▶ MPs call for abortion reform
- ▶ GP pay £110,000 after a 10% rise

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BBC coverage

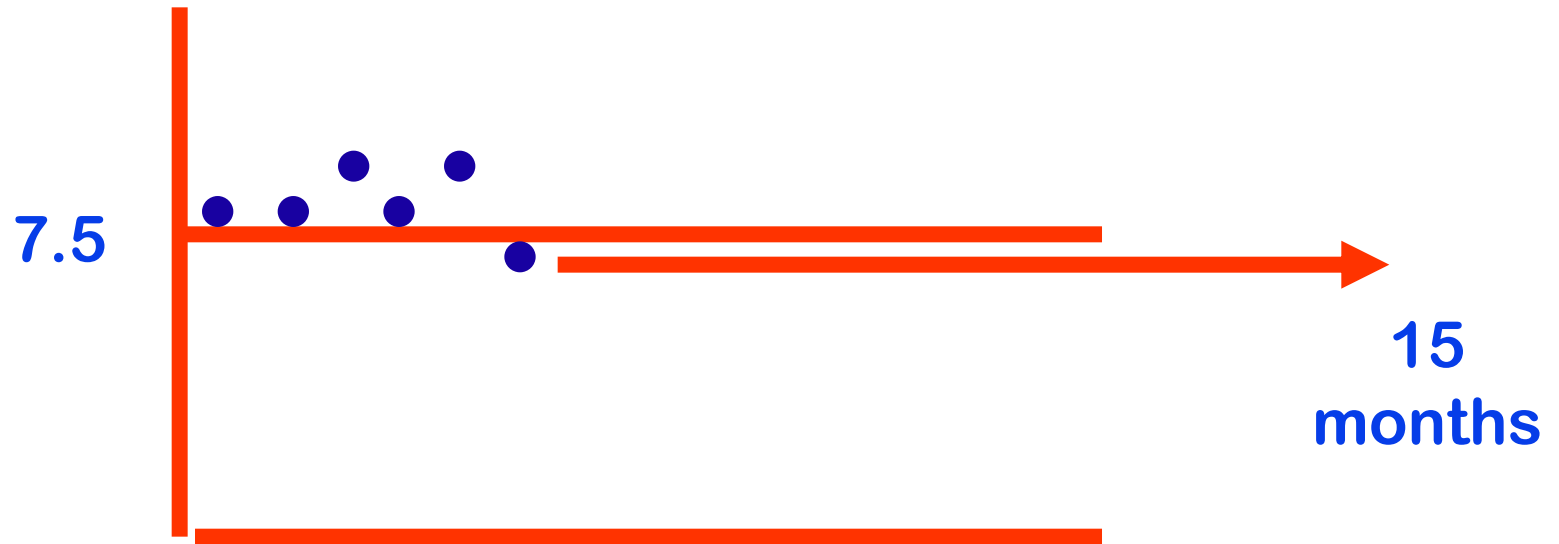


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Gaming



Hba1c gaming





Blood pressure depends on how quickly the dial falls and how deaf you are.

If being a little hard of hearing helps one's income, then that's a reasonable compensation isn't it?

Or get the patient to sit very quietly in a corner and keep retaking the pressure.

Indicator	Points available	Total points achieved	Total points achieved / Available %	Underlying achievement
DM 19	6	50,196.0	99.9%	---
DM 2	3	24,830.6	98.9%	95.1%
DM 5	3	24,969.0	99.4%	97.1%
DM 20	17	139,368.9	97.9%	67.6%
DM 7	11	90,104.4	97.8%	92.7%
DM 21	5	38,095.9	91.0%	88.5%
DM 9	3	23,568.8	93.8%	90.7%
DM 10	3	23,407.7	93.2%	90.2%
DM 11	3	25,067.8	99.8%	98.5%
DM 12	18	149,623.1	99.3%	78.7%
DM 13	3	21,995.6	87.6%	85.6%
DM 22	3	24,935.0	99.3%	96.6%
DM 15	3	23,704.2	94.4%	89.0%
DM 16	3	24,945.5	99.3%	96.2%
DM 17	6	49,648.0	98.8%	83.1%
DM 18	3	24,599.1	97.9%	90.7%
Diabetes Total	93	759,059.4	97.5%	---



“To ensure comparability between GMS and PMS practices, the QOF deduction for PMS practices ensures that they do not receive the same payments twice. Because this bulletin covers QOF achievement and not payments, all QOF achievement shown is based on QOF points prior to PMS deductions. This is to allow comparability in levels of achievement – so that where GMS and PMS practices have maximum QOF achievement, both are regarded as having achieved the maximum 1,000 points.”

