

# Stretch QOF

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# Why Stretch QOF?

- Annual Public Health report
- Tilbury ACO Needs Assessment 2017
  
- Avoidable hospital admissions
- Avoidable delays in hospital discharges
- The money and the patients are in the wrong place
  
- Inadequate quality in Primary Care, Community Care and ASC keeps the money and the people in the wrong place
- Find the missing thousands
- Treat the missing hundreds
- Increase Primary Care capacity

# Why Stretch QOF?

- Implementing a stretched QOF may be highly cost effective in terms of CVD and COPD clinical management
- QOF (Quality Outcomes Framework) currently pays Practices based on the percentage of patients who receive specific, evidence based interventions and/or treatments. However, this is capped.
- Practices in Thurrock generally score around the level that they require for maximum payment.
- Case studies have demonstrated that removing QOF and designing a system where GP's are paid for the total of what they do had positive impacts on patient care.

# Indicators and payment values

Indicator	Criteria	Payment criteria	Proposed Reward
AST002	The percentage of patients aged 8 or over with asthma (diagnosed on or after 1 April 2006), on the register, with measures of variability or reversibility recorded between 3 months before or any time after diagnosis	Achievement > 80%	£23 per patient
AST003	The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions	Achievement > 70%	£12 per patient
AST004	The percentage of patients with asthma aged 14 or over and who have not attained the age of 20, on the register, in whom there is a record of smoking status in the preceding 12 months	Achievement > 80%	£45 per patient
HYP001	Observed patients on the Hypertension Register/ Expected Hypertension prevalence	Achievement $\geq$ 5% - 10% increase on baseline Register completeness  Achievement >10% increase on baseline Register completeness	£15 per patient  £15 per patient
BP002	The percentage of patients aged 45 or over who have a record of blood pressure in the preceding 5 years	Achievement > 90%	£1 per patient
HYP006	The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less	Achievement > 80%	£20 per patient
AF006	The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA2DS2-VASc score risk stratification scoring system in the preceding 12 months (excluding those patients with a previous CHADS2 or CHA2DS2-VASc score of 2 or more)	Achievement > 90%	£30 per patient
AF007	In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy	Achievement > 70%	£45 per patient
CHD002	The percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less	Achievement > 93%	£25 per patient
CHD005	The percentage of patients with coronary heart disease with a record in the preceding 12 months that aspirin, an alternative anti-platelet therapy, or an anti-coagulant is being taken	Achievement > 96%	£25 per patient
CHD007	The percentage of patients with coronary heart disease who have had influenza immunisation in the preceding 1 August to 31 March	Achievement > 96%	£8 per patient

# Indicators and payment values

Indicator	Criteria	Payment criteria	Proposed Reward
STIA003	The percentage of patients with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less	Achievement > 75%	£30 per patient
DEP003	The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who have been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis	Achievement > 80%	£30 per patient
COPD003	The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months	Achievement > 90%	£14 per patient
COPD005	The percentage of patients with COPD and Medical Research Council dyspnoea grade $\geq 3$ at any time in the preceding 12 months, with a record of oxygen saturation value within the preceding 12 months	Achievement > 90%	£16 per patient
COPD007	The percentage of patients with COPD who have had influenza immunisation in the preceding 1 August to 31 March	Achievement > 97%	£22 per patient
DM002	The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less	Achievement > 93%	£5 per patient
DM004	The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less	Achievement > 75%	£5 per patient
DM009	The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 75 mmol/mol or less in the preceding 12 months	Achievement > 92%	£5 per patient
DM018	The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March	Achievement > 95%	£5 per patient

# Payment and reporting

Activity	Submission Deadline
June – 31 <sup>st</sup> July 2018	14 <sup>th</sup> August 2018
1 <sup>st</sup> August – 31 <sup>st</sup> October 2018	14 <sup>th</sup> November 2018
1 <sup>st</sup> November – 31 <sup>st</sup> January 2019	14 <sup>th</sup> February 2019
1 <sup>st</sup> February – 31 <sup>st</sup> March 2019	12 <sup>th</sup> April 2019

- SystemOne queries to be provided to support delivery of Stretch QOF – feedback welcomed on what is useful
- Queries will also be made available for reporting of Stretch QOF activity
- Non SystemOne reporting – can share methodology

# What support is available to deliver Stretch QOF?

- NMC workforce funding
- Utilisation of the hubs
- Other PH/National workstreams provide further incentive opportunity
  - Hypertension detection
  - Diabetes detection
  - Refocus of the NHS Health checks cohorts
  - National Flu campaign

# What support is available to deliver Stretch QOF?

- 'Hands on' Support
  - CVD Upskilling programme
  - Interface Clinical Services project
  - Public Health/Primary Care Team
    - Clinical system queries
    - Practice visits
- Opportunity for front loading of payments if BC demonstrated



# Stretch QOF

Questions / Practice visits

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