

Clinical governance in action

Quality and Outcome Framework in Carmarthenshire, south-west Wales

Gareth Morgan BSc (Hons) MPhil MPH FRIPH

Acting Director of Planning and Primary Care, Carmarthenshire Local Health Board, Llanelli, UK

ABSTRACT

The Quality and Outcome Framework (QOF) is a financial incentive system for the provision of quality primary care medical services within general practice. It is measured using a points system of 1050 maximum. This paper provides an overview of the QOF process undertaken in 26 general medical practices in Carmarthenshire, south-west Wales. Using a consistent approach across clinical and non-clinical domains, the Carmarthenshire Local Health Board (LHB) QOF visiting team were able to

identify examples of good practice. Furthermore, the QOF points achieved by the practices suggest a quality primary care provision within Carmarthenshire. The QOF has been a learning process for all stakeholders involved in the process, and a formal evaluation of it within Carmarthenshire would now appear to be a sensible step forward.

Keywords: Carmarthenshire, evaluation, good practice, primary care, quality

Introduction

Carmarthenshire Local Health Board (LHB) serves a population of approximately 175 000 individuals in south-west Wales. Between December 2004 and February 2005, all of the 26 general practices within Carmarthenshire were visited as part of the Quality and Outcome Framework (QOF) process which forms part of the new General Medical Services (GMS) contract within the United Kingdom (Box 1).¹

Methods

The LHB had a core visiting team derived from the medical, nursing and service planning and development directorates (see acknowledgements). In addition, community health council representatives attended four visits.

A visiting timetable was constructed in consultation with the practices, and prior to each visit a pre-QOF meeting was held to review the evidence provided and identify any issues to be raised during the visit.

Although the size and constitution of the visiting team varied, during the visit a consistent approach was taken. The non-clinical domains were discussed with

the practice manager while the clinical domains were discussed with at least one of the general practitioners (GPs). For both the non-clinical and clinical domains, a standard template covering all of the domains was used. The non-clinical domains covered: records and information about patients; patient communication; education and training; practice management; medicines management; patient experience; and additional services. The clinical domains covered coronary heart disease; stroke; hypertension; diabetes mellitus; chronic obstructive pulmonary disease; epilepsy; hypothyroidism; cancer; mental health; and asthma.

The QOF report was written up in a standard format and sent to the respective practice for comment. Within the report, areas for action were identified and an overall impression of the visit described.

Results

It was apparent from the visits that variation across general practice exists within Carmarthenshire. For example, some were unable to fully use the Contract Manager software, while others used it for maximum

Box 1 QOF background and Carmarthenshire context

On 1 April 2004 the GMS contract was introduced. The components of the new contract are organised into three categories of payments. These are listed below with the approximate Carmarthenshire funding allocations (April 2005) shown in brackets.

- 1 The global sum/minimum practice income guarantee (£11.5 million)
- 2 QOF (£2.9 million)
- 3 Enhanced services (£1.5 million)

The QOF is measured using a points system of 1050 maximum and it is based upon non-clinical (500 points) and clinical (550 points) domains. Each point achieved results in a payment calculated according to practice list size and disease prevalence. The QOF is therefore a financial incentive quality improvement system for the provision of quality primary care medical services within general practice.

Like other areas of the UK, practice visits were conducted as part of the QOF process to discuss and receive evidence. For the non-clinical domains, evidence was subdivided into grades A, B and C. Grade A evidence was provided before the visit, grade B provided during the visit, and grade C evidence was optional. With respect to the clinical domains, the evidence was taken from the contract manager software report. Practices not using the software were asked to submit a manual report as evidence against achievement of the points claimed.

With respect to QOF points targets across the 22 Welsh LHBs, the ministerial priority for primary care is as follows:

80% of general practices to achieve at least 700 points in the General Medical Services Quality and Outcome Framework (Target date: 31 March 2006).

effect. There was also variation in some of the protocols, for example smoking cessation and support offered to carers.

One of the most important variations related to repeat prescriptions and medication reviews. The QOF requires evidence that an indication for the repeat prescription can be identified in the records, and that patients have medication reviews. In order to build on good practice identified during the visits and to achieve equity, a standardised template was developed for completion in order to achieve the points.