Government website



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Informed dissent

2.7 Patient Exceptions

Practices may exclude specific patients from data collected to calculate QOF achievement scores within clinical areas. For example, patients on a specific clinical register can be excluded from individual QOF indicators if a patient is unsuitable for treatment, is newly registered with the practice, is newly diagnosed with a condition, or in the event of informed dissent.



• The average QOF points achieved by general practices was 955.5 points, representing 95.5% of the total 1,000 points available to each practice.

• The average points achieved for the clinical domain was 630.7 points (96.8% of the maximum 655 available).

A licence to print money



Doctors cash in on new pay deal



GP average annual earnings has risen from £85,000 to £100,000

Family doctors are earning up to £180 an hour for treating patients in the evening, overnight and at weekends, Scottish health board figures show.

Out-of-hours working has not been a compulsory part of their duties since the start of this year.

The 15 health boards gave the figures to BBC Scotland under the Freedom of Information Act.



In June this year I got EBV glandular fever.

For 4 weeks I was off work.

For 2 weeks I could only take iced water

I lost about 5kg of weight

My (medical registrar in infectious diseases) daughter admitted me to the ID ward for 24 hours for saline rehydration

I was seen by three infectious disease consultants during the course of my illness

I was visited by the head of my college, Revd Dr. Ralph Waller, and by the minister of my local church, Rev David Cooper.

I didn't actually see my GP, but he wrote to me...



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David

Our last record

to your BP is

1986! Obviously



What about audit and quality outcome frameworks?



Care Process		QOF Outcome	NDA Outcome	Difference
BMI recorded	(QOF 2)	90.6%	80.5%	10.1%
Smoking Status recorded	(QOF3)	95.9%	83.1%	12.8%

NDA= national diabetes

“However, QOF data has been collected primarily as a means of determining payments to GPs and should not be interpreted in the same way as audit information.”

Creatinine	(QOF 14)	93.0%	82.9%	10.1%
Cholesterol	(QOF 16)	92.7%	82.4%	10.3%

however

Figure 31: Comparison between QOF and NDA

The following table, based on information from primary care only in the case of the NDA, illustrates that rates of achievement of treatment targets recorded using NDA were lower than those recorded in QOF. It is assumed that the differences in results are indicative of the effect of exception reporting which is available in QOF but not in NDA, reinforcing the need to understand the different purposes for these two data sources.



