

# Quality and Outcomes Framework

Prevalence, achievement, payment and exceptions data for  
Scotland, 2015/2016



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## Introduction

The Quality & Outcomes Framework (QOF) is one of the main sources of potential income for General Practices across the UK. It is a major part of the General Medical Services (GMS) contract, introduced on 1st April 2004. The QOF measures a General Practice's achievement against a set of evidence-based indicators designed to promote good practice. Payments are made to each General Practice on the basis of their level of achievement against those indicators. The QOF is an important source of data to estimate the percentage of people with particular chronic conditions.

ISD will no longer be publishing the QOF after this release as the QOF is being decommissioned, with all points being retired and funding transferred to practice core funding. QOF data will no longer be extracted for payment purposes.

This release provides information on 2015/16 QOF data. Included data are:

- An estimate of the percentage of the Scottish population recorded with selected health conditions.
- The number of points achieved by participating practices.
- The number of points achieved for individual QOF indicators and indicator groups.
- The total QOF payments.

## Main points

- Hypertension was the most prevalent condition (13.9%). This figure is similar to previous years.
- Osteoporosis had the largest increase in achievement for a clinical indicator between 2014/15 and 2015/16. This increased from 87.3% to 92.3%, a difference of 5%.

## Key Definitions

### The Quality & Outcomes Framework (QOF)

This publication contains information on General Practices with a registered population in Scotland (representing 95% of all practices in Scotland). It does not include various specialist practices (such as practices offering only Out of Hours services and practices for patients with challenging behaviour). The publication includes details of practices' participation in the QOF, prevalence of selected health conditions, practices' achievements against their selected indicators and the payments that are made to practices as a result of those achievements.

Some of the clinical indicators relate to very specific subgroups of patients, and if the practice does not have any patients in that particular subgroup, they cannot score any points against that indicator. This is more likely to happen in very small practices. Also, participation in the QOF is voluntary. Some practices that do not have a standard GMS contract may only record QOF data for selected indicators and have separate, locally tailored quality frameworks to cover other aspects of the care that they provide. Therefore, while individual practices may not achieve full points for every QOF indicator because they have not been able to meet some or all of the requirements for that indicator, practices with lower points than others cannot automatically be regarded as being "worse".

The information contained in this publication will be of interest to individuals, organisations and groups with an interest in workload, quality improvement, epidemiology and other aspects of General Practice. Here are some examples of how the information on the QOF has been used.

- It has allowed General Practitioners (GPs), their patients and practice staff to compare their results with those for other practices, to reflect the workload for particular conditions and to assess and monitor particular conditions.
- NHS Boards and Health & Social Care Partnerships use the results to see how the practices in their areas compare to others and use this information to support quality improvement work with practices.
- Academic researchers for research projects.
- Charities representing specific health conditions use QOF to raise awareness of specific conditions.

### General Practice

The QOF measures General Practice achievement against a set of evidence-based indicators designed to promote good practice. Payments are made to practices on the basis of their level of achievement against those indicators. However, a practice's overall QOF score will depend on what type of practice they are.

There are three types of General Practice:

- GP run General Medical Services (GMS) contracted practices (also known as 17J practices). Although QOF participation is voluntary for these practices, since QOF forms a significant part of a GMS practice's remuneration, participation by these practices in QOF is close to 100%.

- GP run locally negotiated contracted practices (also known as 17C practices). These contracts support flexible provision of services to support local needs. Where 17C practices do record data for QOF, they may not do so for all indicators where the indicator does not fit with their specific local requirements. This means that what may appear as a low QOF achievement may be due to only some indicators being used by that practice.
- NHS Board run practices (also known as 2C practices). These practices may offer only Out of Hours services, practices for patients with challenging behaviour, smaller practices or practices without a permanent GP. Like the 17C practices, what may appear as low QOF achievement for a 2C practice may be due to only some indicators being used.

It is essential that published QOF results are interpreted carefully in the context of the contracting arrangements of individual practices. In particular, practices with contract types 17C and 2C may only use some of the QOF indicators and thus may not appear to achieve as many points as other practices that (or which) use all of the QOF indicators.

You can find out more about practice contract types in [Appendix 1](#).

### Prevalence

Prevalence is a measure of the frequency of a disease or health condition in a defined population at any particular point in time (for example, the number of people living in Scotland on the 1<sup>st</sup> April 2016 who have diabetes). Prevalence data within the QOF are collected in the form of practice 'registers'. A QOF register may count patients with one specific disease or condition, or it may include multiple conditions. There may also be other criteria for inclusion on a QOF register, such as age or time of diagnosis.

Although the QOF can potentially be used to examine variations in the prevalence of individual diseases and health conditions, prevalence figures should be interpreted with caution. Prevalence rates are simply the total number of patients on the register, expressed as a proportion or percentage of the total number of patients registered with the practice. These rates take no account of differences between practice populations in terms of their age or gender profiles, or other factors that influence the prevalence of health conditions. As one example, this could mean that a practice with an older population might appear to have higher prevalence rates for age-related conditions (e.g. cancer, stroke) than another practice with a younger population. Furthermore, although registers may be restricted (e.g. to only include persons over a specified age) the QOF prevalence rate is based on the total number of persons registered with the practice (the practice list size) at one point in time.

Further limitations include differences in prevalence figures from other sources because of coding or definitional issues and year-on-year changes in the size of QOF registers being influenced by various factors. [Further information relating to use of QOF prevalence figures can be found here](#).

## Number of points (achievement)

The QOF measures a General Practice's achievement against a scorecard of evidence-based indicators. In 2015/16 the QOF spanned four domains: Clinical, Public Health, Quality and Safety, and Medicines Management. The number of points for the 2015/16 was the same as the 2014/15 QOF; practices could score up to a maximum of 659 points. The number of indicators decreased from 75 in 2014/15 to 74 in 2015/16.

## Four QOF domains in 2015/16

These cover the following areas:

- **Clinical (52 indicators):** this domain is the largest element of the QOF. Within it are a series of indicators relating to processes and outcomes in relation to a range of health conditions such as diabetes, asthma and Chronic Kidney Disease (CKD).
- **Public Health (11 indicators):** this domain was first included in QOF in April 2014 to reflect the part of QOF to be dedicated to evidence-based Public Health and primary prevention indicators. This domain was expanded for the 2014/15 publication and the 2015/16 publication has one indicator on blood pressure, two indicators on Cardiovascular Disease – Primary Prevention (CVD-PP), four indicators on smoking, three indicators on cervical screening, and one indicator on contraception.
- **Quality and Safety (8 indicators):** this domain comprises eight indicators on reviewing data/patients for outpatient referrals, emergency admissions and Anticipatory Care Plan (ACP) cohorts, and improvement indicators on patient safety.
- **Medicines Management (3 indicators):** this domain comprises three indicators about meetings with NHS Board prescribing advisers and medication reviews for patients.

## Indicator Groups

Most health conditions or services are monitored using a combination of indicators, and together these indicators form an 'indicator group'. For example, the Peripheral Arterial Disease (PAD) group contains two indicators: the percentage of patients with PAD for whom the last blood pressure reading measured (in the preceding 15 months) is 150/90 mmHg or less; and the percentage of patients with PAD with a record in the preceding 15 months that aspirin or an alternative anti-platelet has been taken. A full description of the QOF indicators for 2015/16 can be found in the [QOF 2015/16 Guidance for NHS Boards and GP Practices](#) or in the [List of individual QOF indicator descriptions](#) Excel spreadsheet.

## Methodology

### Data

This release provides information on 2015/16 QOF data. Included data are: an estimate of the percentage of the Scottish population recorded with selected health conditions, the number of points achieved by participating practices, the number of points achieved for individual QOF indicators and indicator groups, and the total QOF payments.

Data were extracted from the [QOF Calculator Database](#), the national IT system that supports the calculation of QOF achievements and payments, to give GP practices and NHS Boards objective evidence and feedback on the quality of care delivered to patients. Data covered 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016 and were extracted on 28<sup>th</sup> June 2016. Local adjustments are made to these data via notifications from NHS Boards.

