

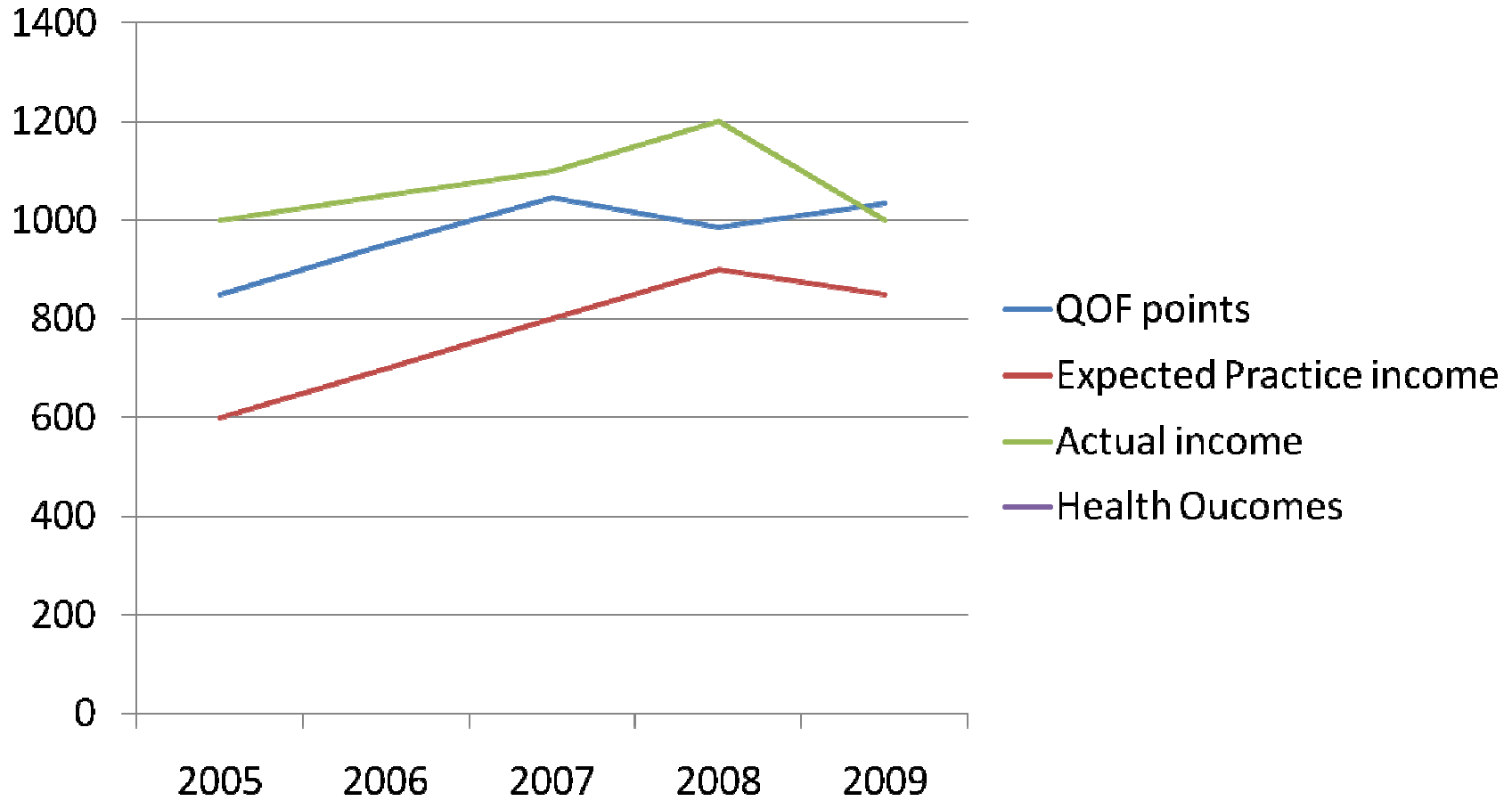
Quality Outcomes Framework in the UK 2004 -2011

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What is this all about?



