INFORMATION
ANALYSIS
DIRECTORATE

Exception Reporting

2018-19

Department of
Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Exception Reporting Bulletin for Northern Ireland 2018/19

This bulletin summarises the Exception Reporting data from the fifteenth year of the Quality & Outcomes Framework (QOF), April 2018 to March 2019. The source of this data is the Payment Calculation and Analysis System (PCAS), a Northern Ireland IT system used by general practices that supports the QOF payment process.

A summary of the 2018/19 exclusion data is not included in this report, but can be found with the 2018/19 exception data files, which are available to download from the Department's website[1].

Summary

- The overall Northern Ireland exception rate was 3.84%.

- Of the 54 indicators[2] for which exception data are published, the lowest exception rate at Northern Ireland level is for SMOK001 (Smoking) (0.26%) and the highest exception rate is for OST005 (Osteoporosis) (27.70%).

- The overall exception rates for GP practices range from 0.72% to 10.92%[3].

Contents

For further information, contact:
Information & Analysis Directorate,
Department of Health,
Room 2,
Annex 2, Castle Buildings,
Stormont Estate,
Belfast,
BT4 3SQ

Telephone: 028 9052 2160   **E-mail:** qofdataenquiries@health-ni.gov.uk

---

[1] Department of Health. (2019) *LCG and Practice level Exception Rates data tables* [.xls]. Available at: https://www.health-ni.gov.uk/articles/exception-reporting.

[2] Exceptions data will not be published for 2018/2019 AF006NI due to issues highlighted during 2019 by clinical system suppliers in respect of calculating CHA2DS2-VASc scoring for patients using clinical system integrated calculators.

[3] An agreement regarding QOF achievement was in place between the HSCB and 7 practices in relation to issues which the HSCB recognised would impact on QOF achievement in 2018/19. These issues related to practice closures, dispersals and mergers and the subsequent impact on practices. These 7 practices are excluded from all analysis.

1. Introduction to Exception Reporting

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

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

Extract from Annex D12 of the Statement of Financial Entitlement

Patients may be excepted if they meet the following criteria for exception reporting-

A. patients who have been recorded as refusing to attend review who have been invited on at least 3 occasions during the financial year to which the achievement payments relate (except in the case of indicator CS002, where the patient should have been invited on at least 3 occasions during the period specified in the indicator during which the achievement is to be measured i.e. the preceding 5 years ending on 31st March in the financial year to which achievement payments relate);

B. patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances, for example, a patient who has a terminal illness or is extremely frail;

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

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

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

F. where a patient has not tolerated medication;

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

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

I. where an investigative service or secondary care service is unavailable[4]

In the case of exception reporting on criteria A and B, these patients are removed from the denominator for all indicators in that disease area where the care has not been delivered. For example, a contractor with 100 patients on the Coronary Heart Disease (CHD) register, of which four patients have been recalled for follow-up on three occasions but have not attended and one patient has become terminally ill with metastatic breast carcinoma during the year, the denominator for reporting would be 95, with the 5 patients being excepted. However, all 100 patients with CHD would be included in the calculation of the Adjusted Practice Disease Factor (APDF). This would apply to all relevant indicators in the CHD set.

In addition, contractors may exception report patients from single indicators if they meet criteria in Annex D12.(c)-(i), for example a patient who has heart failure due to left ventricular systolic dysfunction (LVSD) but who is intolerant of angiotensin receptor converting enzyme inhibitors (ACE inhibitors) and angiotensin receptor blocker (ARB) could be exception reported from Heart Failure (HF) indicator HF003NI. This would result in the patient being removed from the denominator for that indicator only.

Contractors should report the number of exceptions for each indicator set and individual indicator. Contractors will not be expected to report why individual patients were exception reported. However, contractors may be called on to explain why they have excepted patients from an indicator and this should be identifiable in the patient record.