### Reliability of QOF prevalence estimates

Registers are not primarily collected to collate statistics on how many people have a particular condition, but they do provide a useful source for estimates. New registers should be treated with caution in the first few years of reporting as they are still being established and validated. No new registers were established in 2015/16.

QOF registers give reliable estimates of prevalence for conditions which are managed mainly by the GP or practice nurse, but QOF registers are likely to underestimate prevalence for conditions where people do not always consult their doctor. For further information about the reliability of prevalence estimates for specific conditions see [Appendix 3](#). For more specific information please refer to the [Information for users of QOF register and prevalence data](#) available on our website.

### Comparability of QOF with other prevalence data

Scotland has a number of other data sources which are used to create estimates on the prevalence of health conditions:

- Data from the [Scottish Health Survey](#) in which adults and children are asked about their health.
- Surveys of specific diseases, for example, the annual [Scottish Diabetes Survey](#) which is extracted from the national diabetes IT system.

There are links to a range of condition specific outcomes which QOF can be compared to within our web page, which contains [information for users of QOF register and prevalence data](#).

### Comparability of QOF between years

QOF achievement data are not comparable from one year to the next due to changes in the list of indicators, changes in the points available and changes in the list of practices whose data are included in the QOF publication each year. This was particularly relevant for 2014/15 data, as the number of QOF points has decreased by around a third from 923 in 2013/14 to 659. Although we strongly encourage users not to compare the data, if you wish to do so then we advise you to first check information about these changes on the [revisions to QOF](#) pages on the ISD website.

### Comparability of QOF data across individual practices

There may be other reasons for apparently lower levels of achievement against the QOF. These include the following:

- Whilst most Scottish General Practices with GMS contracts have participated fully in the QOF, it is important to note that for some of them it may be impossible to achieve all of the points available in the framework. For example, some of the clinical indicators relate to very specific subgroups of patients, and if the practice does not have any patients in that particular subgroup, they cannot score any points against that indicator. This is more likely to happen in very small practices.
- Participation in the QOF is voluntary. Some practices that do not have a standard GMS contract may only record QOF data for selected indicators and have separate, locally tailored quality frameworks to cover other aspects of the care that they provide

### Comparability of QOF between the four UK nations

It is not possible to directly compare the QOF performance of the four nations of the United Kingdom. The only measure of QOF performance which is available across all four nations is the overall achievement for all practice types, but practice types score very differently due to differences in their contracts; 2C and 17C practices tend to score less than GMS practices. The ratio of practice types is not consistent across the UK and the different ratio in each of the home nations affects their overall average. From 2014/15 Scotland had a large number of indicators that have slightly different rules/definitions. These indicators are signified by (S) at the end of their reference code, an example is HF004(S).

Further data for other UK nations are available at these links:

- [England](#)
- [Northern Ireland](#)
- [Wales](#)

### Geographies

#### NHS Board boundaries

[2014 NHS Board boundaries](#), which came into effect from 1<sup>st</sup> April 2014, are used throughout this publication. Estimates by NHS Board in this publication are based on contractual boundaries rather than geographical boundaries (they are based on the location of the GP practice rather than the location of where people registered with the practice live). There are 14 NHS Boards in total.

#### Health & Social Care Partnership boundaries

[2016 Health & Social Care Partnership \(HSCP\) boundaries](#), which came into effect from 1<sup>st</sup> April 2016, are used throughout this publication. As with NHS Boards, estimates are based on contractual boundaries. There are 31 HSCPs in total. These replaced Community Health Partnerships (CHPs), which ceased to exist when their functions were fully taken over by HSCPs in April 2016. This is the first (and only) QOF publication for which HSCPs are produced.

### Populations

In this document populations are taken from the number of patients registered at a General Practice, known as the practice list size, and are used to calculate prevalence rates. The list size is based on the [Community Health Index](#) (CHI) numbers registered for that practice and, at the time of this release, list size numbers are taken from the start of the calendar year, 1st January 2016. These list size numbers should be treated with caution, particularly when comparing them to geography based population estimates (such as mid-year estimates), as the number of patients typically exceeds the population based estimate due to the following reasons:

- They include deceased individuals.
- They include people who have been given a CHI number but have since left the country to live for a period of time abroad (expats).
- They include overseas visitors who registered with a GP in Scotland or received screening services at a point in time.
- They include students who have moved from Scotland after their studies but who have not registered elsewhere in the UK.
- They include people who are residing in Scotland illegally but still access the health service; for example, international students whose student visas have expired but they remain in the country.

### **Changes to the publication**

Unlike previous years, minimal changes have been made to this document. As with the previous publication, QOF prevalence rates are only presented for clinical indicators. Therefore, prevalence rates for CVD-PP and conditions associated with smoking are not presented, as their indicators changed from the Clinical to the Public Health domain in 2014/15. Only one indicator has been retired from the Public Health domain, with these points transferred to two indicators in the Clinical Domain. See [Appendix 5](#) for further details.

## Results and Commentary

### Participation

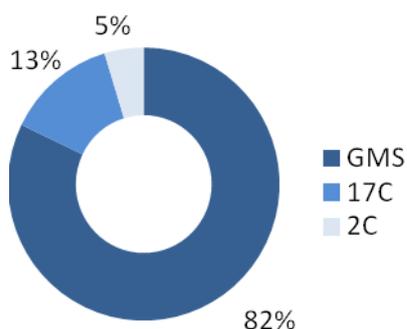
Numbers of General Practices by practice type participating in the QOF are shown in Table 1. Only six General Practices did not take part and, of those who submitted partial data, the vast majority were 17C practices.

**Table 1. Numbers of General Practices participating in QOF, 2015/16<sup>1</sup>**

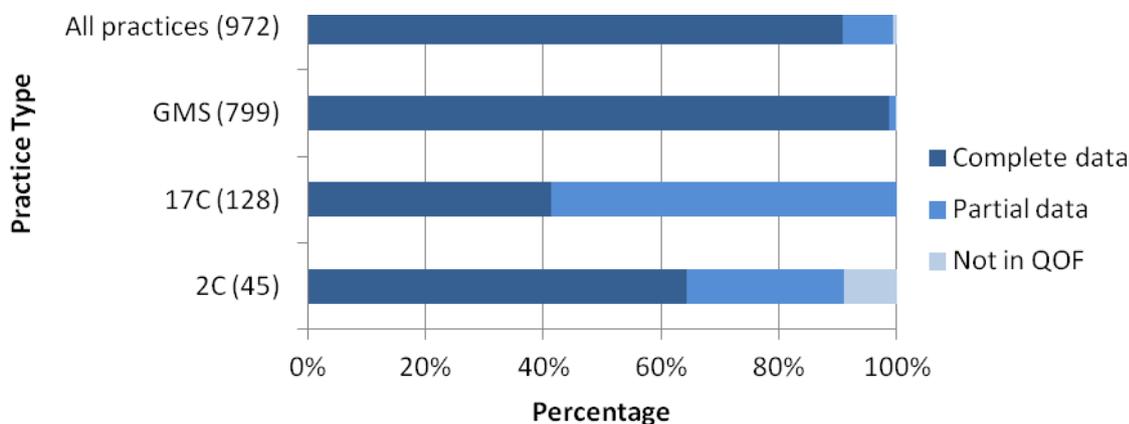
| Type of General Practice | Number in Scotland <sup>1</sup> | Took part in QOF | Submitted complete data | Submitted partial data |
|--------------------------|---------------------------------|------------------|-------------------------|------------------------|
| GMS (GP run)             | 799                             | 797              | 789                     | 8                      |
| 17C (Locally negotiated) | 128                             | 128              | 53                      | 75                     |
| 2C (NHS Board run)       | 45                              | 41               | 29                      | 12                     |
| All practice types       | 972                             | 966              | 871                     | 95                     |

