



# Quality Assessment of Administrative Data used in -

## Annual Publications in Northern Ireland:

- (i) Raw Disease Prevalence**
  
- (ii) Quality & Outcomes Framework  
(discontinued from 2023/24)**

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# 1. Introduction

Official Statistics on raw disease prevalence published by Project Support Analysis Branch (PSAB), Department of Health (DoH) are based on data extracted from General Practices and other organisations' administrative or management systems. By using data which are already available within administrative or management systems, rather than collecting data afresh, this limits the overall burden placed on data providers and also avoids the cost of implementing dedicated data collection exercises. In addition, the information extracted from such systems often has the advantage of being more timely than statistical data and, when compared with data collected directly from General Practices for example, can also deliver data with a greater breadth of coverage.

This report documents the data source utilised in the production of the annual prevalence statistics. It provides information on the data supplier, the supply and communication arrangements with that supplier, and the quality assurance and audit arrangements for the administrative data source. The report also assesses the risk of data quality concerns and the public interest profile of these statistics. The report also documents the results of the quality management actions that have been undertaken for assuring the suitability of the data source for this purpose.

The Code of Practice for Official Statistics provides the framework to ensure that statistics are trustworthy, good quality and are valuable. The Quality Pillar of the Code contains 3 principles:

- Suitable data sources - Statistics should be based on the most appropriate data to meet intended uses. The impact of any data limitations for use should be assessed, minimised and explained.
- Sound methods - Producers of statistics and data should use the best available methods and recognised standards and be open about their decisions.
- Assured quality - Producers of statistics and data should explain clearly how they assure themselves that statistics and data are accurate, reliable, coherent and timely.

In addition, the UK Statistics Authority issued a statement in January 2015 informing statistics producers that a Regulatory Standard for the Quality Assurance of Administrative Data had been published in response to concerns

about the quality of administrative data that emerged during its assessments of statistics on police recorded crime. The Standard recognises the increasing role that administrative data are playing in the production of Official Statistics and clarifies the Authority's expectations for what producers of Official Statistics should do to assure themselves of the quality of these data. The standard is supported with an Administrative Data Quality Assurance Toolkit, which provides helpful guidance to statistical producers about the practices they can adopt to assure the quality of the data they utilise.

The information collated in this report also reflects the most recent review of data by considering the UK Statistics Authority's toolkit. Annex A reflects the results of applying the toolkit risk/profile matrix to the data source. Given that changes to data sources are inevitable, this report will be periodically updated to reflect the outcomes of ongoing reviews.

## **2. Background**

### **PSAB Official Statistics**

Official Statistics produced by PSAB are widely used in healthcare policy development. Prevalence data are used to contribute to target setting and monitoring, development of service frameworks as well as policy formulation and evaluation. In addition, the information is used in response to a significantly high volume of Assembly questions and ad-hoc queries each year. The Official statistics produced by PSAB are widely used by the Assembly's Health Committee, Professional Advisory Groups, policy branches within the DoH, other Health organisations, academia, private sector organisations, charity/voluntary organisations as well as the general public.

### **2024/25 & 2025/26 GMS Contract**

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 is the Northern Ireland Contract Assurance Framework (NICAF) consisting of 6 domains. The NICAF as established for 2024/25 has continued for the financial year 2025/26.

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. A number of specified Enhanced Services have also moved into this Clinical Care Domain. Critically, whilst QOF and a number of Enhanced Services are being 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.

The associated QOF and Enhanced Services funding has been incorporated into the GMS Contract core funding; achievement reporting against the QOF indicators has therefore ceased. In turn, the annual QOF achievement and exception reporting publication has been discontinued and latest data available relates to 2022/23. As historic QOF statistics are still published on the DoH website, information is provided below on the QOF, and the assessment of the data supplier and source continues to relate to both ongoing prevalence statistics and the former QOF statistics. The table at Annex A details the outcome of our assessment of the prevalence and former QOF statistical series using the matrix assessment toolkit, in terms of data quality concern and public interest.

## **The Quality and Outcomes Framework (QOF)**

The QOF was a system designed 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. The QOF consisted of groups of indicators, against which practices scored points according to their level of achievement. QOF achievement was grouped as follows: (i) management of some of the most common chronic diseases e.g. asthma, diabetes; (ii) how well the practice was organised; (iii) quality and productivity improvement in other parts of the health service such as secondary care and (iv) the amount of extra services offered, such as cervical screening.

**PSAB current publication:**

(i) Annual raw disease prevalence (including a report, a spreadsheet and an interactive tool). This publication presents disease register sizes and raw disease prevalence rates per 1,000 list population broken down to LCG, GP Federation and General Practice level.

**PSAB discontinued publication:**

(ii) A QOF annual report which presents both achievement data and exceptions reporting statistics; this includes a statistical report, online data tables and an interactive tool. This publication presents QOF achievement data by clinical indicator and domains. A 5-year trend series is also presented. The data is published at General Practice, GP Federation, LCG and NI level. Exception reporting statistics are presented by clinical indicator and broken down to LCG, GP Federation and general practice level.

