



Background Quality Report for - Annual Publications in Northern Ireland:

- (i) Raw Disease Prevalence**

- (ii) Quality & Outcomes Framework
(discontinued from 2023/24)**

Background Quality Report Covering:

- (i) **Raw Disease Prevalence Annual Publication**
- (ii) **Quality and Outcomes Framework (QOF) Statistics Annual Publication**

Dimension	Assessment by the author
Introduction	<p data-bbox="491 412 1347 450"><i>Context for the quality report.</i></p> <p data-bbox="491 450 1347 555">This report assesses the quality of the annual raw disease prevalence and the former Quality and Outcomes Framework (QOF) statistics in Northern Ireland.</p> <p data-bbox="491 584 1347 786">The Department of Health (DoH) and the NI General Practitioners' Committee (NIGPC) agreed the 2024/25 GMS Contract and in doing so, established an approach that promotes stability in GMS while maintaining accountability for the delivery of a quality service. A key feature of the 2024/25 Contract was the Northern Ireland Contract Assurance Framework (NICAF) consisting of 6 domains.</p> <p data-bbox="491 815 1347 987">The Quality and Outcomes Framework (QOF), in operation since the introduction of the GMS Contract in 2004, has been replaced with a Clinical Care Domain within the NICAF. The Clinical Care Domain and the NICAF as established for 2024/25 have continued for the financial year 2025/26.</p> <p data-bbox="491 1016 1347 1357">A number of specified Enhanced Services have also moved into this Clinical Care Domain. Critically, whilst QOF and a number of Enhanced Services were replaced by the Clinical Care Domain, all General Practices are still required to undertake activity that would have been undertaken as part of QOF and Enhanced Services, as clinically appropriate. Practices are required to continue to code appropriately, to record that good clinical care is being maintained. In order to do so, Practices still maintain disease registers which were an integral part of the QOF. Official annual statistics on disease prevalence will continue to be produced.</p> <p data-bbox="491 1386 1347 1491">Whilst there will be no further QOF achievement publications, information relating to QOF achievement in this Background Quality Report is still relevant for previous releases.</p> <p data-bbox="491 1520 1347 1693">QOF was a system to remunerate General Practices for providing good quality care to their patients, and to help fund work to further improve the quality of health care delivered. It measured achievement against a range of evidence-based indicators, with points and payments awarded according to achievement levels.</p> <p data-bbox="491 1722 1347 2029">The information presented in the raw disease prevalence and QOF annual publications derives from register counts, achievement, exceptions and financial data sourced from the General Practice Intelligence Platform (GPIP)/QOF. GPIP/QOF is a joint undertaking between the Strategic Planning and Performance Group*, Department of Health (DoH) and the Business Services Organisation (BSO) as an internal solution to replace the Payment Calculation Analysis System (better known as PCAS). GPIP/QOF came into effect on 1st July 2022.</p>

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	<p>*The regional Health & Social Care Board (HSCB) officially closed on 31 March 2022; responsibility for its functions transferred to the Strategic Planning & Performance Group (SPPG) within DoH.</p> <p>General Practice level disease register data is downloaded and used to produce raw disease prevalence statistics. Previously General Practice level achievement figures for QOF indicators were also downloaded from GPIP/QOF and used to produce the annual QOF statistics series.</p> <p>Note GPIP/QOF, like its predecessor PCAS, is an aggregated accredited practice level dataset; patient level data does not leave the general practice as part of this dataset. Each individual general practice dataset consists of individual disease register counts; it is therefore not possible to disaggregate the registers by age and/or gender, and co-morbidity cannot be determined. It is important to distinguish GPIP/QOF from GPIP. GPIP has been developed by SPPG as part of Digital Health & Care NI (DHCNI) to extract primary care data from all GP practices in Northern Ireland under agreed governance processes. GPIP is an anonymised patient level single data storage solution and as such allows more detailed disaggregation of data such as age, gender and presence of multiple conditions.</p> <p>Current Publication:</p> <p>Project Support Analysis Branch (PSAB), Department of Health (DOH) produce a raw disease prevalence annual publication for Northern Ireland. This publication presents disease register sizes and raw disease prevalence rates per 1,000 list population, broken down to Local Commissioning Group (LCG), GP Federation and General Practice level. The publication includes a report, a spreadsheet and an interactive tool; these can be accessed here: https://www.health-ni.gov.uk/articles/prevalence-statistics</p> <p>Discontinued Publication:</p> <p>Up to 2022/23, QOF achievement and exception reporting statistics were presented in an annual report, published online in conjunction with QOF achievement data online tables and an interactive tool, broken down by clinical indicator and domains. The clinical domain being further presented by disease groups. The data was published at General Practice, GP Federation, LCG and NI level. https://www.health-ni.gov.uk/articles/quality-and-outcomes-framework-qof-statistics-annual-report</p> <p>A Quality Assessment of Administrative Data (QAAD) is available for QOF and raw disease prevalence; this is published alongside the annual publications.</p>

