Quality of Primary Care and Health Inequalities

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South Birmingham NHS
Primary Care Trust

Aim

- Introduce the Quality Outcomes Framework (QOF) to a wider audience
- Highlight how it can be used to inform policy areas other than the quality agenda

Background

- Introduced nationally as part of the new General Medical Services (GMS) contract on 1 April 2004
- Based on the best available research evidence
- Systematically reward practices on the basis of the quality of care delivered to patients.
- To benefit both patients and the wider NHS.
  - E.g. a reduction in avoidable hospital admissions should result from improved chronic disease management.
- The QOF is not about performance management
  - Resourcing and rewarding good practice.

Background

- 2004/05 represented the first year for which QOF information was available
- Repeated again this year (2005/6)
- Participation by practices is voluntary
- Very high participation rates (2004/5):
  - 8,486 practices
  - 99.5% of registered patients in England

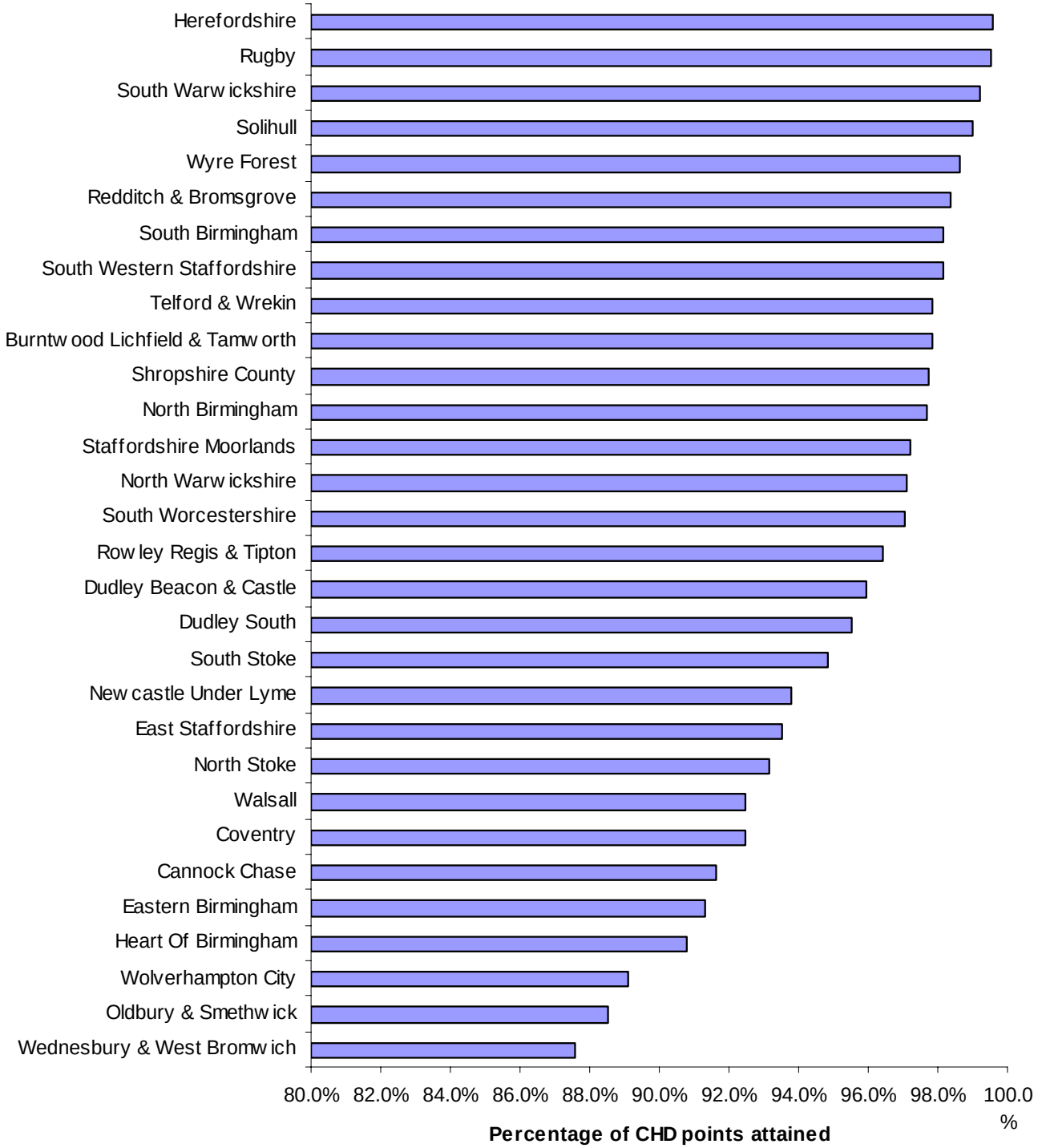
Domains

- **Clinical**: 76 indicators in 11 areas (Coronary Heart Disease, Left Ventricular Dysfunction, Stroke and Transient Ischaemic Attack, Hypertension, Diabetes Mellitus, Chronic Obstructive Pulmonary Disease, Epilepsy, Hypothyroidism, Cancer, Mental Health and Asthma)
- **Organisational**: 56 indicators in 5 areas (Records and Information, Patient Communication, Education and Training, Medicines Management, Clinical and Practice Management)