<sup>1</sup> – As at 31<sup>st</sup> March 2016

**Chart 1. Percentage of General Practices in Scotland by practice type**



**Chart 2. Percentage of practices which submitted complete data, partial data or did not participate in QOF by practice type**

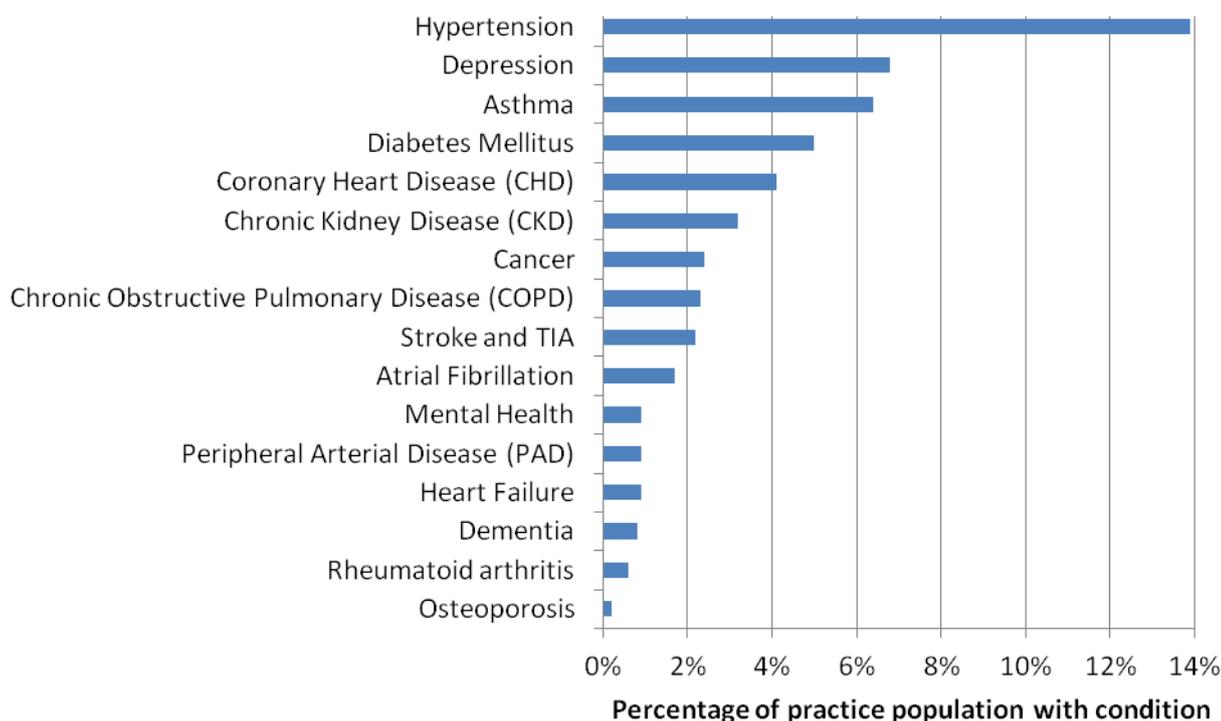


## All practices

### Prevalence

Overall prevalence rates for health conditions drawn from the clinical domain of the QOF registers are shown in Chart 2. Hypertension has the highest overall prevalence at 13.9%, followed by depression (6.8%) then asthma (6.4%). There were only small changes in prevalence between 2014/15 and 2015/16. Depression showed the largest prevalence increase, from 6.3% in 2014/15 to 6.8% in 2015/16.

**Chart 3. QOF prevalence rates at 1st April 2016; all practice types<sup>1,2,3</sup>**



1. Registers are cumulative and include all patients with the condition since a given date, which varies for the different conditions, as opposed to those currently being treated for the condition.

2. Mental Health includes the following conditions: schizophrenia, bipolar affective disorder and other psychoses.

**Annotation**

3. Extracted from the QOF calculator on 28th June 2016

**Further information on prevalence for NHS Boards, HSCPs and practices can be found on the [QOF pages](#) on the ISD website.**

## GMS practices

### Number of QOF points (achievement)

Amongst Scottish General Practices with a standard GMS contract type, the average number of QOF points achieved in 2015/16 was 645.3 (out of a maximum of 659) compared to 645.4 in 2014/15. Nearly a third of GMS practices achieved the maximum of 659 points (31.9%). Over two-thirds of all GMS practices achieved at least 99% of all available QOF points.

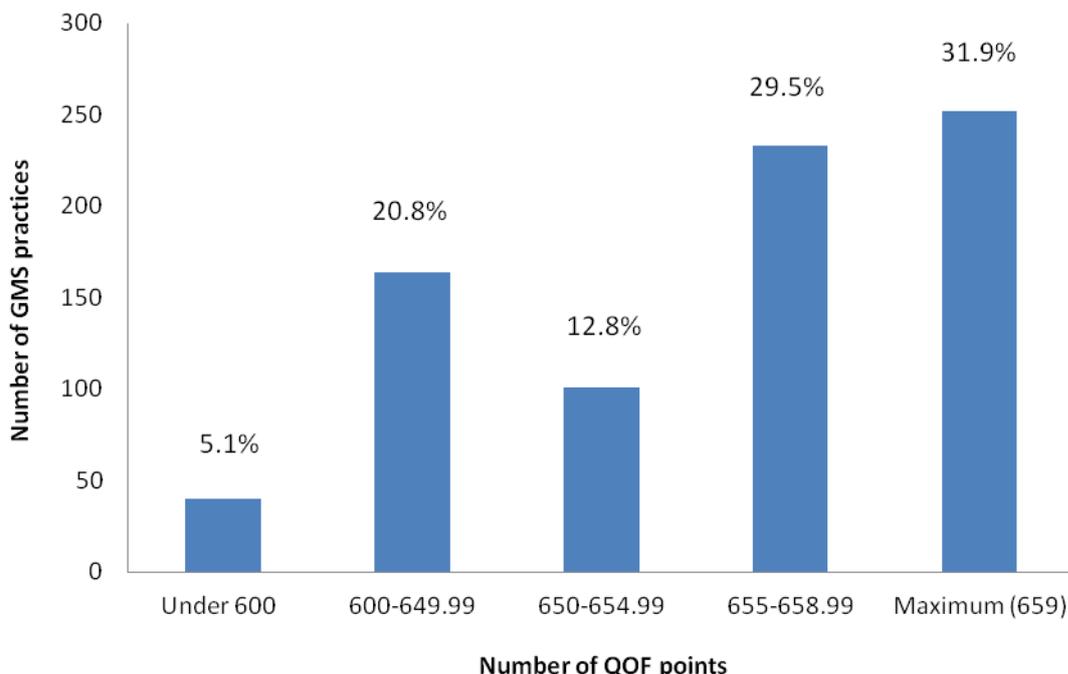
A breakdown of GMS practice points achieved by domain is shown in Table 2, with the distribution of QOF points achieved by GMS practice shown in Chart 4. Over 90% of practices scored the maximum number of points for the Medicines Management and Quality and Safety domains.

