# THE QUALITY AND OUTCOMES FRAMEWORK 2006

### CHANGES TO THE TEXT OF EXISTING INDICATORS

Textual changes are highlighted in bold.

The indicator numbers have been changed to distinguish the changed indicator from the previous one when analysing data from QOF.

#### **STROKE**

Previous STROKE 2	The percentage of new patients with presumptive stroke (presenting after 1 April 2003) who have been referred for confirmation of the diagnosis by CT or MRI scan
New STROKE 11	The percentage of new patients with a stroke who have been referred for further investigation.

Previous STROKE 9	The percentage of patients with a stroke shown to be non-haemorrhagic, or a history of TIA, who have a record that aspirin, an alternative anti-platelet therapy, or an anti-coagulant is being taken (unless contraindication or side-effects are recorded).
New STROKE 12	The percentage of patients with a stroke shown to be non-haemorrhagic, or a history of TIA, who have a record that <b>an anti-platelet agent (aspirin, clopidogrel, dipyridamole or a combination),</b> or an anti-coagulant is being taken (unless a contraindication or side-effects are recorded).

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#### **DIABETES MELLITUS**

Previous	The practice can produce a register of all patients with diabetes mellitus.
DM1	
New	The practice can produce a register of all patients aged 17 years and over with
DM19	diabetes mellitus, which specifies whether the patient has Type 1 or Type 2
	diabetes
Previous	The percentage of patients with diabetes in whom the last HbA1C is 7.4 or less (or
DM6	equivalent test/reference range depending on local laboratory) in last 15 months.
New	The percentage of patients with diabetes in whom the last HbA1C is 7.5 or less (or
DM20	equivalent test/reference range depending on local laboratory) in the previous 15
	months.

Previous DM8	The percentage of patients with diabetes who have a record of retinal screening in the previous 15 months.
New	The percentage of patients with diabetes who have a record of retinal screening in the
DM21	previous 15 months.
	CHANGE OF NUMBER BECAUSE CHANGE OF READ CODE IN THAT

	NOW PRACTICES NEED TO DEMONSTRATE PATIENTS HAVE RECEIVED SCREENING
Previous DM14	The percentage of patients with diabetes who have a record of serum creatinine testing in the previous 15 months.
New DM22	The percentage of patients with diabetes who have a record of <b>estimated glomerular filtration rate (eGFR) or</b> serum creatinine testing in the previous 15 months.

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# CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Previous	The percentage of patients in whom diagnosis has been confirmed by spirometry
COPD2	including reversibility testing for newly diagnosed patients with effect from 1 April
COPD3	2003
	The percentage of all patients with COPD in whom diagnosis has been confirmed by spirometry including reversibility testing.
New COPD9	The percentage of <b>all patients</b> with COPD in whom diagnosis has been confirmed by spirometry including reversibility testing.

Previous COPD6	The percentage of patients with COPD with a record of FeV1 in the previous 27 months
New COPD10	The percentage of patients with COPD with a record of FeV1 in the previous 15 months

Previous COPD7	The percentage of patients with COPD receiving inhaled treatment in whom there is a record that inhaler technique has been checked in the preceding 27 months.
New COPD11	The percentage of patients with COPD receiving inhaled treatment in whom there is a record that inhaler technique has been checked in the <b>previous 15 months</b> .

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## **EPILEPSY**

Previous	The practice can produce a register of patients receiving drug treatment for epilepsy.
EPILEPSY 1	
New	The practice can produce a register of patients aged 18 and over receiving drug
<b>EPILEPSY 5</b>	treatment for epilepsy

Previous EPILEPSY 2	The percentage of patients age 16 and over on drug treatment for epilepsy who have a record of seizure frequency in the previous 15 months.
New EPILEPSY 6	The percentage of patients <b>age 18 and over</b> on drug treatment for epilepsy who have a record of seizure frequency in the previous 15 months.

Previous	The percentage of patients aged 16 and over on drug treatment for epilepsy who have
EPILEPSY 3	a record of medication review in the previous 15 months.
New	The percentage of patients age 18 and over on drug treatment for epilepsy who
New EPILEPSY 7	The percentage of patients age 18 and over on drug treatment for epilepsy who have a record of medication review involving the patient and/or carer in the

Previous EPILEPSY 4	The percentage of patients age 16 and over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded in the last 15 months.
New	The percentage of patients <b>age 18 and over</b> on drug treatment for epilepsy who have
EPILEPSY 8	been seizure free for the last 12 months recorded in the previous 15 months.

# **CANCER**

CANCERS	receiving confirmation of the diagnosis.
CANCER 3	have a patient review recorded as occurring within 6 months of the practice
New	The percentage of patients with cancer, diagnosed within the last 18 months, who
	arrangements with secondary care.
	include an assessment of support needs, if any, and a review of co-ordination
CANCER 2	by the practice recorded within six months of confirmed diagnosis. This should
Previous	The percentage of patients with cancer diagnosed from 1 April 2003 with a review

### MENTAL HEALTH

## MH1

Previous MH1	The practice can produce a register of people with severe long-term mental health problems who require and have agreed to regular follow-up
New MH8	The practice can produce a register of people with schizophrenia, bipolar disorder and other psychoses.