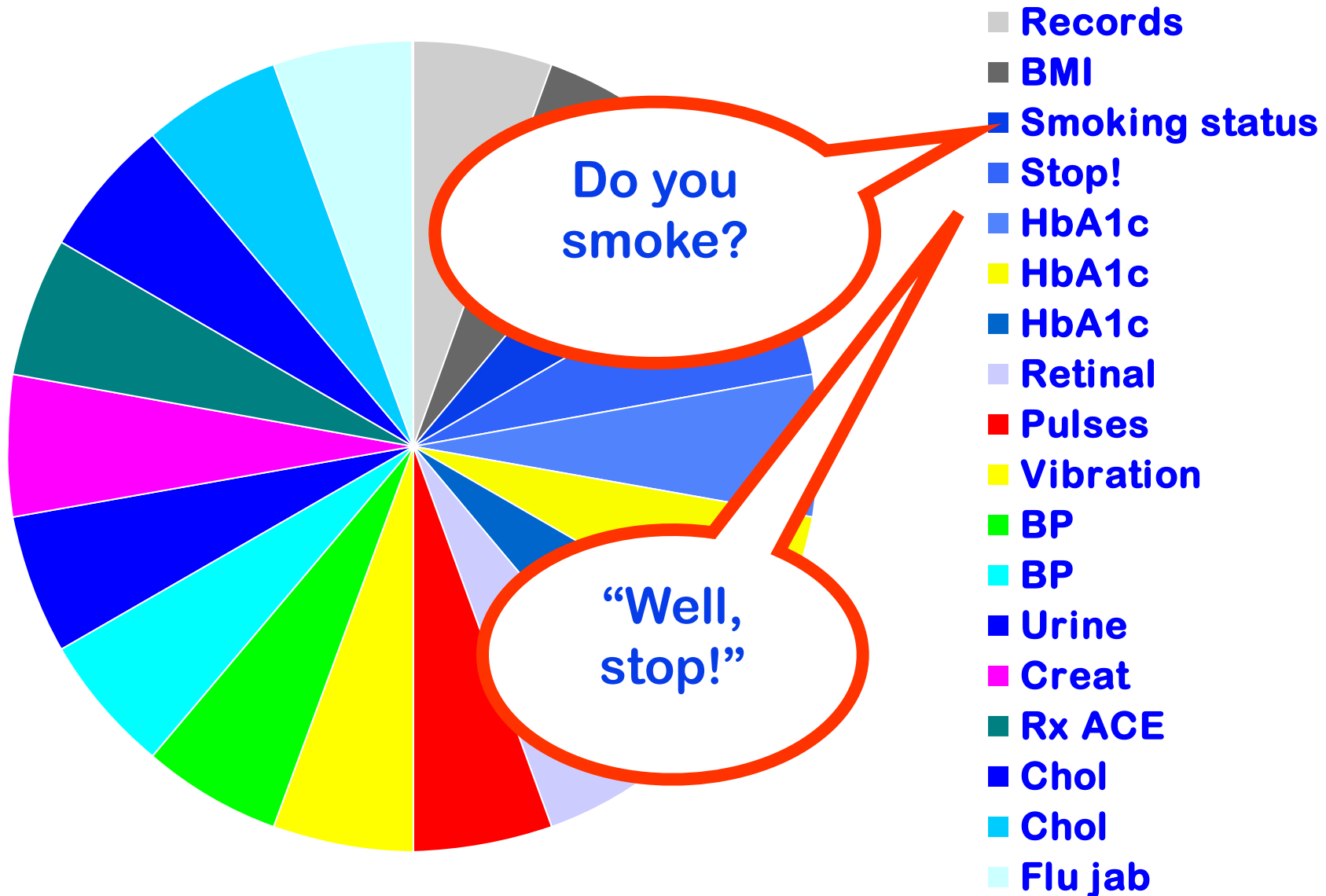
Treatment Target	QOF Finding (2004/05)	NDA Finding (2004/05)	Difference
HbA1c < 7.5 (QOF 6)	58.8%	42.4%	16.4%
BP < 145/85 (QOF 12)	70.3%	58.6%	11.7%
Cholesterol < 5 (QOF 17)	71.8%	58.1%	13.7%