- **Patient Experience**: 4 indicators in 2 areas (Patient Survey and Consultation Length)
- **Additional Services**: 10 indicators in 4 areas (Cervical Screening, Child Health Surveillance, Maternity Services and Contraceptive Services)

Domains

- 3 depth of quality measures are:
  1. A **holistic** care payment measures achievement across the clinical domain
  2. A **quality practice** payment measures overall achievement in the organisational, patient experience and additional services domains
  3. A target level of achievement on patient **access** to clinical care

Clinical Domain



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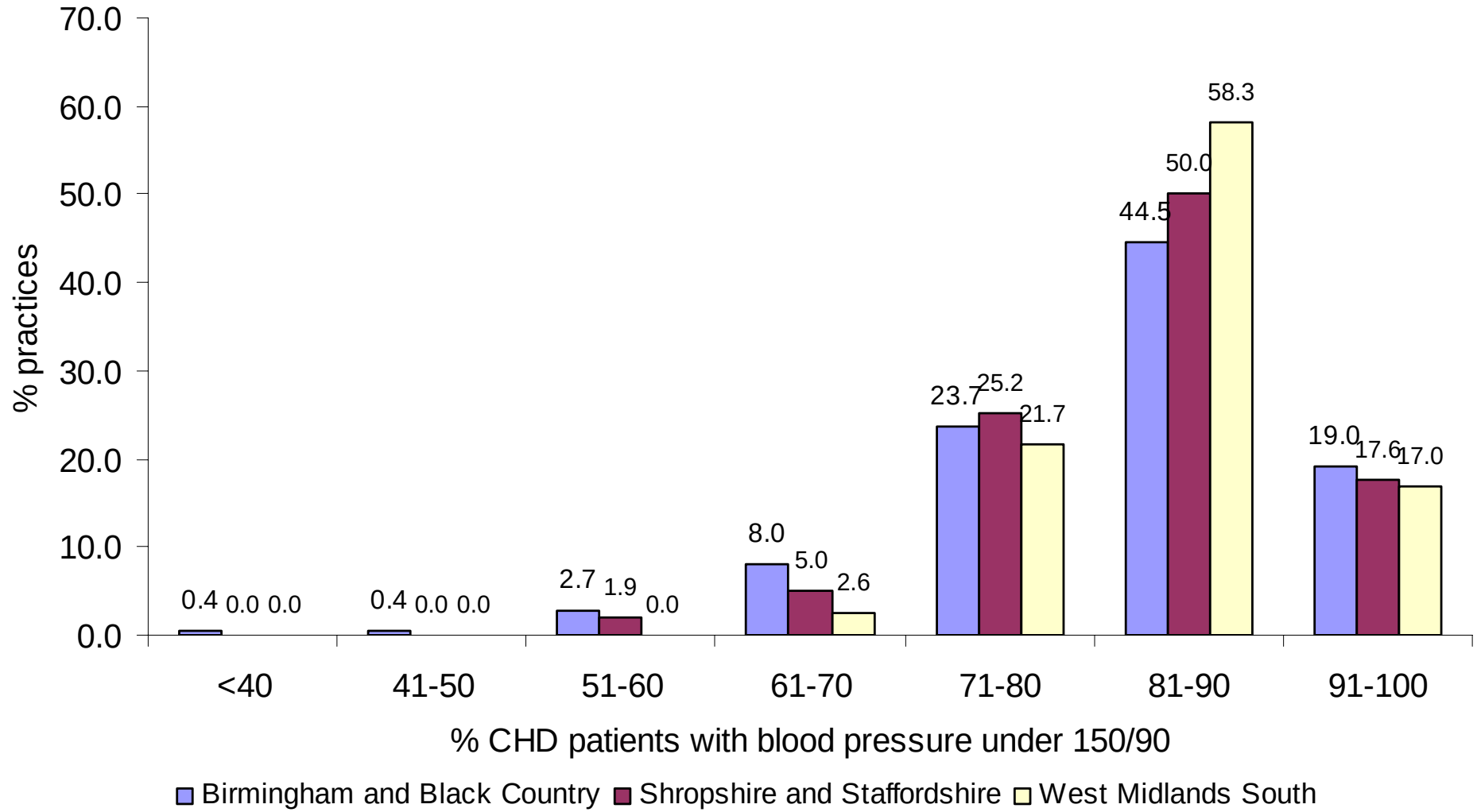
Blood pressure control