**Table 2. QOF points achieved by GMS practices, 2015/16<sup>1</sup>**

|                             | Points available | Average points achieved by GMS practice |      | Total number of GMS practices | GMS practices achieving maximum points |      | GMS practices achieving <90% of points |     |
|-----------------------------|------------------|-----------------------------------------|------|-------------------------------|----------------------------------------|------|----------------------------------------|-----|
|                             |                  | No.                                     | %    |                               | No.                                    | %    | No.                                    | %   |
| Total                       | 659              | 645.3                                   | 97.9 | 790                           | 252                                    | 31.9 | 35                                     | 4.4 |
| Clinical Domain             | 408              | 401.4                                   | 98.4 | 789                           | 332                                    | 42.1 | 24                                     | 3.0 |
| Medicines Management Domain | 23               | 22.5                                    | 97.9 | 789                           | 757                                    | 95.9 | 31                                     | 3.9 |
| Public Health Domain        | 117              | 114.0                                   | 97.4 | 789                           | 460                                    | 58.3 | 68                                     | 8.6 |
| Quality and Safety Domain   | 111              | 107.4                                   | 96.7 | 789                           | 714                                    | 90.5 | 45                                     | 5.7 |

1. As at 31st March 2016, extracted from the QOF calculator on 28<sup>th</sup> June 2016

**Chart 4. Distribution of QOF points achieved by GMS Practices, 2015/16**

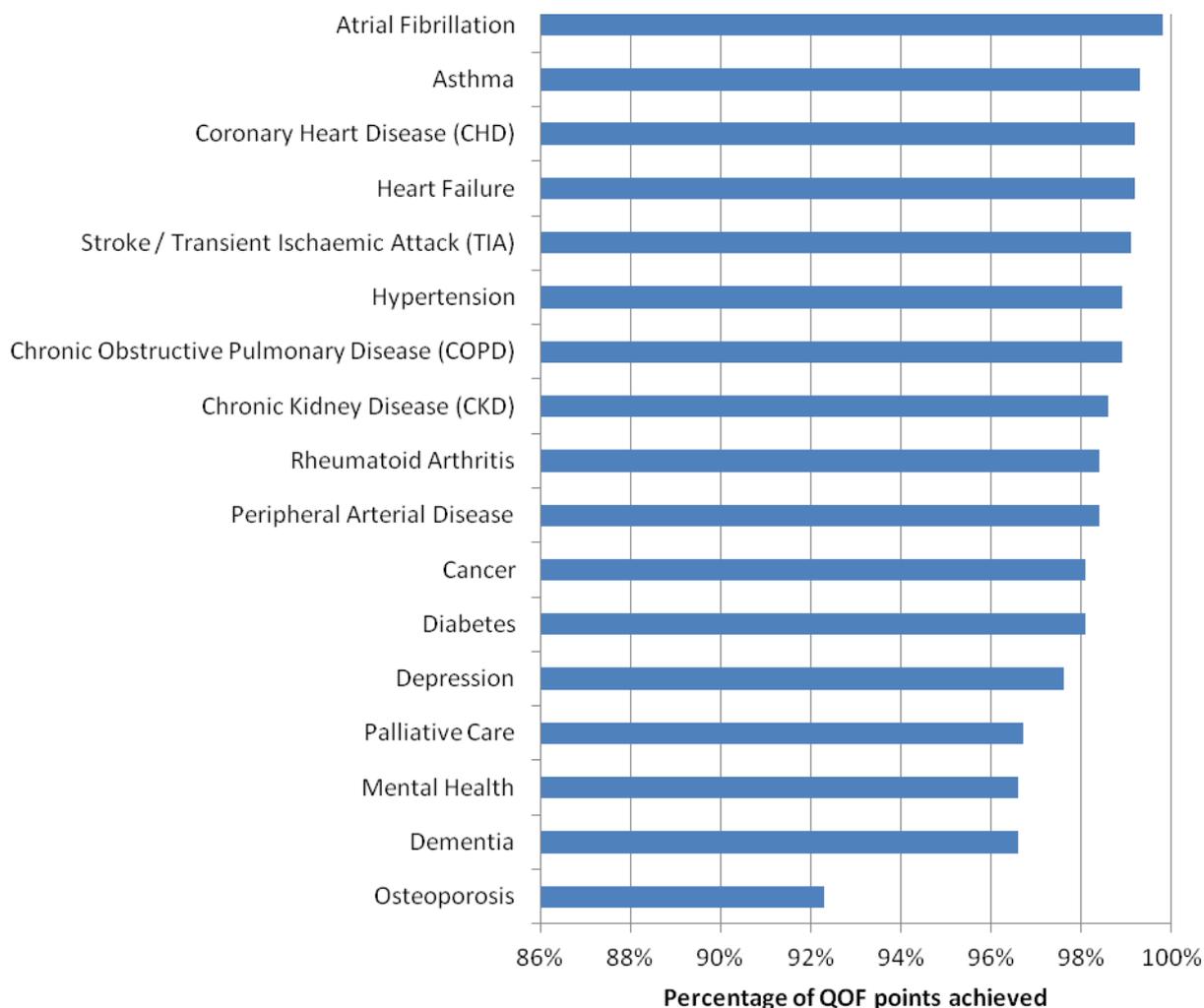


Further information on achievement for NHS Boards, HSCPs and practices can be found on the [QOF pages](#) on the ISD website.

Number of points (achievement) within indicator groups

Most health conditions or services are monitored using a combination of indicators, and together these indicators form an indicator group. In total there are 24 indicator groups, of which, 17 are Clinical, five are Public Health, one is Quality & Safety, and one is Medicines Management. For practices with a GMS contract, 16 out of 17 Clinical indicators had an average achievement over 95% (see Chart 5).

**Chart 5. QOF points achieved by GMS practices for each Clinical indicator group, 2015/16<sup>1</sup>**



1. As at 31<sup>st</sup> March 2016, extracted from the QOF calculator on 28<sup>th</sup> June 2016

The Osteoporosis group indicator had the largest increase in achievement from 2014/15 to 2015/16, increasing from 87.3% to 92.3%, a difference of 5% (Table 3). The Cancer group indicator had the largest decrease in achievement from 2014/15 to 2015/16, decreasing from 98.5% to 98.1%, a difference of 0.4%.

**Table 3. QOF points achieved by GMS practices for each indicator group in the Clinical domain, 2015/16<sup>1,2</sup>**

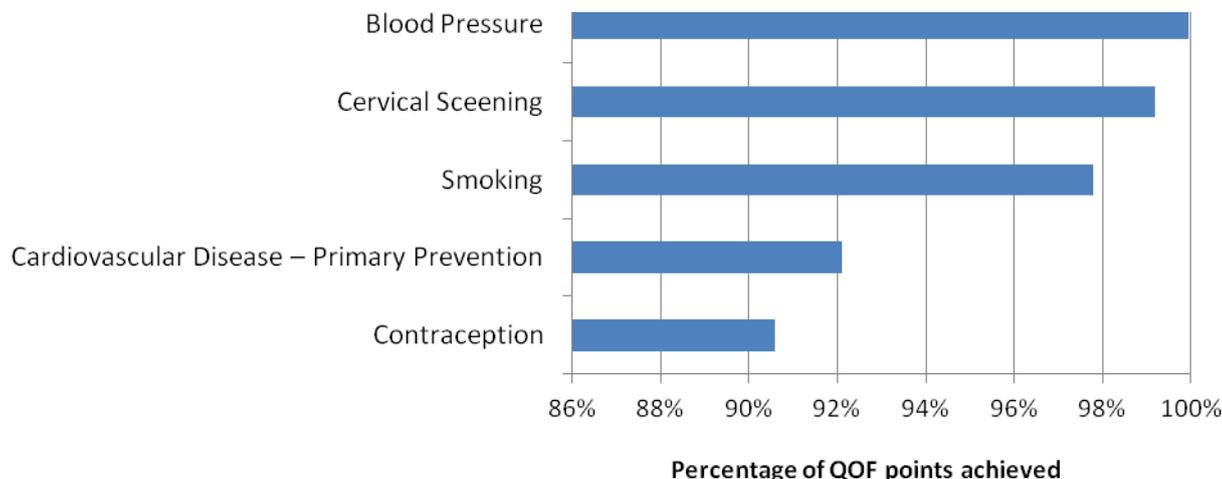
| Clinical indicator group                     | Number of indicators | Number of points available | Average number of points achieved <sup>1</sup> | Average points achieved (%) <sup>2</sup> |
|----------------------------------------------|----------------------|----------------------------|------------------------------------------------|------------------------------------------|
| Asthma                                       | 3                    | 41                         | 40.7                                           | 99.3%                                    |
| Atrial Fibrillation                          | 2                    | 17                         | 16.9                                           | 99.8%                                    |
| Cancer                                       | 1                    | 6                          | 5.9                                            | 98.1%                                    |
| Chronic Kidney Disease (CKD)                 | 3                    | 26                         | 25.6                                           | 98.6%                                    |
| Chronic Obstructive Pulmonary Disease (COPD) | 4                    | 25                         | 24.7                                           | 98.9%                                    |
| Coronary Heart Disease (CHD)                 | 4                    | 41                         | 40.7                                           | 99.2%                                    |
| Dementia                                     | 2                    | 21                         | 20.3                                           | 96.6%                                    |
| Depression                                   | 1                    | 10                         | 9.8                                            | 97.6%                                    |
| Diabetes                                     | 9                    | 74                         | 72.6                                           | 98.1%                                    |
| Heart Failure                                | 3                    | 25                         | 24.8                                           | 99.2%                                    |
| Hypertension                                 | 1                    | 55                         | 54.4                                           | 98.9%                                    |
| Mental Health                                | 9                    | 36                         | 34.8                                           | 96.6%                                    |
| Osteoporosis                                 | 2                    | 6                          | 5.5                                            | 92.3%                                    |
| Palliative Care                              | 1                    | 3                          | 2.9                                            | 96.7%                                    |
| Peripheral Arterial Disease (PAD)            | 2                    | 4                          | 3.9                                            | 98.4%                                    |
| Rheumatoid Arthritis                         | 1                    | 5                          | 4.9                                            | 98.4%                                    |
| Stroke /Transient Ischaemic Attack (TIA)     | 4                    | 13                         | 12.9                                           | 99.1%                                    |
| <b>Total</b>                                 | <b>52</b>            | <b>408</b>                 | <b>401.4</b>                                   | <b>98.4%</b>                             |