---

[4] General Medical Services, (2019) *General Medical Services (Statement of Financial Entitlements) Directions (Northern Ireland) 2019* [Online]. Available at: https://www.health-ni.gov.uk/publications/gp-contract-statements-financial-entitlements

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

Summaries of exception rates for 2018/19 are presented in this report. There are specific reasons that are used to except patients from the denominators of indicators. Patients are not excepted from disease registers, but may be excepted from the denominator of particular indicators in each clinical area.

While these reasons are all classed as exceptions within PCAS, for the purposes of this publication, a distinction has been made between those that are true exceptions and those that are actually exclusions. Exclusions refer to reasons that make a patient ineligible for inclusion in an indicator's denominator, for example because they do not meet the age requirement of the indicator.

It is not possible to publish exception rates by specific reason of exception due to practices using different IT systems. The sequence by which the clinical system of each practice (such as EMIS, InPractice, iSoft and Merlok) searches for exception reasons varies, and if a patient has been excepted for more than one reason, the hierarchy of exception reasons may differ between these systems and it is therefore unclear which exception reason was chosen.

3. Calculation of Exception and Exclusion Rates

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

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

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

4. Exception Reporting Summaries

The table below shows exception rates for 19 QOF areas at Northern Ireland level.

Table 1. Northern Ireland Exception Rates by Indicator Group

Clinical Area	Denominator	Exceptions	Exception rate
Asthma	171,143	5,716	3.23%
Atrial Fibrillation[5]	29,544	9,279	23.90%
Blood Pressure	819,926	2,695	0.33%
Cancer	6,855	1,009	12.83%
CHD	276,124	16,388	5.60%
COPD	149,765	15,707	9.49%
Cervical Screening	450,030	39,221	8.02%
CVD-PP	10,749	1,657	13.36%
Dementia	16,523	677	3.94%
Depression	14,291	1,445	9.18%
Diabetes	778,837	72,826	8.55%
Heart Failure	25,755	1,577	5.77%
Hypertension	265,541	4,563	1.69%
Mental Health	55,594	3,968	6.66%
Osteoporosis	4,956	1,571	24.07%
Rheumatoid Arthritis	28,404	1,300	4.38%
Sexual Health	5,758	59	1.01%
Smoking	1,591,871	4,138	0.26%
STIA	158,442	10,462	6.19%

Source: PCAS, July 2019

Table 1 summarises exception rates for 54 individual indicators and Tables 2 and 3 show the ten highest and ten lowest exception rates by indicator.

The highest exception rate at Northern Ireland level, at 27.70%, is attributed to OST005 (Osteoporosis 5, defined as 'The percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who are currently treated with an appropriate bone-sparing agent').[6]

At 0.26%, the lowest exception rate at Northern Ireland level is for Smoking (SMOK001), defined as 'The percentage of patients aged 15 or over whose notes record smoking status in the preceding 3 years'.[6]

---

[5] Exceptions data will not be published for 2018/2019 AF006NI due to issues highlighted during 2019 by clinical system suppliers in respect of calculating CHA2DS2-VASc scoring for patients using clinical system integrated calculators.

[6] Department of Health. (2018) *Quality and Outcomes Framework guidance for GMS contract 2018/19: Guidance for the Regional Board and practices* [Online]. Available at: https://www.health-ni.gov.uk/sites/default/files/publications/health/qof-guidance-2018-19.pdf

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

Indicator Code[*]	Denominator	Exceptions	Exception Rate
OST005	3,427	1,313	27.70%
AF007	29,544	9,279	23.90%
MH008	3,640	1,095	23.13%
CVD-PP012	2,256	642	22.15%
DM010	78,987	19,384	19.70%
STIA009	30,345	7,381	19.56%
COPD007	34,119	7,495	18.01%
CHD007	61,020	12,108	16.56%
OST002	1,529	258	14.44%
HF003	6,025	901	13.01%

Source: PCAS, July 2019

Table 3. Ten lowest regional exception rates by indicator

Indicator Code[*]	Denominator	Exceptions	Exception Rate
AST004	9,311	169	1.78%
HYP002	265,541	4,563	1.69%
STIA004	26,880	328	1.21%
CHD002	72,256	872	1.19%
STIA007	26,886	322	1.18%
CON003	5,758	59	1.01%
COPD005	16,180	154	0.94%
CHD005	72,625	503	0.69%
BP002	819,926	2,695	0.33%
SMOK001	1,591,871	4,138	0.26%

