



Raw Disease Prevalence in Northern Ireland 2022/23

Based on administrative data recorded on General Practice Disease Registers at 31st March 2023

Introduction and Background

Prevalence is a measure of the frequency of a disease or health condition in a population at a particular point in time. This bulletin presents the latest prevalence statistics for those diseases and conditions specified in the 2022/23 Quality and Outcomes Framework (QOF) as recorded by general practices in Northern Ireland at 31st March 2023.

Quality and Outcomes Framework

The Quality and Outcomes Framework is a system to remunerate general practices for providing good quality care to their patients, and to help fund work to further improve the quality of health care delivered. The Framework measures achievement against a range of evidence-based indicators, with points and payments awarded according to the level of achievement.

Prevalence data are used within QOF to calculate points and payments within each of the clinical domain areas. Points can only be awarded to a practice for a given clinical domain area if the practice can produce a register of patients with that disease or condition. The value of a point (£178.25) in each clinical domain area is adjusted up or down according to each practice's prevalence for each disease or condition, relative to the estimated regional Northern Ireland prevalence for that disease or condition. Please see Annex A for an illustration of this calculation.

Data Source

The data source for QOF is the General Practice Intelligence Platform (GPIP), a Northern Ireland IT system that supports the QOF payment process. The system ensures consistency in the calculation of quality achievement and prevalence and is linked to payment. GPIP also gives general practices and the Strategic Planning & Performance Group (SPPG) objective evidence and feedback on the quality of care delivered to patients. The regional Health & Social Care Board officially closed on 31 March 2022; responsibility for its functions transferred to the SPPG, Department of Health (DoH).

Raw Prevalence Rates

There are a total of 18 individual areas across 4 domains within the QOF, of which 14 can be used to calculate the prevalence of conditions within the population. The prevalence statistics presented in this bulletin are **raw prevalence rates**. This means that **they take no account of differences between populations in terms of their age or gender profiles, or other factors that influence the prevalence of health conditions**. The calculated rate is simply the total number of patients on the disease register (at 31st March 2023), expressed as a proportion of the total number of patients registered with a practice (at 1st January 2023). As such, care should be taken when looking at trends in prevalence over time, by practice or across geographic areas.

Year-on-year changes in the size of disease registers are influenced by various factors including changes in prevalence of the condition within the population; demographic changes, such as an ageing population; improvements in case finding by practices; and changes to the definition of the registers (time series trends provided in this bulletin are only presented for years in which there is a consistent definition).

Contents

	Page
Introduction and Background	1
2022/23 Raw Prevalence Rates by Disease Register	3
Raw Prevalence Rates over Time and by LCG and GP Federation for each Disease Register	5
Timeline of definitional changes to domains	6
Atrial Fibrillation	7
Coronary Heart Disease	8
Heart Failure	9
Heart Failure - Left Ventricular Systolic Dysfunction	10
Hypertension	11
Stroke and Transient Ischaemic Attack	12
Cancer	13
Diabetes Mellitus	14
Chronic Kidney Disease	15
Non-Diabetic Hyperglycaemia	16
Dementia	17
Mental Health	18
Asthma	19
Chronic Obstructive Pulmonary Disease	20
Annex A: Calculation of Adjusted Practice Disease Factor (APDF)	21

Interpretation of the prevalence figures included in this bulletin and some key limitations

Prevalence is a measure of the frequency of a disease or health condition in a population at a particular point in time (and is different to incidence, which is a measure of the number of newly diagnosed cases within a particular time period).

QOF registers are constructed to support indicators on quality of care, and they do not necessarily equate to prevalence as may be defined by epidemiologists. Prevalence figures based on QOF registers may differ from prevalence figures from other sources due to coding or definitional issues. The asthma register, for example, excludes patients who have not been prescribed asthma-related drugs in the previous twelve months. Care should be taken to understand definitional differences, for example when comparing QOF prevalence with expected prevalence rates using public health models.

QOF data are collected centrally at practice level. There are no centrally held data on patient details that can be directly linked to the prevalence registers, so the registers cannot be analysed by patient characteristics such as age or gender. The collection of the QOF data at an aggregate level for each practice also precludes robust analysis of co-morbidity. Many patients are likely to suffer from co-morbidity, i.e. they are diagnosed with more than one of the conditions included in the QOF clinical domain, but this cannot be analysed due to the lack of patient level data.

Data from registers should be treated with caution in the first few years of reporting, as they are still being established and validated. Apparent increases in prevalence may be due to improvement in recording and case finding by GPs, rather than a true increase in the prevalence in the population.

Detailed disease prevalence data for Northern Ireland, from 2010, can be found [here](#), with data available at GP practice, LCG and GP Federation levels. Northern Ireland level data is available from 2004/05. Historical data is also included on now-closed registers.

Where can I find information on QOF and Disease Prevalence across the UK?

[England](#)

[Wales](#)

[Scotland](#)

Note, the diseases/clinical areas included in QOF may differ across the UK. In addition, there may be definitional differences between countries for diseases/clinical areas.

Official Statistics for Cancer Prevalence in Northern Ireland are also available from the [Northern Ireland Cancer Registry](#). These will differ from the QOF figures presented in this bulletin. For example, the QOF prevalence figures exclude non-melanotic skin cancers and the QOF register excludes patients diagnosed prior to 1st April 2003.

