EXCEPTION REPORTING BULLETIN FOR NORTHERN IRELAND 2008/09

This bulletin summarises the third year of available Exception Reporting data from the Quality & Outcomes Framework (QOF) relating to April 2008 to March 2009. The source of this data is the Payment Calculation and Analysis System (PCAS), a Northern Ireland IT system used by general practices that supports the QOF payment process.

Summary

- The overall Northern Ireland exception rate was 4.9%.
- Of the 63 indicators for which exception data are published, the lowest exception rate at Northern Ireland level is for Thyroid 02 (0.3%) and the highest exception rate is for Epilepsy 08 (24.2%).
- At general practice level, 75% of practices have overall exception rates of between 2% and 6%.

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1. Introduction to Exception Reporting

The Quality and Outcomes Framework (QOF) includes the concept of exception reporting. This has been introduced to allow practices to pursue the quality improvement agenda and not be penalised, where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side effect.

Practices can exclude specific patients from data collected to calculate QOF achievement scores. Patients with specific diseases can be excluded from the denominators of individual QOF indicators if the practice is unable to deliver recommended treatments to those patients.

Extract from Annex D of the Statement of Financial Entitlement -

The following criteria have been agreed for exception reporting:

A) patients who have been recorded as refusing to attend review who have been invited on at least three occasions during the preceding twelve months;

B) patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances e.g. terminal illness, extreme frailty;

C) patients newly diagnosed within the practice or who have recently registered with the practice, who should have measurements made within three months and delivery of clinical standards within nine months e.g. blood pressure or cholesterol measurements within target levels;

D) patients who are on maximum tolerated doses of medication whose levels remain sub-optimal;

E) patients for whom prescribing a medication is not clinically appropriate e.g. those who have an allergy, another contraindication or have experienced an adverse reaction;

F) where a patient has not tolerated medication;

G) where a patient does not agree to investigation or treatment (informed dissent), and this has been recorded in their medical records;

H) where the patient has a supervening condition which makes treatment of their condition inappropriate e.g. cholesterol reduction where the patient has liver disease;

I) where an investigative service or secondary care service is unavailable.

In the case of exception reporting on criteria A and B this would apply to the disease register and these patients would be subtracted from the denominator for all other indicators. For example, in a practice with 100 patients on the CHD disease register, in which four patients have been recalled for follow-up on three occasions but have not attended and one patient has become terminally ill with metastatic breast

carcinoma during the year, the denominator for reporting would be 95. This would apply to all relevant indicators in the CHD set.

In addition, practices may exception-report patients relating to single indicators, for example a patient who has left ventricular dysfunction (LVD) but who is intolerant of ACE inhibitors could be exception-reported. This would again be done by removing the patient from the denominator.

In some instances, a patient may have been referred to a specialist with the expectation that a test or investigation would be carried out. Where this has not been done (e.g. a specialist has ordered an alternative test to an echocardiogram for a patient with heart failure), that patient would be exception-reported (as in I above). In other cases, e.g. a diabetic with a hospital summary of an annual review which had no record of fundoscopy, it would be the GP's overall responsibility to ensure that appropriate care had been given.

Practices should report the number of exceptions for each indicator set and individual indicator. Practices may be called on to justify why they have excepted patients from the quality framework and this should be identifiable in the clinical record.

2. Exception Reporting in the Payment Calculation and Analysis System (PCAS)

Presented here are summaries of exception rates for 2008/09. There are 68 specific reasons that are used to except patients from the denominators of indicators. Patients are not excepted from disease register counts (i.e. Indicator 1 in each clinical area), but they can be excepted from the denominator of subsequent indicators in each clinical area.

Within PCAS these reasons are all classed as exceptions, however for the purposes of this publication we have agreed with UK colleagues a distinction between those that are true exceptions and those that are actually exclusions (see Exception/Exclusion Lookup). Exclusions refer to reasons that make the patient ineligible for inclusion in an indicator's denominator, for example because they do not meet the age requirement of the indicator.

Note that we cannot publish exception rates by specific reason of exception. This is because the sequence by which each GP clinical system (EMIS, InPractice Vision, iSoft Torex and Merlok) searches for exception reasons varies and so where a patient has been excepted for more than one reason; it is not clear which sequence has been used by each clinical system and therefore which exception reason was chosen.

3. Calculation of Exception and Exclusion Rates

The list of exceptions and exclusions can be found with the data tables under Exception/Exclusion Lookup.

The denominator is the number of patients that can appropriately be included in an indicator.