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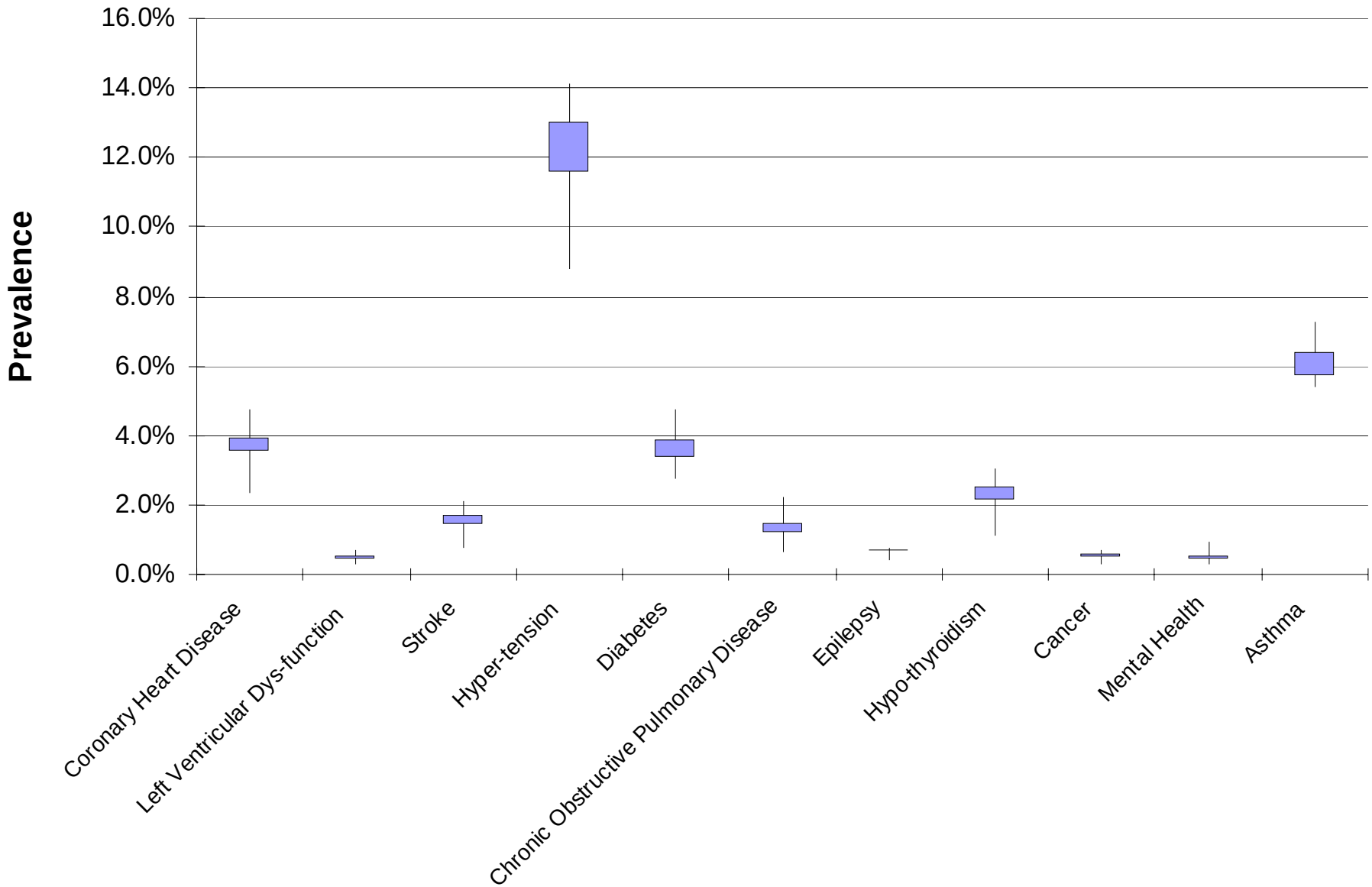
Prevalence