The average level of points achieved by Carmarthenshire practices in 2004–05 was 954, a figure slightly higher than the all-Wales average of 943. Table 1 provides a summary of the QOF points achieved within Carmarthenshire. From the data, it can be seen that more than 95% of practices exceeded the ministerial priority target for primary care (25/26), and that the majority (22/26) achieved points exceeding 900. One practice achieved the maximum 1050 points.

Discussion

The QOF points achievement that exceeds both the all-Wales average and the ministerial priority target would suggest a quality primary care provision within Carmarthenshire. Further work is required to evaluate the achievement in more detail, and the substantial information and experience obtained during the QOF process will provide a basis for this. Arising out of the work will be actions to ensure that all learning points are implemented within Carmarthenshire. Some of these learning points are evident now, and the discussion that follows provides commentaries on some of the QOF experience gained during the process.

The QOF process proved to be a substantial undertaking. The immediate gains of it have been the engagement with the 26 practices and the initiation of a continuous quality improvement process that can be developed further. Continuous quality improvement is a key issue, and perhaps the QOF process may

Table 1 QOF points achievement (April 2005) across 26 Carmarthenshire practices

Points	<700	700–800	800–900	900–1000	>1000
Number	1	2	1	13	9

facilitate this in many ways, including promoting reflective practice.^{2,3}

Where possible, the visiting team tried to resolve issues during the practice visit. This included issues relating to data quality, and also signposting the practice to another professional for further information. For example, with respect to carer support the 'Carmarthenshire carers' information pack' was considered to be an essential resource. When the pack was not available, the practice was given the contact details of Carmarthenshire Voluntary Service in order to obtain them.

The variation identified allows consideration to be given towards developing standards of good practice within the Carmarthenshire context. The advantage of this approach is that variation can be reduced, and also the good practice is an internal standard generated within the county rather than imposed from outside. Patient experience and involvement is also a key element within this development.⁴

In conclusion, the QOF points achieved by the practices suggest a quality primary care provision within Carmarthenshire. The QOF has been a learning process for all stakeholders involved in the process, and anecdotal feedback has been generally positive from both practice managers and GPs. A sensible step forward now would be to formally evaluate the QOF process within the wider context of continuous professional development.⁵ Such an evaluation might also provide useful information about how a financial incentive quality improvement system leads to service changes within general practice that benefit patients.

ACKNOWLEDGEMENTS

The QOF visiting teams comprised the following:

Dr Terry Davies (Medical Director)
 Nicola Gravette (Clinical Governance Officer)
 Kath Haines (Prescribing Manager)
 Dr Bryn John* (Neath Port Talbot Local Health Board Medical Director)
 Lynne John (Assistant Nurse Director)
 Paula Jones (Primary Care Development Manager)
 Gareth Morgan (Acting Director of Service Planning and Development from 31 January 2005)
 Karen Preece (Director of Service Planning and Development until 31 January 2005)
 Chantel Rhodes (Data Quality Facilitator)
 Dr Michael Thomas* (Local Public Health Director)

Bridget Wilson (Commissioning and Planning Officer)

*Attended one visit on behalf of Dr Terry Davies

Karen Hackett (administrative support) and Ceinwen Richards (work on QOF reports) are thanked for their hard work supporting the process.

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Further information on Carmarthenshire LHB and the population it serves can be found on the website: www.wales.nhs.uk/lhg/home.cfm?ORGid=251 (accessed 10 May 2005).

CONFLICTS OF INTEREST

None.

ADDRESS FOR CORRESPONDENCE

Gareth Morgan, Acting Director of Planning and Primary Care, Carmarthenshire Local Health Board, Unit 5, Parc Dafen, Dafen, Llanelli, Carmarthenshire SA14 8QW, UK. Tel: +44 (0)1554 744400; fax: +44 (0)1554 744401; email: gareth.morgan@carmarthenlhb.wales.nhs.uk

Received 5 April 2005

Accepted 12 April 2005