### 3. Assessment of Data Source

**Data Supplier:** General Practices, via 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.

\*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.

**Supplier Information:** GPIP/QOF is a joint undertaking between the Strategic Planning and Performance Group, DoH and the BSO.

SPPG plans and oversees the delivery of health and social care services for the population of Northern Ireland. The Group has responsibility for the functions of the former regional HSCB.

The BSO provides a broad range of regional business support functions and specialist professional services to the health and social care sector in Northern Ireland.

**Data Type:** Aggregated General Practice level data.

**Data Content:** The Quality and Outcomes Framework (QOF) has been replaced with a Clinical Care Domain, established within the NI GMS Contract Assurance Framework (NICAF). This Clinical Care Domain requires General Practices to continue to undertake clinical activity and code this appropriately to record that good clinical care is being maintained. Integral to this is the maintenance of disease registers. Disease register data is downloaded and used to produce annual disease prevalence statistics.

**Supply Schedule:** Annually

**Use of Data:** PSAB use the data to carry out a quality assurance exercise and verify the calculation of register sizes and Adjusted Practice Disease Factors (APDFs), which are used within the GPIP/QOF monitoring system.

PSAB produce a raw disease prevalence annual publication for Northern Ireland. The publication presents raw disease prevalence data at GP Federation, LCG and Northern Ireland levels. Time series data is presented for Northern Ireland, with LCG and GP Federation data given for the current year, for each of the 14 registers which count patients with specific conditions or diseases as covered by the Quality and Outcomes Framework. A comprehensive excel spreadsheet, which also includes General Practice level data, and an interactive tool accompany the report.

<https://www.health-ni.gov.uk/articles/prevalence-statistics>

Up to 2022/23, QOF achievement statistics were presented in an annual report, published online in conjunction with QOF achievement data online tables, broken down by clinical indicator and domains. 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>

**Data Source Information:** The data that supplies the GPIP/QOF system is an aggregated accredited extract from each General Practice in Northern Ireland. It is the responsibility of the clinical systems suppliers to ensure that they adhere to the accreditation process.

**Data Supply & Communication:** There is a strict year-end process for General Practices to submit disease prevalence data. SPPG are responsible for monitoring Practice submissions and informing PSAB when these are complete. PSAB then download the data from GPIP/QOF, quality assure the data and escalate any issues to the GPIP/QOF Team for resolution.

Communication between all parties (General Practices, SPPG, DoH and GPC) is considered good. There is an operational group, comprising representatives from SPPG, DoH and GPC. The aim 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.

**Quality Awareness carried out by Data Supplier:**

The SPPG carry out internal quality assurance and validate the figures as submitted by each general practice into the GPIP/QOF system.

**PSAB Quality Assurance:**

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 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.

**Strengths of Data Source:**

GPIP/QOF is a principal source of disease prevalence data and comprehensive trend data is available. The application of standardised coding across General Practices ensures consistency in prevalence data collection.

**Weaknesses of Data Source:** Aggregated information does not provide a detailed breakdown of age and gender, in terms of disease registers. This information was not required for QOF payment purposes. Sometimes there is an expectation of the amount of secondary analysis that can be carried out on the data, however, this is not what the system was primarily designed for, which was first and foremost for payment purposes.

**Assessment of Level of Assurance Requirements:** PSAB assesses that the level of risk of quality is low, and the public interest is also low. This suggests that the appropriate level of assurance required for these statistics is A1.

**PSAB Assessment of User Needs:** PSAB ensures that these statistical publications remain relevant to users in a number of ways; an Operational Group within SPPG, with representation from PSAB statisticians, exists to ensure that the requirements of users are met.

The publications are primarily used by researchers and in our correspondence with them, we take on board their comments and feedback. The publications are also used by a variety of other users for a range of purposes, such as the Northern Ireland Assembly devolved administration and by the DoH (statutory users) in responding to Assembly Questions and Freedom of Information requests.

## Annex A:

### Risk / Quality Matrix

Level of risk of quality concerns	Public interest profile		
	Lower	Medium	Higher
<b>Low</b>	Statistics of lower quality concern and lower public interest [A1]	Statistics of low quality concern and medium public interest [A1/A2]	Statistics of low quality concern and higher public interest [A1/A2]
<b>Medium</b>	Statistics of medium quality concern and lower public interest [A1/A2]	Statistics of medium quality concern and medium public interest [A2]	Statistics of medium quality concern and higher public interest [A2/A3]
<b>High</b>	Statistics of higher quality concern and lower public interest [A1/A2/A3]	Statistics of higher quality concern and medium public interest [A3]	Statistics of higher quality concern and higher public interest [A3]

The risk of data quality concerns and the public interest profile of these statistics are assessed as A1: 'Statistics of lower quality concern and lower public interest'.