Figure 35: Comparison between NDA and QOF rates

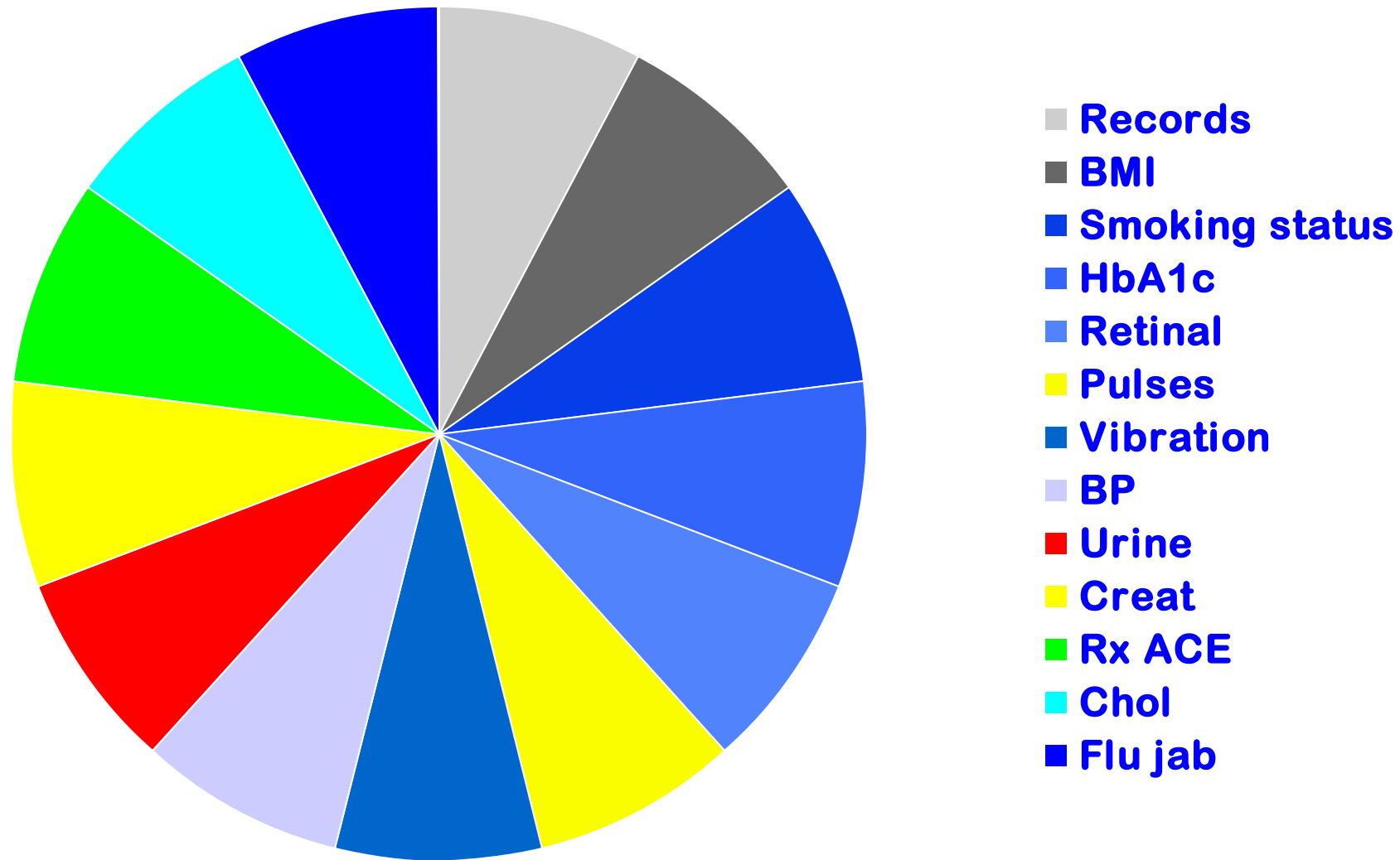


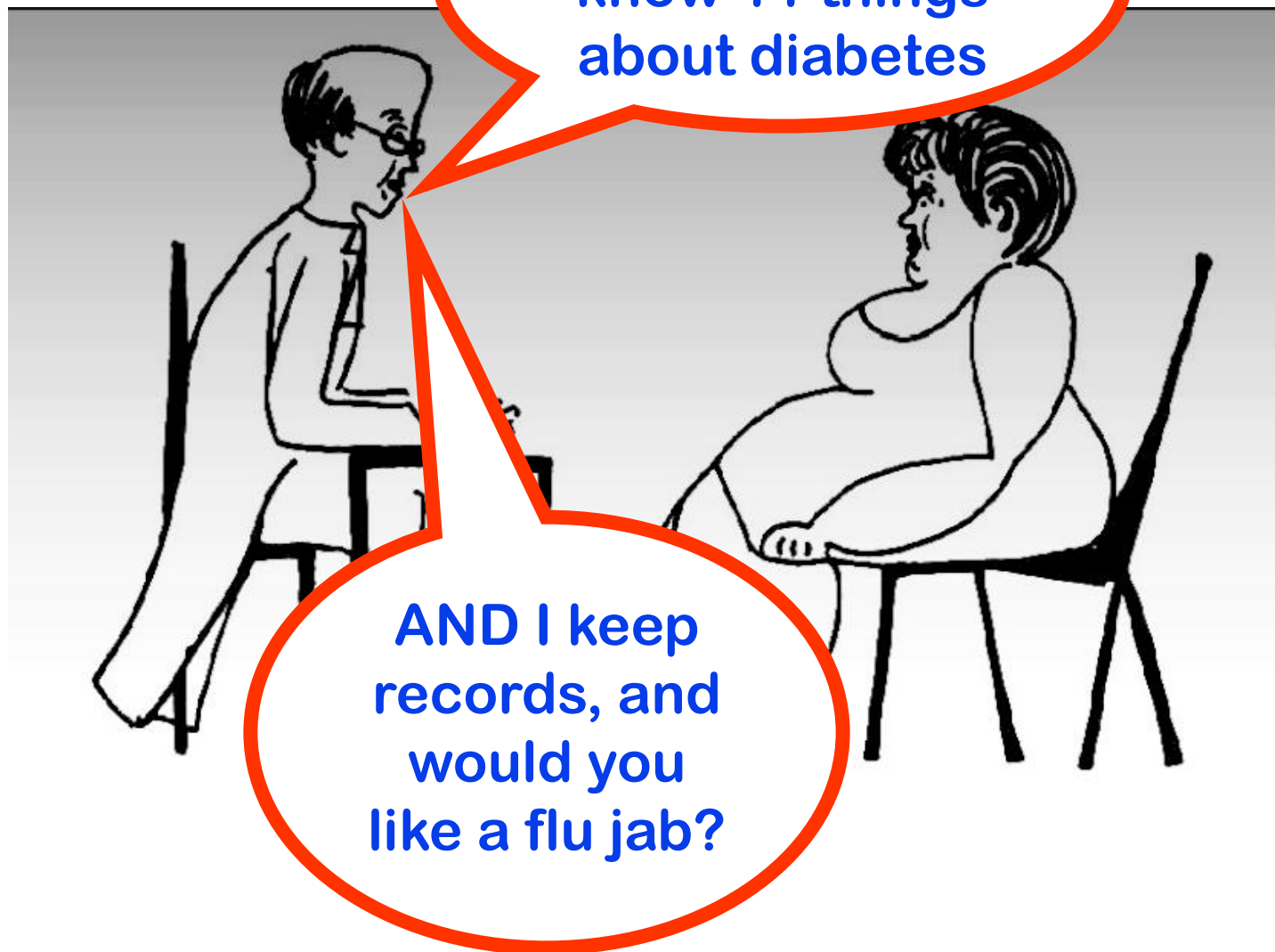
smoking status in the previous 15 months, except those who have never smoked where smoking status should be recorded once		
DM 4. The percentage of patients with diabetes who smoke and whose notes contain a record that smoking cessation advice or referral to a specialist service, where available, has been offered in the last 15 months	5	25-90%
DM 5. The percentage of diabetic patients who have a record of HbA1c or equivalent in the previous 15 months	3	25-90%
DM 6. The percentage of patients with diabetes in whom the last HbA1C is 7.4 or less (or equivalent test/reference range depending on local laboratory) in last 15 months	16	25-50%
DM 7. The percentage of patients with diabetes in whom the last HbA1C is 10 or less (or equivalent test/reference range depending on local laboratory) in last 15 months	11	25-85%
DM 8. The percentage of patients with diabetes who have a record of retinal screening in the previous 15 months	5	25-90%
DM 9. The percentage of patients with diabetes with a record of the presence or absence of peripheral pulses in the previous 15 months	3	25-90%
DM 10. The percentage of patients with diabetes with a record of neuropathy testing in the previous 15 months	3	25-90%
DM 11. The percentage of patients with diabetes who have a record of the blood pressure in the past 15 months	3	25-90%
DM 12. The percentage of patients with diabetes in whom the last blood pressure is 145/85 or less	17	25-55%
DM 13. The percentage of patients with diabetes who have a record of micro-albuminuria testing in the previous 15 months (exception reporting for patients with proteinuria)	3	25-90%
DM 14. The percentage of patients with diabetes who have a record of serum creatinine testing in the previous 15 months	3	25-90%
DM 15. The percentage of patients with diabetes with a diagnosis of proteinuria or micro-albuminuria who are treated with ACE inhibitors (or A2 antagonists)	3	25-70%
DM 16. The percentage of patients with diabetes who have a record of total	3	25-90%