Source: PCAS, July 2019

[*] See QOF Indicator Lookup in the Clinical Indicators & Achievement Summary file for definitions

5. Summary statistics for Exception Rates at LCG and practice Level

Figure 1 shows the overall exception rates at Local Commissioning Group (LCG) level. The Southern LCG has the lowest overall exception rate at 2.99% and the Belfast LCG has the highest overall exception rate at 4.51%.

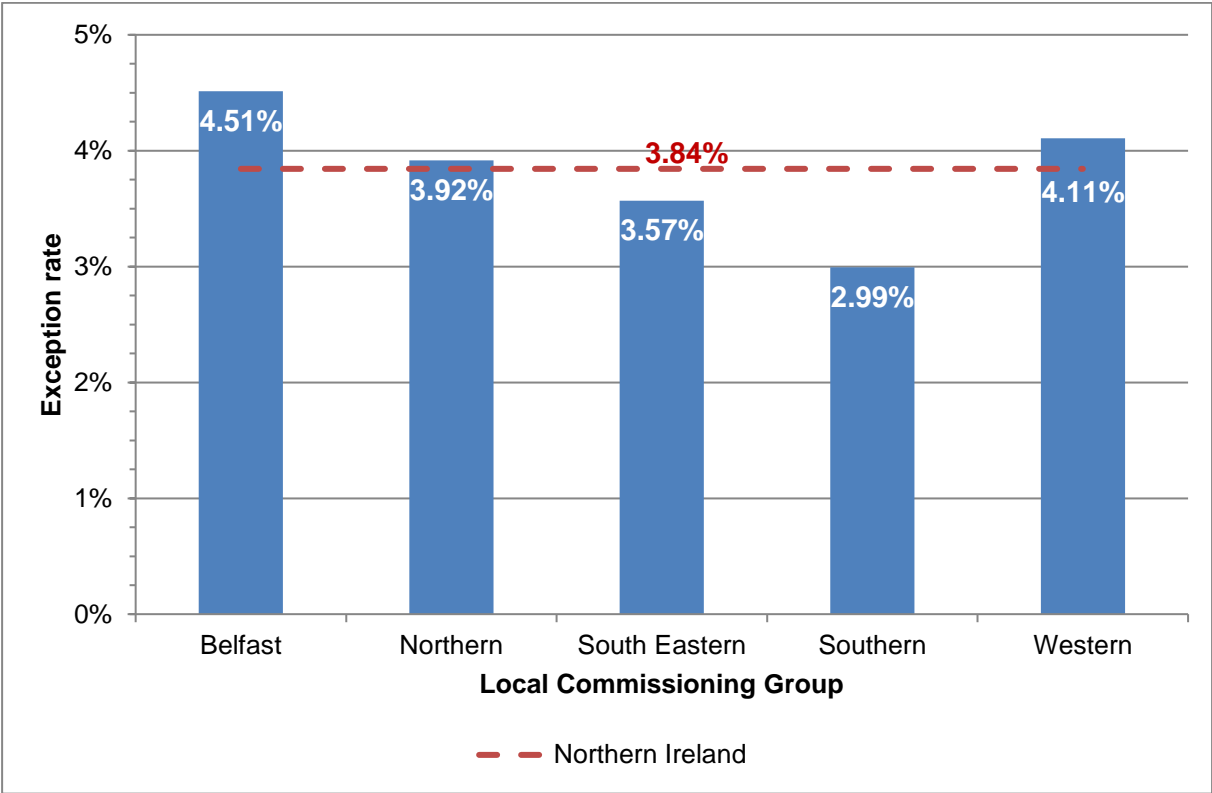**Figure 1. Overall Exception rates by Local Commissioning Group**

Figure 2 shows the frequency distribution of exception rates in general practice.

Figure 2. Frequency Distribution of Practice Exception Rates