

**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**

<b>Previous STROKE 2</b>	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
<b>New STROKE 11</b>	The percentage of new patients with a stroke <b>who have been referred for further investigation.</b>

<b>Previous STROKE 9</b>	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).
<b>New STROKE 12</b>	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**

<b>Previous DM1</b>	The practice can produce a register of all patients with diabetes mellitus.
<b>New DM19</b>	The practice can produce a register of <b>all patients aged 17 years and over</b> with diabetes mellitus, <b>which specifies whether the patient has Type 1 or Type 2 diabetes</b>

<b>Previous DM6</b>	The percentage of patients with diabetes in whom the last HbA1C is 7.4 or less (or equivalent test/reference range depending on local laboratory) in last 15 months.
<b>New DM20</b>	The percentage of patients with diabetes in whom the last HbA1C is <b>7.5</b> or less (or equivalent test/reference range depending on local laboratory) in the previous 15 months.

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

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

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

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

<b>Previous COPD7</b>	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.
<b>New COPD11</b>	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**

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

<b>Previous EPILEPSY 2</b>	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.
<b>New EPILEPSY 6</b>	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.

<b>Previous EPILEPSY 3</b>	The percentage of patients aged 16 and over on drug treatment for epilepsy who have a record of medication review in the previous 15 months.
<b>New EPILEPSY 7</b>	<b>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 15 months</b>

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

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**CANCER**

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

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**MENTAL HEALTH**

**MH1**

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

**MH2**

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

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## ASTHMA

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

## RECORDS AND INFORMATION ABOUT PATIENTS

<b>Previous Records 10 Records 16</b>	The smoking status of patients aged from 15 to 75 is recorded for at least 55% of patients. The smoking status of patients aged 15 to 75 is recorded for at least 75% of patients.
<b>New Records 22</b>	<b>The percentage of patients aged over 15 years whose notes record smoking status in the past 27 months, except those who have never smoked where smoking status need be recorded only once. (payment stages 40-90%)</b>

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## EDUCATION

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

## EDUCATION 7

<b>Previous Education7</b>	The practice has undertaken a minimum of twelve significant event reviews in the past 3 years which include (if these have occurred): <ul style="list-style-type: none"> <li>• Any death occurring in the practice premises</li> <li>• Two new cancer diagnoses</li> <li>• Two deaths where terminal care has taken place at home</li> <li>• One patient complaint</li> <li>• One suicide</li> <li>• One section under the Mental Health Act</li> </ul>
<b>New Education7</b>	The practice has undertaken a minimum of twelve significant event reviews in the past 3 years which could include: <ul style="list-style-type: none"> <li>• Any death occurring in the practice premises</li> <li>• <b>New cancer diagnoses</b></li> <li>• <b>Deaths where terminal care has taken place at home</b></li> <li>• <b>Any suicides</b></li> <li>• <b>Admissions under the Mental Health Act</b></li> <li>• <b>Child protection cases</b></li> <li>• <b>Medication errors</b></li> <li>• <b>A significant event occurring when a patient may have been subjected to harm, had the circumstance/outcome been different (near miss).</b></li> </ul>

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## MEDICINES MANAGEMENT

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

## PATIENTS EXPERIENCE

<b>Previous PE3 Patient Surveys (2)</b>	The practice will have undertaken a patient survey each year, have reflected on the results and have proposed changes if appropriate.
<b>New PE5 Patient Surveys (2)</b>	The practice will have undertaken a patient survey each year and having reflected on the results, <b>will produce an action plan that:</b> <ol style="list-style-type: none"> <li>1. Summarises the findings of the survey</li> <li>2. Summarises the findings of the previous year's survey</li> <li>3. Reports on the activities undertaken in the past year to address patient experience issues</li> </ol>

<b>Previous PE4 Patient Surveys (3)</b>	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.
<b>New PE6 Patient Surveys (3)</b>	The practice will have undertaken a patient survey each year and, <b>having reflected on the results, will produce an action plan that:</b> <ol style="list-style-type: none"> <li>1. Set priorities for the next 2 years</li> <li>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)</li> <li>3. Describes the plans for achieving the priorities, including indicating the lead person in the practice</li> <li>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</li> </ol>

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## SMOKING INDICATORS RECONFIGURATION

CHD 3, CHD 4, Stroke 3, Stroke 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:

<b>SMOKING 1 (33 points)</b>	The percentage of patients with any or any combination of the following conditions: 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
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<b>SMOKING 2 (35 points)</b>	The percentage of patients with any or any combination of the following conditions: 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
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**CERVICAL SCREENING**

<b>Previous CS2 Previous CS3</b>	The practice has a system to ensure adequate/abnormal smears are followed up.
<b>Previous CS4</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.
<b>New CS7</b>	<b>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.</b>