The exception rate calculation is: $\frac{\text{Number of Exceptions}}{(\text{Exceptions} + \text{Denominator})} \times 100$

The exclusion rate calculation is: $\frac{\text{Number of Exclusions}}{(\text{Exclusions} + \text{Exceptions} + \text{Denominator})} \times 100$

4. Exception Reporting Summaries for 2008/09

Table 1 shows exception rates for 17 QOF areas at Northern Ireland level. The exception rate percentage is calculated as follows: exceptions divided by (denominator plus exceptions) multiplied by 100.

Table 1: Exception Rates at Northern Ireland level by Indicator Group

Indicator Group	Sum of Denominators	Sum of Exceptions	Exception Rate
Atrial Fibrillation	25,727	928	3.5%
Asthma	118,930	6,368	5.1%
Hypertension	441,102	9,037	2.0%
Cancer	4,388	29	0.7%
CHD	517,388	30,324	5.5%
CKD	111,982	3,821	3.3%
COPD	77,242	8,902	10.3%
Cervical Screening	400,627	48,237	10.7%
Dementia	9,414	560	5.6%
Depression	136,247	4,427	3.1%
Diabetes	870,281	45,685	5.0%
Epilepsy	37,652	4,272	10.2%
Heart Failure	9,773	1,113	10.2%
Mental Health	30,654	2,999	8.9%
Smoking (status recorded)	439,211	2,551	0.6%
Stroke	170,874	10,353	5.7%
Hypothyroidism	57,423	161	0.3%
All Indicators	3,458,915	179,767	4.9%

We are presenting exception rates for 63 individual indicators. Tables 2 and 3 show the ten highest and ten lowest exception rates at Northern Ireland level by indicator.

Table 2: Ten highest exception rates at Northern Ireland level by indicator

Indicator *	Sum of Denominators	Sum of Exceptions	Exception Rate
EPILEP08	10,582	3,384	24.2%
COPD12	2,406	650	21.3%
STROKE10	26,474	4,600	14.8%
DM18	55,453	9,563	14.7%
COPD08	24,979	4,099	14.1%
STROKE13	2,830	461	14.0%
CHD10	65,045	10,218	13.6%
AF04	2,442	374	13.3%
CHD12	65,366	9,859	13.1%
CKD05	4,845	703	12.7%

* See QOF Indicator Lookup for definitions

At Northern Ireland level, the highest exception rate is for Epilepsy 08, which records 'the percentage of patients aged 18 and over on drug treatment for epilepsy who have been seizure free for the last 12 months. The same indicator had the highest exception rate in 2007/08. Four of the 10 highest exception rates are within indicators relating to recording of influenza immunisation.

Table 3: Ten lowest exception rates at Northern Ireland level by indicator

Indicator *	Sum of Denominators	Sum of Exceptions	Exception Rate
THYROI02	57,423	161	0.3%
CKD02	54,890	246	0.4%
SMOKE03	366,553	2,102	0.6%
SMOKE04	72,658	449	0.6%
CANCER03	4,388	29	0.7%
CHD05	74,576	723	1.0%
BP04	222,692	2,401	1.1%
DM11	64,326	751	1.2%
DM22	64,146	931	1.4%
STROKE05	30,642	456	1.5%

* See QOF Indicator Lookup for definitions

The lowest exception rate at Northern Ireland level is for Thyroid 2, which is 'The percentage of patients with hypothyroidism with thyroid function tests recorded in the previous 15 months". Five of the 10 lowest exception rates are within indicators relating to recording of blood pressure.

Figure 1 shows the overall exception rates at Health & Social Services Board level. Comparatively, the Southern Health Board has the lowest overall exception rate at 3.8% and the Western Health Board has the highest overall exception rate at 5.8%.

Figure 2 shows the overall exception rates at Local Commissioning Group level. Comparatively, the Southern LCG has the lowest overall exception rate at 3.8% and the Western LCG has the highest overall exception rate at 5.8%.

Although Local Commissioning Groups only came into existence in April 2009 and were therefore not operational during the 2008/09 QOF year, this chart has been provided to allow comparisons next year when all data will be presented at LCG level only.

5. Summary statistics for Exception Rates at Practice Level

- The overall exception rates at general practice level ranged from 1.5% to 17.9%.
- The average exception rate was 4.8%.
- There were 140 (39%) general practices with an overall exception rates higher than the average of 4.8%.
- 75% of practices have overall exception rates of between 2% and 6%.

Figure 3 shows a frequency distribution of general practice exception rates. Note that the detailed practice level tables should be consulted when comparing rates at practice level as high exception rates may actually refer to small numbers of patients.