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Relevance	<p data-bbox="491 230 1358 297"><i>The degree to which the statistical product meets user needs in both coverage and content.</i></p> <p data-bbox="491 297 1358 539">Whilst voluntary, it is custom that all General Practices in Northern Ireland participate in the former QOF and the current Clinical care Domain and so are included in raw disease prevalence and QOF achievement/exceptions analysis. Although rare, on occasion agreements may be in place between the SPPG and an individual practice regarding QOF achievement, such that they may be excluded from analysis for the publications.</p> <p data-bbox="491 568 1358 703">In addition to presenting the annual QOF achievement data, comparisons are made with previous years; the percentage of points achieved at LCG level is compared over the last 5 years, for total achievement, by domain area and by clinical indicator.</p> <p data-bbox="491 732 1358 904">The publications are primarily used by researchers and in our correspondence with them, we take on board their comments and feedback. The publications may be used by a variety of other users for a range of purposes, such as the Northern Ireland Assembly devolved administration and the DoH (statutory users).</p> <p data-bbox="491 920 1358 1122">PSAB ensures that these statistical publications remain relevant to users in a number of ways; an Operational Group exists to ensure that the requirements of users are met. As there is an equivalent framework in England, PSAB are mindful of this other publication, monitoring any changes or developments and, if necessary, take on board changes to improve our publication.</p>
Accuracy and Reliability	<p data-bbox="491 1189 1358 1256"><i>The proximity between an estimate and the unknown true value.</i></p> <p data-bbox="491 1301 1358 1473">The principal purpose of the QOF achievement data was the calculation of QOF payments for General Practices. As such, data used in the production of the publication included all participating General Practices (normally all practices in Northern Ireland). There was no sampling involved, and no estimates are produced.</p> <p data-bbox="491 1503 1358 1603">Responsibility for maintaining GPIP/QOF lies with SPPG and BSO, who have their own internal quality assurance checks and validate all figures.</p> <p data-bbox="491 1637 1358 1872">Some of the figures required to keep GPIP/QOF operational are calculated by PSAB, and our own internal quality assurance procedures are used here. PSAB also carries out quality assurance of those figures which are automatically calculated within the GPIP/QOF system. Further historical trend data is examined, particularly in relation to disease register sizes. Any issues are raised with the SPPG.</p>