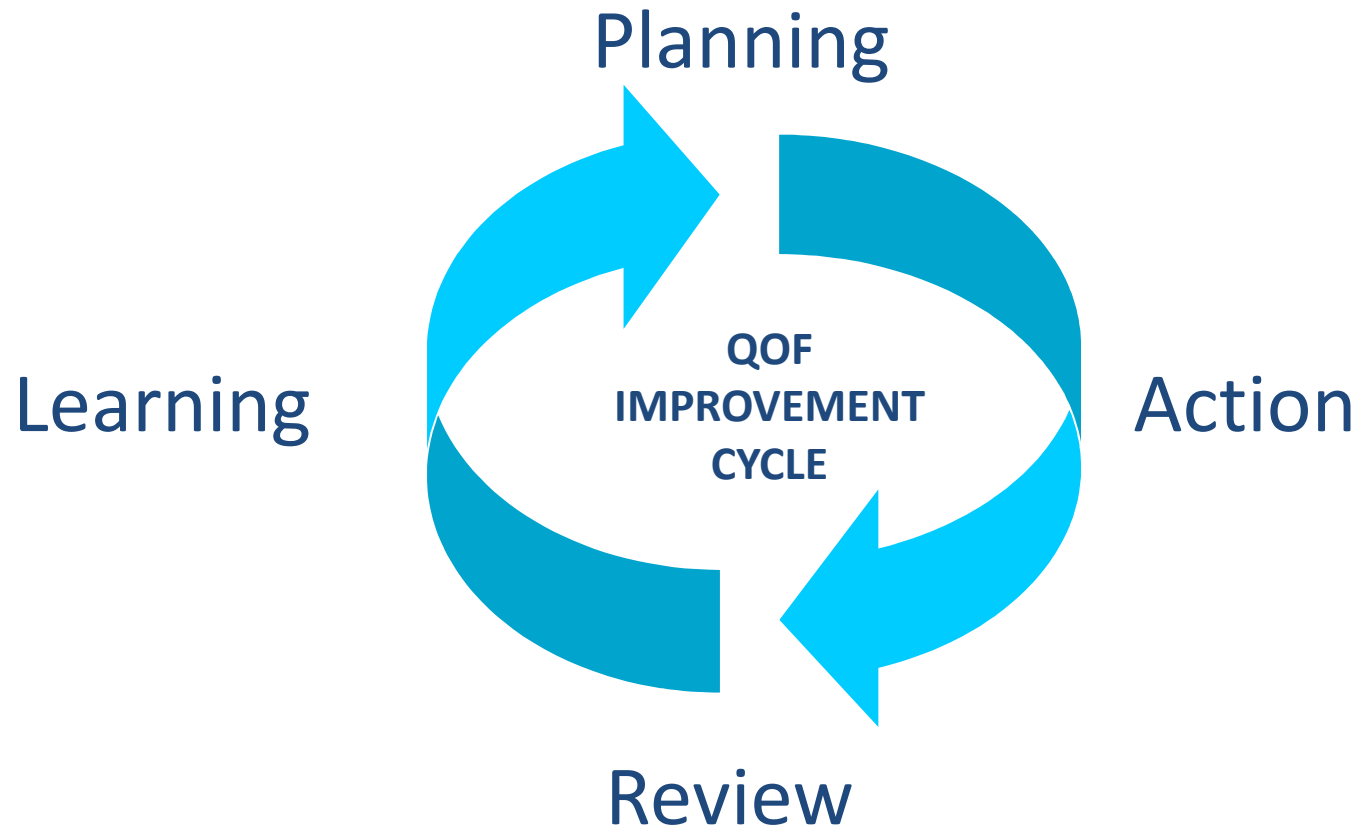
Original idea

- NICE: National Institute of Clinical Excellence
- 2001 – 2004 set up Framework for QO
- Disbanded 2011
- Based on Clinical evidence

Initial thinking

- Practices would take some time to reach targets
- Payments would therefore take some time to reach maximum
- A gradual increase in workload would lead to incremental improvement in Health outcomes across the UK

QOF Improvement Cycle



Structure of the QOF

1050 points available

- £75 per point 04/05
- £120 per point 05/06

4 Domains:

- Clinical
- Organisational
- Patient Experience
- Additional Services

QOF Domains

- **Clinical domain**
 - 10 disease areas
 - 550 points
- **Organisational domain**
 - 5 areas
 - 184 points
- **Additional Services domain**
 - 4 areas (eg cervical screening)
 - 36 points
- **Patient Experience domain**
 - 2 areas
 - 100 points
- **Holistic Care, Quality Practice and Access Bonus Points**
 - Total 180 points

Clinical Domain

- The 76 Clinical Indicators split into 3 types
 - **Structure** – e.g is a disease register in place
 - **Process** – e.g is the indicator being measured and an appropriate intervention being made – for what % of relevant population
 - **Outcome** – how well is the condition being controlled – across what % of the population



Payments

- New money in primary care
- Aspiration payments (monthly from April 2004)
- Achievement (lump sum in April 2005)
- £s per point
 - 2004/05 = £75
 - 2005/06 = £120
- List size
- Prevalence
- Pre-payment verification

Practice income

- Roughly:
- 1/3 – Global sum
 - Based on practice list size
- 1/3 - QOF
- 1/3 – Enhanced services, PPA, extra services offered – on site chemist, private work/insurance etc.

Reality

- Many practices achieved maximum points in first year, with little additional work
- Most achieved a satisfactory income with little additional work
- Measures of health improvement were collected, but open to question
- Sense of disillusionment for Government and NHS, GPs were not surprised

Next steps

- Change of emphasis
- Clinical evidence base shifted to performance management
- Still little evidence of health improvement on a systematic basis

Unanswered questions

- Is high performance real improvement, or gaming or change in recording behaviour?
- Is financial incentive the cause of change?
- What about unmeasured aspects of care?
- What is the impact on professionalism?
- Is the investment cost-effective?

How does it affect practices?

- Practice dependent – attitude dependent
- Embrace change?
- Organisational changes
- QOF activity delegated to nurses
- Found to be better at hitting targets
- Admin support for nurses

How does it affect patients?

- Chronic disease management – see nurse
- Some patients, typically older, accustomed to regular cosy chat with doctor
- May have more time with a doctor when needed, e.g. depressed patients – 15 min
- Practice-generated appointments/letters, e.g. epilepsy/cancer patients

How does it affect doctors?

- Change working practices – alerts
- Remove focus from patient's current problem
- Doctors workload changed – more time for complex cases
- Longer routine consultations?
- First time since 1948 that direct financial concerns intrude into the consultation

Benefits

- More attention to detail
- Medication reviews
- Greater attempts at diagnosis
- “Better” care
- More money in Primary care – short-term

Problems

- Intrude on the doctor-patient relationship
- ‘Tick box medicine’
- Who determines the criteria/validity of criteria – eg BMI
- Less money (long-term) – manipulation of the current GP contract, uplift
- Overt “politicisation” of medicine?
- Deconstruction of NHS?

Random quotes

- "QoF points are evidence based - the evidence is in my ever-expanding bank account."
- "QOF – paper-chasing for gimps"
- All over the world people have been whinging that so few CHD patients get treated properly – until QOF and the revolutionary idea that you should PAY doctors to treat patients properly.

QOF

Quaff

- to swallow hurriedly or greedily