

QOF 2004/05 background

The Quality and Outcomes Framework (QOF) is a component of the new General Medical Services contract for general practices, introduced from 1 April 2004.

The QOF rewards practices for the provision of quality care, and helps to fund further improvements in the delivery of clinical care.

Participation by practices in the QOF is voluntary, but many practices with Personal Medical Services (PMS) contracts, as well as most practices on General Medical Services (GMS) contracts, are participating in the QOF.

For participating practices, the QOF measures practice achievement against a range of evidence-based clinical indicators and against a range of indicators covering practice organisation and management. Practices score points according to their levels of achievement against these indicators, and practice payments are calculated from points achieved.

QOF data is collected in a national database system called the Quality Management Analysis System (QMAS), primarily to determine practices' QOF payments. However, it is recognised that QMAS represents a potentially valuable source of information for healthcare managers or researchers responsible for the planning and delivery of primary care services and resource allocation, either within organisations or nationally in respect of specific disease areas.

The Quality and Outcomes Framework

The Quality and Outcomes Framework (QOF) is part of the new General Medical Services contract for general practices; it was introduced on 1 April 2004.

The QOF provides financial rewards to general practices for the provision of high quality care. This is intended to benefit both patients and the NHS. For example, PCTs should see fewer avoidable hospital admissions through improved chronic disease management.

The QOF measures achievement against a scorecard of 146 indicators, plus three measures of depth of care. Practices score points on the basis of achievement against each indicator, up to a maximum of 1050 points. In summary, the QOF is made up of four domains:

The clinical domain

76 indicators in 11 areas: coronary heart disease, left ventricular disease, stroke or transient ischaemic attack, hypertension, diabetes, chronic obstructive pulmonary disease, epilepsy, hypothyroidism, cancer, mental health, and asthma. **Worth up to 550 points**

The organisational domain

56 indicators in 5 areas: records and information about patients, patient communication, education and training, practice management and medicine management. **Worth up to 184 points**

The patient experience domain

Four indicators in two areas: patient surveys and consultation length. **Worth up to 100 points**

The additional services domain

Ten indicators in four areas: cervical screening, child health surveillance, maternity services, and contraceptive services. **Worth up to 36 points**

For a detailed list of QOF indicators and definitions, see: Annex A to the new GMS contract, defining QOF indicators.

The QOF also rewards breadth of care through:

Holistic care payments that measure overall clinical achievement

Worth up to 100 points

Quality practice payments that measure overall achievement in the organisational, patient experience and additional services domains

Worth up to 30 points

Achievement against the access standards is also rewarded with 50 bonus points.

Source of Data

The source of QOF tables published by the Health and Social Care Information Centre is the Quality Management and Analysis System (QMAS), a national IT system that supports the QOF payment process.

QMAS was developed by the National Programme for IT, now part of NHS Connecting for Health. This new single national system ensures consistency in the calculation of quality achievement and prevalence. QMAS also gives GP practices, Primary Care Trusts and Strategic Health Authorities objective evidence and feedback on the quality of care delivered to patients.

A practice's data can enter QMAS in three ways.

- The data to support the clinical quality indicators (ie clinical achievement data) is extracted from individual practice GP clinical systems and sent automatically to QMAS once a month. Practices can make additional submissions of clinical data at any time.
- Organisational, access, patient experience and additional service indicators (ie those indicators that usually require simple yes/no responses) are entered by the practice directly into QMAS via a web-browser over NHSnet.
- Data from practices without QMAS-compliant systems may be manually entered into QMAS by PCT staff.

Detailed QOF information for 2004/05 for England, derived from QMAS, has now been published by the Health and Social Care Information Centre. This publication consists of:

- A set of spreadsheets containing full 2004/05 QOF details for England. The tables present figures for general practices, Primary Care Trusts, Strategic Health Authorities, and for England. The tables present figures at the level of individual QOF indicator, and to various levels of aggregation.
- A summary statistical bulletin.