1. Average number of points achieved equals total points achieved in clinical indicator group across all GMS practices divided by number of practices

2. Average points achieved (%) equals average points achieved divided by points available per practice and indicator group

For practices with a GMS contract, the CVD-PP and contraception indicators had an average achievement below 95% average (see Chart 6). The remaining three Public Health indicators (smoking, cervical screening and blood pressure) had an overall achievement against available points that was over the Public Health domain average of 97.4% (see Table 4).

**Chart 6. QOF points achieved by GMS practices for each Public Health indicator group, 2015/16<sup>1</sup>**



1. As at 31st March 2016, extracted from QOF calculator on 28th June 2016

**Table 4. QOF points achieved by GMS practices for each indicator group in the Public Health domain, 2015/16<sup>1,2</sup>**

| Public health indicator group                        | Number of indicators | Points available | Average points achieved <sup>1</sup> | Average points achieved (%) <sup>2</sup> |
|------------------------------------------------------|----------------------|------------------|--------------------------------------|------------------------------------------|
| Blood Pressure                                       | 1                    | 15               | 15.0                                 | 99.9%                                    |
| Cardiovascular Disease – Primary Prevention (CVD-PP) | 2                    | 15               | 13.8                                 | 92.1%                                    |
| Cervical Screening                                   | 3                    | 20               | 19.9                                 | 99.2%                                    |
| Contraception                                        | 1                    | 3                | 2.7                                  | 90.6%                                    |
| Smoking                                              | 4                    | 64               | 62.6                                 | 97.8%                                    |
| <b>Total</b>                                         | <b>11</b>            | <b>117</b>       | <b>114.0</b>                         | <b>97.4%</b>                             |

1. Average number of points achieved equals total points achieved in clinical indicator group across all GMS practices divided by number of practices

2. Average points achieved (%) equals average points achieved divided by points available per practice and indicator group

Further information on achievement for NHS Boards, HSCPs and practices can be found on the [QOF pages](#) on the ISD website.

## Payments

QOF payments for each practice are calculated based on the number of points achieved by the practice, the number of people registered at the practice and the prevalence of each condition in the practice as a proportion of the overall prevalence for Scotland. To put this in context, in 2014/15 QOF payments accounted for approximately £96 million of the £754 million spent on Primary Medical Services in Scotland.

The average QOF payment to a GMS practice (total payments made to all GMS practices divided by the total number of GMS practices) based on QOF points only for 2014/15 was approximately £95,800 (Table 5). This is up slightly from £95,000 in 2014/15. As with the 2014/15 QOF publication, to offset funding lost through the removal of these QOF points, money was transferred to the core funding element of the contract. The transfer amount was based on an average GP practice QOF point achievement for the past three years. Guidance on the arrangements for post payment verification for the transferred points can be found in the [NHS Circular PCA\(M\)09](#).

**Table 5. QOF payments to practices, from 2011/12 to 2015/16**

|                                                     | 2011/12     | 2012/13     | 2013/14     | 2014/15    | 2015/16    |
|-----------------------------------------------------|-------------|-------------|-------------|------------|------------|
| Total QOF funding to all QOF practices <sup>1</sup> | £134million | £136million | £125million | £86million | £76million |
| Average payment per GMS practice                    | £138,900    | £142,000    | £130,600    | £95,000    | £95,800    |

1. Includes payment totals for all practices participating in the QOF

More information about how the QOF payments are calculated is in [Appendix 4](#).

## Exception reporting

There are occasions when General Practices are not able to treat or monitor patients in ways specified by the QOF indicators. The most common reason for this is that the patient has been diagnosed very recently and the treatment is not yet fully underway. Other reasons include a patient not attending their appointments or having only recently moved to the practice.

These patients are excluded from the QOF reporting using a system called 'exception reporting' so that General Practices are not penalised for patient characteristics beyond their reasonable control. When patients are 'exception reported' from an indicator they are not included in the calculation of a practice's achievement against that indicator.

Levels of exception reporting for Scotland as a whole varied considerably, ranging from 0% to 100%. In general, indicators with the lowest levels of exception reporting include those that involve recording information in the patient records (e.g. blood pressure measurement), whereas the highest are seen in those that involve clinical treatments or clinically measurable outcomes (e.g. diabetes). Further information on the numbers of patients excluded for 2015/2016 is available on the [2015/16 Exception Reporting](#) webpage. The webpage also includes a [Questions & Answers document](#) which details the criteria for excluding patients, technical information on how the exclusions are calculated and commentary on observed exception reporting rates.

## Glossary

**17C practice** A practice run by GPs but has locally negotiated contracts for its services. This supports flexible provision of services to support local needs. You can read more about the different practice types and their participation in QOF on Page 4 and Appendix 1.

**17J practice** See GMS practice.

**2C practice** A practice which is run by a NHS Board rather than run by GPs. These may be practices that offer only Out of Hours services, practices for patients with challenging behaviour, smaller practices or practices without a permanent GP. You can read more about the different practice types and their participation in QOF on Page 4 and Appendix 1.

**Average** The average used throughout this publication is the arithmetic mean.

**CHD** Coronary Heart Disease.

**HSCP** A Health & Social Partnership (HSCP) brings together NHS and local council care services under one partnership arrangement for each area, jointly responsible for the health and care needs of patients, to ensure that those who use services get the right care and support whatever their needs. There are 31 HSCPs in Scotland, covering 14 Health Boards.

**CKD** Chronic Kidney Disease.

**COPD** Chronic Obstructive Pulmonary Disease.

**CVD-PP** Cardiovascular Disease – Primary Prevention.

**Domain** The four domains within the QOF are: Clinical, Public Health, Quality and Safety, and Medicines Management. Each domain consists of a set of indicators, against which practices score points according to their level of achievement.

**GMS practice** A practice run by GPs that adheres to the nationally negotiated standard contract for General Practices. You can read more about the different practice types and their participation in QOF on Page 4 and Appendix 1.

**Indicator** The QOF measures a General Practice's achievement against 74 evidence-based indicators. Most health conditions or services are monitored using several indicators, and these indicators together form an indicator group.

**Indicator Group** There are a total of 24 indicator groups, which range from one to nine indicators, and from which a variety of QOF achievement points can be scored. For example, the indicator group Peripheral Arterial Disease (PAD) has two indicators: keeping a register of patients with PAD (two QOF achievement points) and percentage of these patients that are taking aspirin or antiplatelet drugs (two QOF achievement points). A total of four QOF achievement points can be gained for this group.