- % People living with a condition
- Based on disease registers in primary care
- 11 conditions
  - Coronary Heart Disease
  - Left Ventricular Dysfunction
  - Stroke and Transient Ischaemic Attack
  - Hypertension
  - Diabetes Mellitus
  - Chronic Obstructive Pulmonary Disease
  - Epilepsy
  - Hypothyroidism
  - Cancer
  - Mental Health
  - Asthma

Prevalence


Prevalence
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
Coronary Heart Disease
Left Ventricular Dys-function
Stroke
Hyper-tension
Diabetes
Chronic Obstructive Pulmonary Disease
Epilepsy
Hypo-thyroidism
Cancer
Mental Health
Asthma

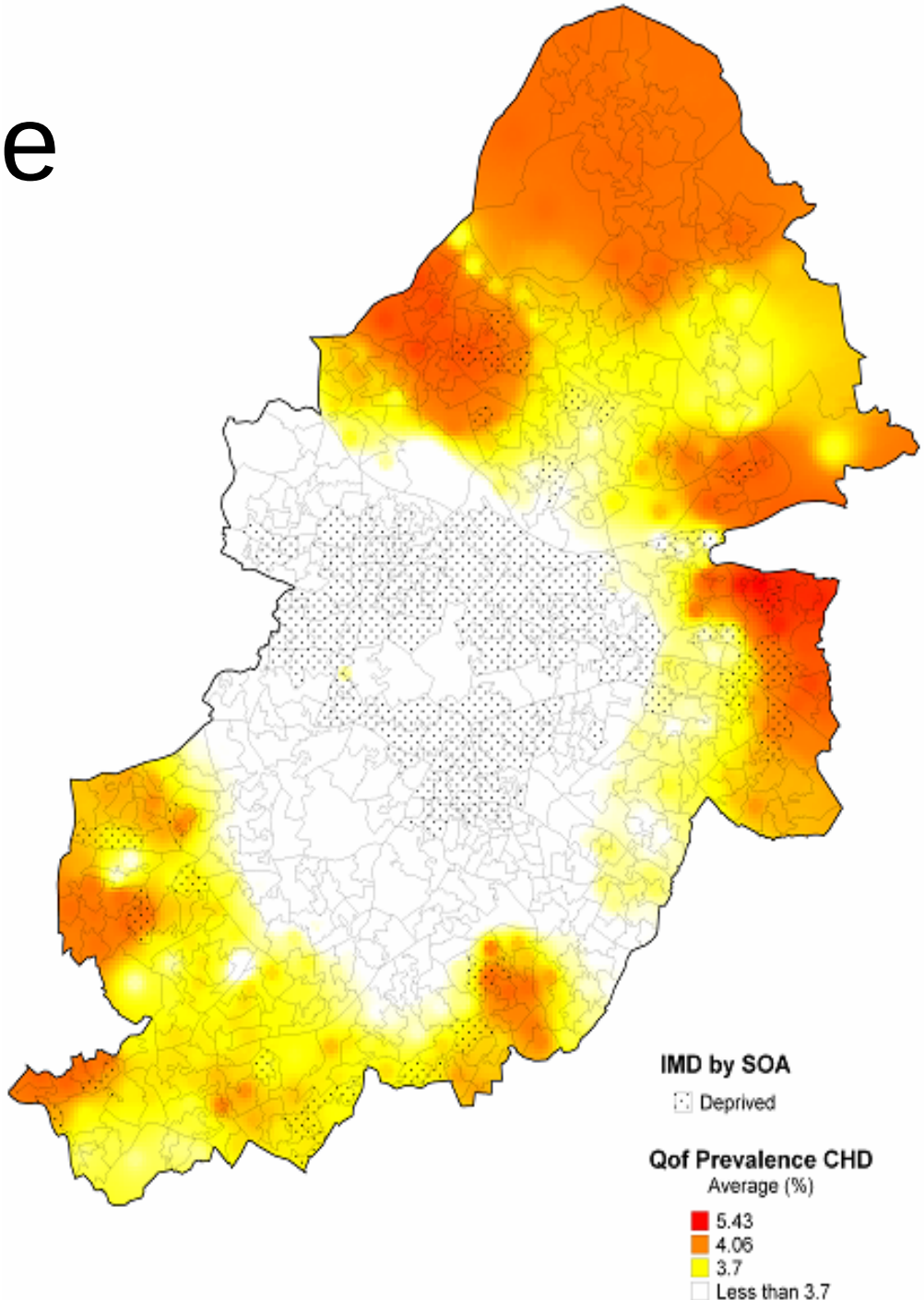
Prevalence

Disease Area	National	West Midlands	
	%	%	People living with the condition
Coronary Heart Disease (CHD)	3.6	3.6	203781
Left Ventricular Dysfunction (LVD)	0.4	0.5	26450
Stroke	1.5	1.5	85187
Hypertension	11.3	12.1	675009
Diabetes	3.3	3.6	202699
Chronic Obstructive Pulmonary Disease (COPD)	1.4	1.3	73196
Epilepsy	0.6	0.6	35839
Hypothyroidism	2.2	2.2	121963
Cancer	0.5	0.5	28186
Mental Health	0.5	0.5	28162
Asthma	5.8	6.0	336442

Inequalities

- QOF compared to other measures
  - Mortality
  - Admissions
  - Prescribing
- Using a weighted attribution methods it is possible to create geographically relevant data