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<p>Timeliness and Punctuality</p>	<p><i>Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates.</i></p> <p>There was a strict year-end process for practices to submit both achievement and exception reporting data. The raw disease prevalence data submission continues to adhere to this year-end process. PSAB carries out quality assurance of the raw disease prevalence counts, and the Adjusted Practice Disease Factors derived from this data. Any issues are raised with SPPG. Once figures are agreed, confirmation is sent to the SPPG/BSO IT Team, allowing them to deploy the figures live within the payment system. PSAB can then compile and analyse the data for the annual raw disease prevalence publication.</p> <p>Publication of the annual raw disease prevalence report, data tables and interactive tool occurs in May each year.</p> <p>The achievement and exceptions data was validated by the SPPG and an appeals process allowed liaison between the SPPG and practices to arrive at final agreed figures. Following the appeals process, PSAB could then download the data, albeit PSAB would await confirmation from the SPPG that the appeals process had been signed off.</p> <p>Communication between all parties (practices, SPPG, BSO IT, DoH and GPC) is considered good. There is an operational group, comprising representatives from SPPG, DoH and GPC. The remit of this group is to ensure that GPIP/QOF is operational and fit for purpose. This group is the forum where any issues can be discussed and resolved.</p> <p>Publication of the annual QOF Achievement and Exception Reporting Statistics occurred in late October each year.</p> <p>Twelve months advance notice of publications is given in the IAD Statistical Releases Calendar on the DoH website: https://www.health-ni.gov.uk/publications/statistical-releases-calendar</p> <p>In the majority of cases, the target publication deadlines are met. However, in the event of a change to a pre-announced release date, the delay is announced, explained and updated regularly.</p>
<p>Accessibility and Clarity</p>	<p><i>Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.</i></p> <p>PSAB publishes (i) a raw disease prevalence report (including a spreadsheet and interactive tool) and (ii) up to 2022/23, a QOF annual report (covering achievement data and exception reporting</p>

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	<p>statistics). The annual report was accompanied by online data tables and an interactive tool. All of the files are freely available on the Department of Health website at https://www.health-ni.gov.uk/articles/quality-and-outcomes-framework-gof-statistics-annual-report</p> <p>The report and accompanying quality documentation are available to download in PDF format, and the achievement data files and exception files are available as Excel files.</p> <p>The publication is also accessible through the UK National Statistics Publication Hub at: http://www.statistics.gov.uk/hub/index.html</p> <p>Footnotes/caveats and annexes are provided in the publication which cover a range of explanatory information, such as sources and missing data.</p> <p>The publication contains contact details for further information. Additional ad-hoc analysis, where appropriate, is provided on request. If requested, PSAB can provide hard copies.</p> <p>Prevalence User Guidance Notes and QOF User Guidance Notes are available to download at: https://www.health-ni.gov.uk/publications/gof-user-guidance-notes</p> <p>Contact information for further information if required is also provided in the report and User Guidance Notes. Links are provided to QOF publications in the other UK countries.</p>
<p>Coherence and Comparability</p>	<p><i>Coherence is the degree to which data that are derived from different sources or methods, but refer to the same topic, are similar. Comparability is the degree to which data can be compared over time and domain.</i></p> <p>The only source of QOF prevalence and the former achievement data is the GPIP/QOF system that supported the QOF process. GPIP/QOF replaced the PCAS system from 1st July 2022.</p> <p>PCAS was initially developed by MSD Informatics (part of the Merck, Sharp and Dohme pharmaceutical company) to provide practices with objective evidence of the quality of their patient care and to reward them financially for providing that care. From 1st July 2019, the contract to maintain PCAS moved to CACI (a UK company specialising in integrated marketing, technology solutions and network services). The Contract with CACI ended 30th June 2022 and the new in-house GPIP/QOF system became effective from 1st July 2022.</p> <p>GPIP/QOF ensured consistency in the calculation of quality achievement and prevalence and was linked to payment. This meant that payment rules underpinning the GMS Contract were</p>

