

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Primary Care Quality and Outcomes Framework Indicator Advisory Committee recommendations

Retirement of QOF indicators and the setting of indicator thresholds

Background

The Primary Care QOF Indicator Advisory Committee (AC) met in July 2009 to consider principles for the retirement of QOF indicators and the setting of thresholds for QOF indicators.

Retirement of QOF indicators

The AC was presented with a set of proposed principles for considering the retirement of QOF indicators developed by the National Primary Care Research and Development Centre. The full details of these principles are not presented here because they are currently academic in confidence. However, full details of the principles and analysis methodology will be published on the NICE website in autumn 2009. The principles relate to the identification of indicators for which there is limited potential for further improvement in level of QOF achievement, as well as the identification of indicators for which there may have been unintended (negative) consequences of their incentivisation. The AC was presented with a number of indicators that based on the proposed principles could be considered for retirement.

The AC discussed the proposed principles and indicators. The AC noted that there was limited evidence of the effect that removal of an indicator from the QOF may have on the level of subsequent achievement. The AC highlighted that there could be a decline in level of achievement, once an indicator is removed, with a potential adverse impact on health inequalities. This was of particular concern in relation to practices in more socially deprived areas, where published evidence suggests that these practices tend to have lower levels of overall achievement.

The AC agreed that the removal of one indicator from a 'paired indicator' (two related indicators where one is a process indicator and the other is an intermediate outcome indicator) would minimise any potential risks of decline in achievement for retired indicators. When the process indicator is removed, leaving the intermediate outcome indicator, activities to achieve the intermediate outcome indicator will continue to require the recording of the process activity. The AC discussed the implications of recommending the removal of indicators and acknowledged that there are many interdependencies between the current set of smoking related indicators in the QOF (one of which was being considered for retirement at the AC meeting) and the proposed new smoking indicator that had been prioritized by the June AC meeting as a potential new indicator for 2010/11. The AC agreed that rather than considering the retirement of one of the smoking related indicators in isolation, it should be considered alongside existing smoking related indicators and the proposed new smoking indicator prioritised at the June Advisory Committee.

Thresholds of QOF indicators

The AC was presented with possible options for the setting of both minimum and maximum indicator thresholds developed by the National Primary Care Research and Development Centre. The proposed thresholds were based on analysis of historical levels of QOF achievement. The proposed maximum threshold was the 75th centile of achievement based on achievement over the previous two years. It was suggested to the AC that this would reflect a level of performance that is practically achievable for most practices and would act

as an incentive for improved performance, particularly for those practices with lower baseline achievement.

An alternative maximum threshold was the 50th centile. It was suggested to the AC that this would reflect average performance, rather than maximally achievable performance, and would mean that half of all practices would not be required to make any improvement in order to attain the maximum remuneration.

The proposed minimum thresholds were based on historical levels of achievement in a similar way to the proposed maximum thresholds. It was suggested to the AC that in this way the minimum thresholds would reflect the minimum level of achievement of which the majority of practices are capable. The proposed minimum thresholds were the 1st centile and the 5th centile.

The AC considered the evidence presented and discussed the proposed thresholds. The AC noted that practices in deprived areas may struggle to reach the proposed maximum thresholds, with a subsequent adverse impact on health inequalities. The AC concluded that there was lack of evidence as to what would happen to activity with a maximum threshold of the 50th or 75th centile.

The AC also agreed that for minimum thresholds there was a lack of evidence for where to place the minimum threshold. The recommendation presented was either the 1st or the 5th centile. The AC noted that based on the evidence presented the minimum threshold could be placed at any point between those two centiles. However, no strong case could be made for the setting of the threshold at a particular point.

QOF Indicator Advisory Committee recommendations

Retirement of QOF indicators

The following are the recommendations of the AC on the retirement of QOF indicators following consideration of the evidence and proposed principles:

- The AC recommended that the set of proposed principles for retirement were appropriate to use to identify potential indicators for retirement.
- The AC recommended that indicators should be classified based on the levels of risk associated with retiring different indicators and that the negotiators needed to consider the risks noted by the AC of potential unintended effect on practice.
- The AC recommended that the following indicators had a *low level of risk* associated with removal from the QOF as they were paired indicators and a reduction of associated activities would not be expected following removal:
 - CHD 5. The percentage of patients with coronary heart disease whose notes have a record of blood pressure in the previous 15 months;
 - DM 5. The percentage of patients with diabetes who have a record of HbA1c or equivalent in the previous 15 months;
 - DM 11. The percentage of patients with diabetes who have a record of the blood pressure in the previous 15 months;
 - DM 16. The percentage of patients with diabetes who have a record of total cholesterol in the previous 15 months;
 - STROKE 5. The percentage of patients with TIA or stroke who have a record of blood pressure in the notes in the preceding 15 months.
- The AC recommended that the following indicators had a *higher level of risk* associated with removal from the QOF and recommended that negotiators would need to consider the impact of removal of these indicators on activity:
 - DM 22. The percentage of patients with diabetes who have a record of estimated glomerular filtration rate (eGFR) or serum creatinine testing in the previous 15 months;
 - MH 4. The percentage of patients on lithium therapy with a record of serum creatinine and TSH in the preceding 15 months;
 - THYROID 2. The percentage of patients with hypothyroidism with thyroid function tests recorded in the previous 15 month.

For THYROID 2 the AC noted that the removal of this indicator would only leave an existing QOF register indicator for this topic area.

- The AC recommended that further consideration of smoking-related indicators (both retirement and proposed new indicators) should be given at the December 2009 AC meeting, where both potential new indicators and the review of current indicators could be considered together.

Thresholds for QOF indicators

The AC considered that any explicit recommendation regarding the setting of maximum and minimum thresholds would need to take account not only of the evidence presented to the committee, but would also require a judgement as to what might be financially acceptable to general practices. The AC considered that a judgement as to what might be financially acceptable to general practices was outside their terms of reference as an independent Advisory Committee. The AC considered that the negotiation process between NHS Employers and the British Medical Association was the most appropriate place for discussions and agreement on the setting of indicator thresholds.