

Retired Quality and Outcomes Framework (QOF) indicators Second GPC statement, January 2015

Following concerns highlighted by practices and LMCs this week relating to the request from the Health and Social Care Information Centre (HSCIC) to extract data related to retired QOF indicators (see GPC statement attached), the GPC Executive Team has taken up the profession's legitimate concerns with NHS England and NHS Employers. We have received an apology from NHS England for the error which resulted in the HSCIC statement that "it is a requirement for general practices to ensure they continue to provide the services linked to these indicators". All parties have agreed that this is incorrect and not in accordance with the agreement negotiated between GPC and NHS Employers.

As a result of our intervention, HSCIC have replaced the statement with "Practices continue to undertake the work and code activity related to retired indicators as clinically appropriate. This data extraction will help inform commissioners and provide statistical information but is not intended for performance management purposes". The HSCIC documents have been republished.

www.hscic.gov.uk/retiredQOF

The GPC is also writing to the CQC to alert it to this issue and to seek assurance that it will not use redundant QOF indicators to judge the performance of practices as the level of coding will now be so variable.

We hope that these amendments and republication will resolve the earlier concerns. In the event that you continue to experience issues please contact your LMC (practices) or the GPC Secretariat (LMCs) (info.gpc@bma.org.uk).

Retired Quality and Outcomes Framework (QOF) indicators GPC statement, January 2015

GPC has heard a number of understandable concerns regarding recent communications from the Health and Social Care Information Centre (HSCIC) about retired QOF indicators for 2014/15. Practices have been informed that support for these indicators has now been added to the Calculating Quality Reporting Service (CQRS) and automated data will be collected by the General Practice Extraction Service (GPES) from February 2015. To receive automated data for this service from February, practices have been asked to participate in CQRS by 23 January 2015.

In accompanying information, HSCIC suggests that “it is a requirement for general practices to ensure they continue to provide the services linked to these indicators”. This statement is incorrect and is not what was agreed by GPC, NHS Employers and NHS England in the 2014/15 contract negotiations.

Concerns have been raised by LMCs and practices about the recording and achievement of retired QOF indicators. Following the wholly inappropriate and flawed use of coded data by the Care Quality Commission as part of its “intelligent monitoring” risk assessment, practices are understandably anxious about how data that is extracted will be used.

The GPC’s position is that the decision to retire and amend these indicators was intended to reduce bureaucracy and to allow practices to focus on the needs of patients. These indicators were successfully removed during negotiations as being clinically inappropriate and unhelpful to practices. As such, there is no expectation that practices should continue to focus on achieving these targets, and GPs should instead continue to use professional judgment to treat patients in accordance with best clinical practice guidelines. It is for clinicians to decide how they record clinical consultations and what codes, if any, to use. Practice funding is no longer linked to meeting these indicators and so it is a matter for practices to decide whether to respond to CQRS extraction requests. Practice payments under the contract will not be affected by agreeing to the extraction.

GPC anticipates a large fall in the recording of many of the retired codes, particularly those that were previously imposed, as practices now work more appropriately, and therefore believes that allowing retired codes to be extracted could help to demonstrate how inappropriate it was to impose contract changes in the first place.

The Executive Team has taken up these concerns directly with all relevant parties and would recommend that practices contact their LMC and the GPC Secretariat (info.gpc@bma.org.uk) in the event of any further issues.

Practices should be reassured that last year’s contract agreement still stands, and there is no contractual requirement for practices to record codes for former QOF indicators.