Diabetes by numbers



Diabetes by 12 numbers





Equivalent to painting by numbers





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Distortions to commissioning



Commissioning

- Not independent
- Takes very little notice of the need to preserve secondary care services
- Takes no notice of the need to preserve training
- Is highly influenced by pressure lobbies from Primary care
- Primary care trusts' opinions are skewed by money-making exercises that have little to do with good patient care
- Because diabetes is a chronic disease it is seen as a “soft option”
- Because more money goes to GPs there is a further destructive spiral in funding



Summary

- We all need salary – and the higher the better
- Rewards for work done are good
- GP's have been given an Quantity Income Structure (called “Quality and Outcome Framework”) which can be used to generate income.
- QOF outcomes are therefore “gamed” in a variety of ways, and that can be demonstrated against audit.
- Health Services remuneration directed to primary care (and there is no debate that the government got its sums wrong) is often removed from secondary care
- The end result is a skew of finance affecting commissioning, training and access of patients to appropriate specialist care.



In conclusion

- Quality outcome frameworks are really Quantity of income structures for GPs
- They reward activity, but not care
- They pay for services that GPs contracts cover anyway
- They distort planning of services
- They do not take account of patient preferences, nor of appropriate secondary care
- They cost the government well in excess of what was planned
- They are a disaster



Government priorities...



Government priorities...



Quality outcome frameworks





**Come back in 15
months for some
more points**

**I'm off to see
someone who
knows more
than accounting**





The QOF for diabetes is the most important advance in diabetes care in the UK over the last decade

I'm going to vomit



The QOF for diabetes is the most important incentive in diabetes care in the UK over the last decade

Rubbish!