QoF Prevalence



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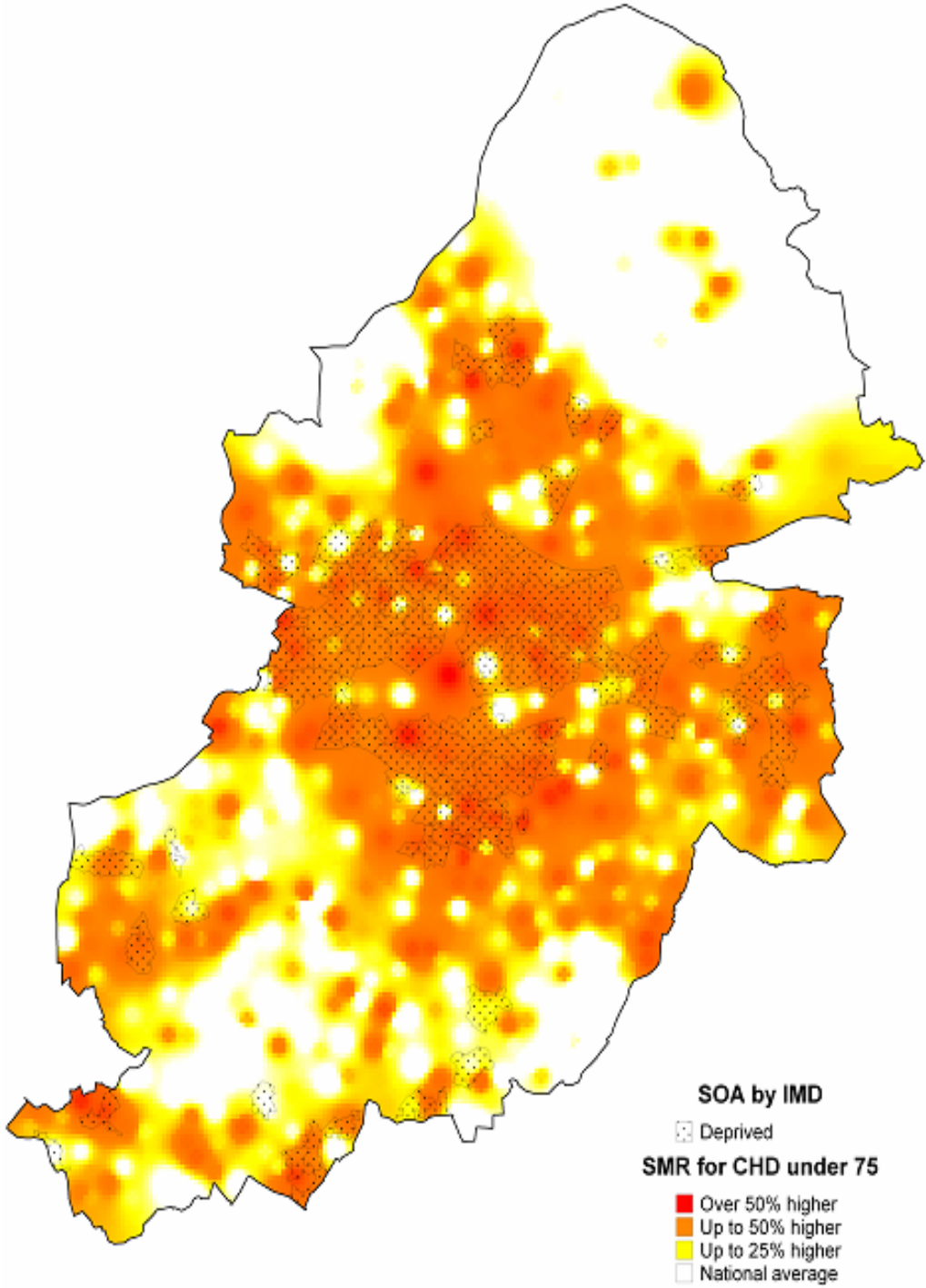
CHD mortality



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Conclusions

- Pros
  - Gives an insight into the quality of primary care
  - New data on prevalence where previously we could only guess
  - Allows us to consider relationships between the quality of primary care and outcome
- Cons
  - Limited in depth
    - No age, sex, ethnicity or lifestyle factors
  - Limited in coverage
    - Voluntary
    - Not all conditions