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	<p>implemented consistently across all GP clinical systems and across all General Practices in NI. GPIP/QOF also gives General Practices and the SPPG objective evidence and feedback on the quality of care delivered to patients.</p> <p>QOF achievement data is available from 2004/05 onwards (data is published and archived back to 2015/16; previous years are available on request). QOF has now been discontinued, and latest achievement data relates to 2022/23. Overall QOF achievement levels at LCG are compared across a 5-year period. Achievement at domain level (Clinical, Public Health including Additional Services, Patient Experience and Records & Systems) and individual clinical domain areas are also compared across a 5-year period. Achievement is also published at General Practice level, although care should be taken to note any relevant issues, such as practice mergers or changes that may have occurred to individual practices since the previous year.</p> <p>Raw disease prevalence is available from 2004/05 onwards; note that new registers have been introduced at various stages since the QOF introduction and likewise some registers have been removed over the same time period. At NI level, all available data for the time period that each register has been/was in operation is presented.</p> <p>The ranking of practices on the basis of QOF points achieved, either overall or with respect to areas within the QOF, may be inappropriate. QOF points do not reflect practice workload issues, for example, around list sizes and disease prevalence – that is why payments include adjustments for both these factors.</p> <p>Limitations for Comparative Analysis:</p> <p>Comparative analysis of General Practice or LCG level QOF achievement may also be inappropriate without taking account of the underlying social and demographic characteristics of the populations concerned. The delivery of services will be related to, for example, age, gender, socio-economic and deprivation characteristics not included in the QOF data collection process.</p> <p>Users of the data should be aware that different types of practice may serve different communities. Comparative analysis should therefore take account of local circumstances such as numbers of students, homeless people, drug users and asylum seekers.</p> <p>Information on QOF achievement should also be interpreted with respect to local circumstances around General Practice infrastructure. Users should be aware of any effect of the numbers of partners (including single-handed practices), local recruitment and staffing issues, issues around practice premises and local IT issues.</p>

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	<p>QOF comparability across the UK:</p> <ul style="list-style-type: none"> • Although QOF is also in operation in England, the framework differs in terms of the indicators it contains and is therefore not directly comparable. • QOF was removed from the GP contract in Scotland following the 2015/16 QOF publication. • The Quality Assurance and Improvement Framework (QAIF) was introduced as part of contract reform in 2019 in Wales. QAIF replaced the Quality and Outcome Framework (QOF), which was originally introduced as part of the new GMS contract in 2004. It is not directly comparable with the NI QOF.
Trade-offs between Output Quality Components	<p><i>Trade-offs are the extent to which different aspects of quality are balanced against each other.</i></p>
	<p>None</p>
Assessment of User Needs and Perceptions	<p><i>The processes for finding out about users and uses, and their views on the statistical products.</i></p>
	<p>PSAB ensures that these statistical publications remain relevant to users in a number of ways; the Operational Group exists to ensure that the requirements of users are met. As there is an equivalent framework in England, PSAB are mindful of this other publication, monitoring any changes or developments and, if necessary, take on board such changes to improve our publication. The publications are primarily used by researchers and in our correspondence with them, we take on board their comments and feedback.</p> <p>Readers are provided with contact details for further information. Regular interaction with Departmental policy colleagues ensures their user needs are met. We also gain awareness of users of our data from ad hoc requests for information. Both publications invite feedback from users.</p>
Performance, Cost and Respondent Burden	<p><i>The effectiveness, efficiency and economy of the statistical output.</i></p>
	<p>The information downloaded by PSAB for the current prevalence publication and the discontinued QOF series was previously required for the calculation of QOF payments to General Practices and continues to be required to record that good clinical care is being delivered to patients. The information is not collected specifically for PSAB and would be collected whether these publications were produced or not.</p>

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Confidentiality, Transparency and Security	<p data-bbox="491 226 1361 297"><i>The procedures and policy used to ensure sound confidentiality, security and transparent practices.</i></p> <p data-bbox="491 338 1361 443">The GPIP/QOF system does not hold any information about individual patients. GPIP/QOF was designed to collect information to support the calculation of General Practice QOF payments.</p> <p data-bbox="491 477 1361 607">Disclosure controls are applied (i) to suppress register counts of less than 5 patients and the associated prevalence per 1,000 and (ii) to suppress less than 5 patients (both numerators and denominators) in the QOF achievement data files.</p> <p data-bbox="491 645 1361 741">Statisticians in PSAB extract the data from GPIP/QOF. Following this, it is held on a network that is only accessible to the statisticians who need access.</p> <p data-bbox="491 779 1361 875">DoH's 'Statistical Policy Statement on Confidentiality' can be found in the Statistics Charter at: <a data-bbox="491 846 1310 875" href="https://www.health-ni.gov.uk/publications/doh-statistics-charter">https://www.health-ni.gov.uk/publications/doh-statistics-charter</p>