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
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 (e.g., 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