# MH2

Previous	The percentage of patients with severe long-term mental health problems with a review
MH2	recorded in the preceding 15 months. This review includes a check on the accuracy of
	prescribed medication, a review of physical health and a review of co-ordination
	arrangements with secondary care.
New	The percentage of patients with schizophrenia, bipolar affective disorder and other
MH9	<b>psychoses</b> with a review recorded in the preceding 15 months. <b>In the review there</b>
	should be evidence that the patient has been offered routine health promotion and
	prevention advice appropriate to their age, gender and health status.

## **ASTHMA**

Previous	The percentage of patients aged eight and over diagnosed as having asthma from 1
ASTHMA 2	April 2003 where the diagnosis has been confirmed by spirometry or peak flow
	measurement.
New	The percentage of patients aged eight and over diagnosed as having asthma from 1
ASTHMA 8	April 2006 with measures of variability or reversibility.

## RECORDS AND INFORMATION ABOUT PATIENTS

Records 10 Records 16	patients. The smoking status of patients aged 15 to 75 is recorded for at least 75% of patients.  The percentage of patients aged over 15 years whose notes record smoking status
Records 22	in the past 27 months, except those who have never smoked where smoking status

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## **EDUCATION**

Previous Education 2	The practice has undertaken a minimum of six significant event reviews in the past 3 years.
New	The practice has undertaken a minimum of three significant event reviews within the
<b>Education 10</b>	last year.

## **EDUCATION 7**

Previous	The practice has undertaken a minimum of twelve significant event reviews in the past
Education7	3 years which include (if these have occurred):
	Any death occurring in the practice premises
	Two new cancer diagnoses
	Two deaths where terminal care has taken place at home
	One patient complaint
	One suicide
	One section under the Mental Health Act
New	The practice has undertaken a minimum of twelve significant event reviews in the past
Education7	3 years which could include:
	Any death occurring in the practice premises
	New cancer diagnoses
	Deaths where terminal care has taken place at home
	Any suicides
	Admissions under the Mental Health Act
	Child protection cases
	Medication errors
	• A significant event occurring when a patient may have been subjected to
	harm, had the circumstance/outcome been different (near miss).

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#### MEDICINES MANAGEMENT

Previous	A medication review is recorded in the notes in the preceding 15 months for all
Medicines 5	patients being prescribed four or more repeat medicines. Standard 80%
Medicines 9	A medication review is recorded in the notes in the preceding 15 months for all
	patients being prescribed repeat medicines. Standard 80%
New	Text remains unchanged in indicators but definition of medication review
Medicines 11	changes in guidance.
Medicines 12	

#### PATIENTS EXPERIENCE

Previous	The practice will have undertaken a patient survey each year, have reflected on the
PE3 Patient	results and have proposed changes if appropriate.
Surveys (2)	
New	The practice will have undertaken a patient survey each year and having reflected on the
PE5 Patient	results, will produce an action plan that:
Surveys (2)	1. Summarises the findings of the survey
_	2. Summarises the findings of the previous year's survey
	3. Reports on the activities undertaken in the past year to address patient
	experience issues

Previous PE4 Patient Surveys (3)	The practice will have undertaken a patient survey each year and discussed the results as a team and with either a patient group or Non-Executive Director of the PCO. Appropriate changes will have been proposed with some evidence that the changes have been enacted.
New	The practice will have undertaken a patient survey each year and, having reflected on the
PE6 Patient	results, will produce an action plan that:
Surveys (3)	1. Set priorities for the next 2 years
	2. Describes how the practice will report the findings to patients (for example, posters in the practice, a meeting with a patient practice group or a PCO approved patient representative)
	3. Describes the plans for achieving the priorities, including indicating the lead person in the practice
	4. Considers the case for collecting additional information on patient experience, for example through surveys of patients with specific illnesses, or consultation with a patient group

## **SMOKING INDICATORS RECONFIGURATION**

CHD 3, CHD 4, Stroke 3, Stoke 4, BP 2, BP 3, DM 3, DM 4, COPD 4, COPD 5, Asthma 4, Asthma 5 have been removed, with their points and reconfigured into:

SMOKING 1	The percentage of patients with any or any combination of the following conditions:
(33 points)	coronary heart disease, stroke or TIA, hypertension, diabetes, COPD or asthma
	whose notes record smoking status in the previous 15 months. Except those who have never smoked where smoking status need only be recorded once since diagnosis

SMOKING 2	The percentage of patients with any or any combination of the following conditions:
(35 points)	coronary heart disease, stroke or TIA, hypertension, diabetes, COPD or asthma who
_	smoke whose notes contain a record that smoking cessation advice or referral to a
	specialist service, where available, has been offered within the previous 15 months

## **CERVICAL SCREENING**

<b>Previous CS2</b>	The practice has a system to ensure adequate/abnormal smears are followed up.
<b>Previous CS3</b>	The practice has a policy on how to identify and follow up cervical smear defaulters.
	Patients may opt for exclusion from the cervical cytology recall register by
	completing a written statement which is filed in the patient record (exception
	reporting).
<b>Previous CS4</b>	Women who have opted for exclusion from the cervical cytology recall register must
	be offered the opportunity to change their decision at least every 5 years.
New CS7	The practice has a protocol that is in line with national guidance and practice
	for the management of cervical screening, which includes staff training,
	management of patient call/recall, exception reporting and the regular
	monitoring of inadequate smear rates.