**PAD** Peripheral Arterial Disease.

**Prevalence** Prevalence is a measure of the frequency of a disease or health condition in a defined population at a particular point in time. When reported through QOF, prevalence is calculated as the total number of patients on the disease register, expressed as a proportion or percentage of the total number of patients registered with the practice.

**QOF** The Quality & Outcomes Framework (QOF) measures a General Practice's achievement against a set of evidence-based indicators. Payments are made to each General Practice on the basis of their achievements against those indicators.

**QOF Calculator** The national [QOF calculation database](#).

**QOF Register** A QOF register is a list of patients registered with a practice. It may count patients with one specific disease or condition, or it may include multiple conditions. There may also be other criteria for inclusion on a QOF register, such as age or time of diagnosis.

## List of Tables

Nearly 100 individual QOF files are available for 2015/16 containing data and supplementary reference information.

These files have been grouped into data table pages which you can access from the links below. Clicking on each link you will either take you to a single file or to a page where you can access the individual files.

| Table No. | Name                                                                                      | Time period             | File & size               |
|-----------|-------------------------------------------------------------------------------------------|-------------------------|---------------------------|
| 7         | <u><a href="#">Achievements data tables for Scotland and NHS Boards*</a></u>              | Year ending March 2016* | Excel<br>[48kB – 339kB]   |
| 7         | <u><a href="#">Achievements data for Health and Social Care Partnerships (HSCPs)*</a></u> | Year ending March 2016* | Excel<br>[43kB – 409kB]   |
| 4         | <u><a href="#">Achievements data for practices – summaries*</a></u>                       | Year ending March 2016* | Excel<br>[303kB – 6.07MB] |
| 36        | <u><a href="#">Achievements data for practices - individual indicators*</a></u>           | Year ending March 2016* | Excel<br>[234kB – 4.96MB] |
| 5         | <u><a href="#">Register and prevalence data for Scotland, NHS Boards and HSCPs*</a></u>   | Year ending March 2016* | Excel<br>[138kB – 1.48MB] |
| 1         | <u><a href="#">Prevalence trends for Scotland 2004/05 – 2015/16</a></u>                   | 2004/05 to 2015/16      | Excel<br>[63kB]           |
| 1         | <u><a href="#">Scotland Performs – Dementia data for HEAT standard<sup>1</sup></a></u>    | Year ending March 2016* | Excel<br>[58kB]           |
| 32        | <u><a href="#">Exception reporting in clinical indicators*</a></u>                        | Year ending March 2016* | Excel<br>[53kB – 1.47MB]  |

1. This provides information about NHSScotland performance against the Local Delivery Plan (LDP) Standards, which contribute towards delivery of the Scottish Government's Purpose and National Outcomes; and NHSScotland's Quality Ambitions.

**Please note:** When opening data files in Excel, you may need to select the option 'enable macro' in order for the files to open and work correctly.

\*Where data table page names and time periods are marked with an asterisk (\*), this indicates that equivalent tables for earlier years are also available on the QOF area of ISD's website. To access these earlier data tables and other information related to the QOF, go to <http://www.isdscotland.org/Health-Topics/General-Practice/Quality-And-Outcomes-Framework/>

## Downloadable Tables and Charts included in this report

List of tables and charts in QOF 2015/16 Report and Summary

## Contact

### **Dr Grant Aitken**

Senior Information Analyst

[grant.aitken1@nhs.net](mailto:grant.aitken1@nhs.net)

0131 275 7027

### **Alan Reekie**

Principal Information Analyst

[alan.reekie@nhs.net](mailto:alan.reekie@nhs.net)

0131 275 6705

### **Catherine Thomson**

Service Manager

[catherine.thomson@nhs.net](mailto:catherine.thomson@nhs.net)

0131 275 7198

### **Tony Callaghan**

Service Improvement Manager

[tony.callaghan@nhs.net](mailto:tony.callaghan@nhs.net)

0131 275 6121

## Further Information

Further information can be found on the [ISD website](#)

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## Appendices

### A1 – General Practice types and their participation in QOF

#### Primary Medical Services

With effect from 1st April 2004, The [Primary Medical Services \(Scotland\) Act 2004](#) amended The National Health Service (Scotland) Act 1978 by placing a duty on NHS Boards to provide or secure 'primary medical services' for their populations. NHS Boards can do so by providing services directly (this is known as 'direct provision' - Section 2C of the 1978 Act) or by making arrangements (by 'contract' or 'agreement') with a range of 'providers' through:

- a 'GMS' (General Medical Services - Section 17J of the 1978 Act) contract - nationally negotiated with some local flexibility for GPs to 'opt out' of certain services or 'opt in' to the provision of other services
- a 'Section 17C' (formerly known as 'Personal Medical Services' or 'PMS') agreement - locally negotiated agreements which are more flexible in accordance with local circumstances
- a 'Health Board Primary Medical Services' contract (Section 2C of the 1978 Act) - the NHS Board can, in certain circumstances, make arrangements with either a NHS organisation or a non-NHS organisation for the provision of NHS services. In practice, these Section 2C practices are run by the Boards themselves.

The majority (approximately 82%) of General Practices in Scotland have a GMS contract. The largest proportion of the remainder is made up of Section 17C (13%) schemes, with a smaller number of services provided under section 2C (5%).

#### The GMS contract

The GMS contract, implemented throughout the United Kingdom since 1st April 2004, was the product of negotiations between the British Medical Association's (BMA's) General Practitioners Committee and the NHS Confederation. The new contract was introduced to support the ongoing development of primary care, and to give greater flexibility in how General Practices deliver patient care, and are paid. A fundamental component of the new GMS contract is a system of financial incentives for delivering clinical and organisational quality - the Quality & Outcomes Framework (QOF). Further information on the QOF and the new GMS contract is available via the [Primary Care Contracting](#) pages of the NHS Employers website.

#### The Quality & Outcomes Framework for practices with GMS contracts

The QOF, although fundamental to the GMS contract, is nonetheless a voluntary part of it; General Practices can aspire to achieve all, part, or none of the points available in QOF. Whilst, to date, over 99% of GMS practices in Scotland have participated fully in the QOF, it is important to note that for some practices it may be impossible to achieve all the points available in the framework. For example, some of the clinical indicators relate to very specific subgroups of patients, and if the practice does not have any patients in that particular subgroup, they cannot score any points against the relevant indicator(s). This means that it is not necessarily possible for all practices to achieve a full 'score' against the QOF. Additionally, practices with section 2C or 17C agreements may choose whether or not to participate in the QOF (see next page).

### **The Quality & Outcomes Framework for practices with 17C or 2C agreements**

Section 17C or 2C schemes include quality and outcomes as part of their locally negotiated agreements, and in many cases, they opt to use part or all of the new GMS QOF as a measurement tool. However, it is possible to tailor the quality and outcomes requirements of a Section 17C or 2C agreement in accordance with local circumstances - such as the needs of a particular group of patients - and, again, subject to local agreement. Such practices might use quality measures that, although rigorous and appropriate, are not identical to those used in the GMS QOF. Therefore, although 17C/2C practices may record full QOF data if they wish, they may deliberately use only part of the QOF, or may not use it at all. This means that practices with contract types 17C and 2C may sometimes not appear to achieve as many points as other practices that (or which) use all of the QOF indicators.

## A2 – Data completeness

### Prevalence

All NHS Boards submitted complete prevalence data.

### Achievement and Payment

Practices with 17C and 2C contracts support a different provision of services and may not record data on the QOF when indicators do not fit their specific requirements. For this reason they are often removed from the achievement figures.

#### NHS Glasgow and Greater Clyde

No achievement data was published for any of the 49 practices with a 17C contract in NHS Greater Glasgow and Clyde as these practices are not carrying out the QOF. If their achievement figures were published it would give a false picture. No achievement data was published for a further seven GMS practices were exempt as a result of a National New Ways Working Programme.

#### NHS Dumfries & Galloway

No achievement data was published from one practice with a 17C contract in NHS Dumfries & Galloway as their contract excluded them from the QOF.

#### NHS Grampian

No achievement or payment data was published for any of the 14 practices with a 17C contract in NHS Grampian as these practices use only a subset of the GMS QOF indicators in their own quality work so achievement will appear low against practices that measure achievement against all QOF indicators.

#### NHS Highland

Five GMS practices in NHS Highland do not have their achievement or payment data published.

#### NHS Lanarkshire

In NHS Lanarkshire, one 2C practice was set up for administrative reasons and should not be treated in the same way as other GMS/17C practices in terms of QOF achievement. Therefore this practice was excluded from the QOF altogether.

#### NHS Lothian

Eighteen practices in NHS Lothian either participated in a 17C redesign project (paid outside of QOF calculator) or were salaried. Fifteen of these practices received a QOF payment based on an achievement of 659 points while the other three received a payment based on 488.24, 655.96 & 658.39 points respectively. For all of these NHS Lothian practices, only data on detailed prevalence per indicator and the updated total points and total payments for each practice were published.

### NHS Western Isles

One practice in NHS Western Isles was excluded altogether from QOF results, as this practice has never really engaged with QOF and would skew the percentage significantly due to small numbers.

Further information on data completeness and the number of practices submitting QOF data in each board since 2009 is available on the [QOF data completeness page of the ISD website](#)

### **A3 – Reliability of QOF prevalence data by condition**

The reliability for QOF register and prevalence data for each condition is discussed below.

#### Asthma

These data are reliable. However QOF registers only include patients who have received treatment during the previous 12 months so prevalence will differ from measures of how many people have ever been treated or who have minor symptoms that do not require medication.

#### Atrial Fibrillation

These data are reliable. Prevalence will depend on how thoroughly doctors search for the condition, as it may not be apparent to patients that they have it. Also, the condition is much more common in older age so practices with older populations will have higher prevalence.

#### Cancer

This is a register of everyone who has had a cancer diagnosis since 1 April 2003 (excluding skin cancer) and is still alive therefore it rises every year.

#### Coronary Heart Disease (CHD)

These data are reliable. The QOF prevalence represents the proportion of people who have ever had a diagnosis of CHD.

#### Chronic Kidney Disease (CKD)

These data are reliable though it should be noted that, as prevalence of CKD rises with age and, as QOF prevalence is not adjusted for age profile of practice, practices with older populations will have higher prevalence.

#### Chronic Obstructive Pulmonary Disease (COPD)

The QOF prevalence for COPD is an underestimate of the true figure. The QOF prevalence is somewhat arbitrary as there are people with poor lung function who do not consult their doctor even though they would meet diagnostic criteria for COPD.

#### Dementia

The prevalence figure may be an underestimate as the diagnosis is not always recorded if it is not the principal reason for consultation.

#### Depression

This measure is not seen as reliable because it is partly cumulative and will therefore rise each year. Individuals with resolved depression will only be taken off the register if this is recorded by the practice and this is not done in all cases.

### Diabetes

This register is limited to those aged 17 and over with the diagnosis specified as type 1 or type 2, and excludes the very small number with other types and the larger number with type not recorded. The prevalence is calculated on the total practice population regardless of age, so will therefore be an underestimate.

### Hypertension

These data are reliable.

### Heart Failure

QOF prevalence is thought to be a slight underestimate of the true figure. A diagnosis of heart failure requires specialist confirmation and GPs may be reluctant to refer people who are housebound, suffering from other serious conditions, or for whom the heart failure is thought to be mild.

### Mental Health

The mental health QOF register specifically counts people with schizophrenia, bipolar disorder and other psychoses. These data are reliable but may not compare with other measures of mental health prevalence due to differences in the conditions included.

### Osteoporosis

The QOF prevalence for Osteoporosis is likely to be an underestimate of the true figure. The register is limited to those aged over 50 and patients may not consult their doctor even though they would meet diagnostic criteria for Osteoporosis.

### Peripheral Arterial Disease (PAD)

New register in 2012/13 data should be treated with caution in the first few years of reporting as they are still being established and validated.

### Rheumatoid Arthritis

New register in 2013/14 and data should be treated with caution in the first few years of reporting as they are still being established and validated. The register is limited to people aged 16 and over with rheumatoid arthritis.

### Stroke or Transient Ischaemic Attack (TIA)

This register includes all those who have ever had one of these conditions. As diagnosis of TIA may in practice be slightly subjective the QOF prevalence for this is seen as a slight underestimate.

For further information about the reliability of QOF prevalence estimates for specific conditions see our web page containing [Information for users of QOF register and prevalence data](#). This page also contains links to more reliable prevalence data when these are available.

## A4 – QOF payment calculation

The value of QOF points for the year 2015/16 is shown in the table below.

**Table A4.1: QOF points and payments available to practices, 2015/16**

| Domain               | Number of indicators | Total points available | Payment per point |
|----------------------|----------------------|------------------------|-------------------|
| Clinical             | 52                   | 408                    | Variable          |
| Public Health        | 11                   | 117                    | £135.06           |
| Quality and Safety   | 8                    | 111                    | £135.06           |
| Medicines Management | 3                    | 23                     | £135.06           |
| Total                | 74                   | 659                    | -                 |

The following are also taken into account when calculating payments for each practice:

Within the Clinical domain, the baseline payment per point is adjusted up or down for each practice according to an "Adjusted Disease Prevalence Factor" (ADPF) value derived from the QOF register applicable to each individual indicator. The initial calculated payment for clinical are added together to give the total "raw" payment for the practice. This "raw" payment is then adjusted up or down according to the list size of the practice (i.e. the number of patients registered) relative to the national average size (set at 5,831 patients for 2015/16).

More detail on this is given on our web page containing [Information for users of QOF register and prevalence data](#). The rules for calculating QOF payments are explained in detail in the "[General Medical Services Statement of Financial Entitlements](#)", published by the Scottish Government.

## A5 – Discontinued (Retired) and changed QOF indicators in 2015/16

Only one indicator was retired in 2015/16. This released five points, which was transferred to the AF007(S) (extra three points) and AF006(S) (extra two points) indicators.

### Partially retired indicator groups

The following indicator was retired in 2015/16. This full indicator group was not retired as some indicators within this group remained.

#### Cardiovascular Disease – Primary Prevention (CVD-PP):

**CVD-PP003:** The percentage of patients diagnosed with hypertension (diagnosed on or after 1 April 2009) who require lifestyle advice on increasing physical activity, as identified in CVD-PP002(S), in the preceding 15 months that are given advice utilising the Scottish Physical Activity Screening Questions (Scot-PASQ.)

### Wording or timeframe changes to indicators

Unlike previous years, only two indicators underwent wording or timeframe changes from 2014/15 to 2015/16.

| Indicator Name 2014/15 | Indicator Name 2015/16 | Change to wording or timeframe                                                                                                                                                                                                                                    |
|------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AF004                  | AF007(S)               | In those patients with atrial fibrillation with a record of a <b>CHA2DS2-VASc score of 2 or more</b> , the percentage of patients who are currently treated with anti-coagulation drug therapy.                                                                   |
| AF005(S)               | AF006(S)               | The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the <b>CHA2DS2-VASc</b> risk stratification scoring system in the preceding 15 months (excluding those whose previous <b>CHA2DS2-VASc score was 2 or above</b> ). |

**A6 – Publication Metadata (including revisions details)**

| <b>Metadata Indicator</b>                | <b>Description</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Publication title                        | Quality and Outcomes Framework: Prevalence, achievement, payment and exceptions data for Scotland, 2015/2016                                                                                                                                                                                                                                                                                                                           |
| Description                              | Information on estimates of the percentage of the Scottish population with selected health conditions; the number of points achieved by participating practices, the number of points achieved for individual QOF indicators and indicator groups; and the total QOF payments.                                                                                                                                                         |
| Theme                                    | Health and Social Care                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Topic                                    | General Practice                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Format                                   | Excel workbooks, PDF files, Word files.                                                                                                                                                                                                                                                                                                                                                                                                |
| Data source(s)                           | QOF Calculator, plus notifications from NHS Boards of local adjustments to data                                                                                                                                                                                                                                                                                                                                                        |
| Date that data are acquired              | Data extract taken on June 28th 2016. This was then validated and amended to reflect local adjustments, as notified by NHS Boards. Finalised data file available late August 2016.                                                                                                                                                                                                                                                     |
| Release date                             | 11th October 2016                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Frequency                                | Annual                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Timeframe of data and timeliness         | Data for the year ending March 2016. Normal timeliness for this publication. Practices and NHS Boards sign off the QOF data for payment during the period April to June each year therefore a final national dataset is not available prior to July. Further work to validate the data for publication is done during July and August.                                                                                                 |
| Continuity of data                       | Continues directly on from earlier publications of data from 2004/05 onwards. QOF achievement data is not comparable from one year to the next due to changes in the list of indicators, changes in the points available and changes in the list of practices whose data are included in the QOF publication each year. Due to the retirement of the QOF for payment purposes, this is the final year which the QOF will be published. |
| Revisions statement                      | All QOF data are finalised as part of the Payment Verification process prior to publication. There are no planned revisions to the data and the data are considered to be final. Any unplanned revisions or corrections will be managed in accordance with <a href="#">ISD's Statistical Revisions Policy</a> .                                                                                                                        |
| Revisions relevant to this publication   | None                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Concepts and definitions                 | These are explained further in this document, in the Glossary and Appendix. Additional detail is given in footnotes to individual Excel workbooks                                                                                                                                                                                                                                                                                      |
| Relevance and key uses of the statistics | These statistics report on General Practices' achievement towards a set of evidence based indicators designed towards improvements in patient care in primary care. The information contained in this publication will be of                                                                                                                                                                                                           |

|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|              | <p>interest to individuals, organisations and groups with an interest in workload, quality improvement, epidemiology and other aspects of General Practice. Here are some examples of how the information on the QOF has been used.</p> <ul style="list-style-type: none"> <li>• General Practitioners, their patients and practice staff to compare their results with those for other practices.</li> <li>• NHS Boards and Health &amp; Social Care Partnerships teams use the results to see how the practices in their areas compared to others and use this information to support quality improvement work with practices. Academic researchers for research projects.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Accuracy     | <p>QOF data are collected as part of practices' contractual agreements and are subject to payment verification processes, carried out by the respective NHS Board for each practice, both prior to and after payment. Therefore, the data presented will have an excellent degree of accuracy since they represent figures corresponding to verified practice payment. Any non-verified data are removed from analysis and it is up to the individual boards to inform ISD of these. More details on the QOF payment verification process can be found in the relevant section of the payment verification document - <a href="http://www.sehd.scot.nhs.uk/publications/DC20111020payverif.pdf">http://www.sehd.scot.nhs.uk/publications/DC20111020payverif.pdf</a></p> <p>Occasionally there may be technical or other problems with individual practice data submissions which can mean that the finely detailed data here may undercount or over-count the numbers of patients falling into a particular category. This may in turn have an impact on the accuracy of the aggregate information presented, although typically the impact will be small for the Boards or Scotland. Any erroneous data will be removed from analysis wherever possible, after either notification of a known problem from the NHS Board or through cross-checks on the data carried out by ISD, but it may be that a small amount are missed.</p>                      |
| Completeness | <p>Virtually all General Practices in Scotland collect at least some QOF data. Summary tables such as those showing total payments and achievements include data from around 95% of Scottish practices.</p> <p>As in previous years, individual practices (particularly those that do not operate under a standard GMS contract) vary in the extent to which they collect data for all of the individual QOF indicators. Furthermore, issues with the accuracy of data submissions for a small number of practices can mean that data for these practices are excluded from the publication (for example if there were technical problems with the data submission process). This means that there are variations in the numbers of practices included in individual data tables. Information on the numbers of practices included in each analysis is given in the data tables. Details of practices omitted from the analysis are included in the footnotes where relevant.</p> <p>As individual data tables are based on data from varying numbers of practices (and variations may exist from year to year as well as between individual tables for the same year) direct comparisons of counts of patients in particular groups may not always be possible. However, direct comparisons of percentages or rates can be made for equivalent registers, indicators or indicator groups.</p> <p>For more details on completeness please refer to –</p> |

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                    | <a href="http://www.isdscotland.org/Health-Topics/General-Practice/Quality-And-Outcomes-Framework/Data-Completeness.asp">http://www.isdscotland.org/Health-Topics/General-Practice/Quality-And-Outcomes-Framework/Data-Completeness.asp</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Comparability                      | <p>The clinical information in the Scottish QOF is, for the most part, closely comparable with QOF clinical information for the other UK nations. Any variation between the nations is generally to be found in the fine details of definitions of indicators and rules. For example, the age range of women covered by the cervical screening indicators is not exactly the same for each nation. However, a number of other factors would need to be considered before any comparisons are made such as differences in the demographics of General Practices, the ratio of practice contract types and QOF remuneration between the nations. Links to QOF data for the other UK nations can be found in the <a href="#">ISD QOF pages</a>.</p> <p>The QOF is specific to the UK and therefore the information shown here is not directly comparable with any apparent equivalents for other countries. QOF prevalence data for General Practices differs from those published by Practice Team Information (PTI). PTI is based on data collected from patient consultations within a small sample of Scottish practices (approximately 6%). More information on the comparability of QOF and PTI can be found in <a href="#">Practice Team Information (PTI) Statistics</a></p> <p>We strongly advise users not to use this data as PTI data is no longer collected. 2012/13 is the last year for which ISD was able to publish annual PTI data. A new national GP information system known as the Scottish Primary Care Information Resource (SPIRE) is in development which will supersede and build on the data collected for PTI. SPIRE aims to include richer data from a greater number of practices and will help to inform public health surveillance, research and data linkage. Further benefits will see the creation of a mechanism to feedback data analysis to practices and an improved data extraction process. More information on SPIRE can be found in <a href="http://www.spire.scot.nhs.uk/">http://www.spire.scot.nhs.uk/</a></p> |
| Accessibility                      | It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Coherence and clarity              | Tables and charts are accessible via the ISD website at: <a href="http://www.isdscotland.org/Health-Topics/General-Practice/Quality-And-Outcomes-Framework/">http://www.isdscotland.org/Health-Topics/General-Practice/Quality-And-Outcomes-Framework/</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Value type and unit of measurement | Numbers and percentages. Shown for individual practices, Health & Social Care Partnerships, NHS Boards and Scotland.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Disclosure                         | The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Official Statistics designation    | National Statistics                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| UK Statistics Authority Assessment | Assessment has taken place and the subsequent report was published in June 2012 at <a href="http://www.statisticsauthority.gov.uk/assessment/assessment/assessment-reports/assessment-report-209---statistics-on-dental-and-ophthalmic-services-and-general-practice-in-scotland.pdf">http://www.statisticsauthority.gov.uk/assessment/assessment/assessment-reports/assessment-report-209---statistics-on-dental-and-ophthalmic-services-and-general-practice-in-scotland.pdf</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Last published                     | 13th October 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Next published                     | The 2015/16 QOF is the final publication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

|                           |                                                                                         |
|---------------------------|-----------------------------------------------------------------------------------------|
| Date of first publication | 2005 (QOF data are published back to 2004/05, the first year for which the QOF existed) |
| Help email                | <a href="mailto:nss.isdGeneralPractice@nhs.net">nss.isdGeneralPractice@nhs.net</a>      |
| Date form completed       | 6 <sup>th</sup> September 2016                                                          |

### **A7 – Early Access details (including Pre-Release Access)**

#### **Pre-Release Access**

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

#### **Standard Pre-Release Access:**

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

## A8 – ISD and Official Statistics

### About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

**Purpose:** To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

**Mission:** Better Information, Better Decisions, Better Health

**Vision:** To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

### Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (i.e. still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.