Contact

For further information regarding this statistical bulletin, please contact:

Information & Analysis Directorate,
Department of Health,
Annex 2, Castle Buildings,
Stormont Estate,
Belfast, BT4 3SQ

Telephone: 028 9052 2160

E-mail: qofdataenquiries@health-ni.gov.uk

This bulletin presents the Northern Ireland disease prevalence data in a new format and we would particularly appreciate any comments or feedback, which can be sent to Laura Baird at the following e-mail address.

Email: laura.baird@health-ni.gov.uk

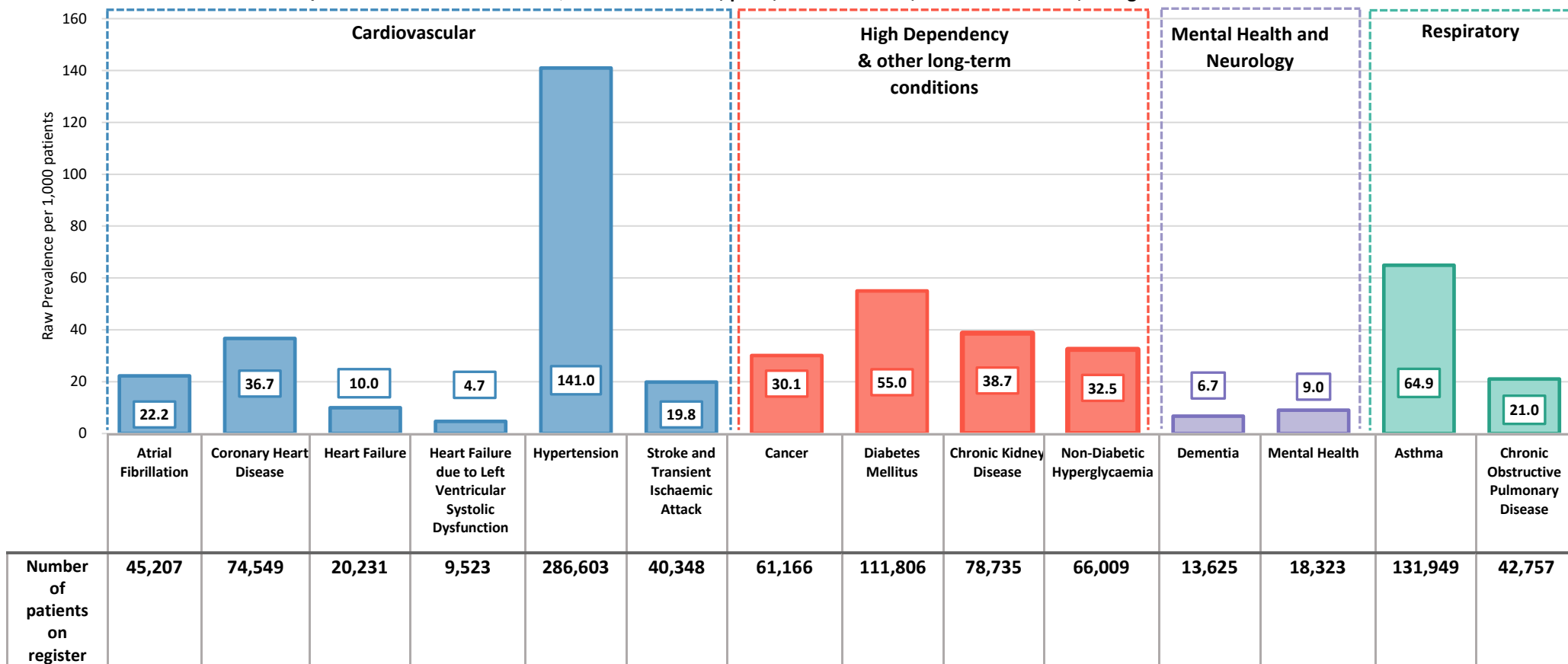
INFORMATION
ANALYSIS
DIRECTORATE



Raw Prevalence Rates by QOF Disease Register 2022/23

Overall Raw Prevalence Rates for 2022/23

Raw Prevalence of 14 disease/ conditions included in the QOF Clinical Domain, per 1,000 GP Patients, at 31st March 2023, All Ages



- The chart above shows the raw prevalence rates for the 14 registers that count patients with specific conditions or diseases as covered by the Quality and Outcomes Framework for 2022/23. The raw prevalence rate ranged from 141.0 per 1,000 patients for Hypertension to 4.7 per 1,000 patients for Heart Failure due to Left Ventricular Systolic Dysfunction.

- Two of the registers have a specific age requirement, but for QOF payment purposes, prevalence is calculated using the full patient list (all ages). While the rates presented in the chart above are expressed in terms of per 1,000 patients of **all ages**, the table across and the relevant pages in this report provide prevalence rates specifically in terms of the appropriate age-groups.

31-Mar-2023				
Disease Register	Age Requirement	Number of patients on disease register	All Patients meeting age requirement	Raw prevalence rate per 1,000 patients meeting age requirement
Diabetes Mellitus	17+	111,806	1,613,056	69.3
Chronic Kidney Disease	18+	78,735	1,588,856	49.6

Raw Prevalence Rates by QOF Disease Register

- Time series
- by Local Commissioning Group Area (2022/23)
- by GP Federation Area (2022/23)

Comparing prevalence rates

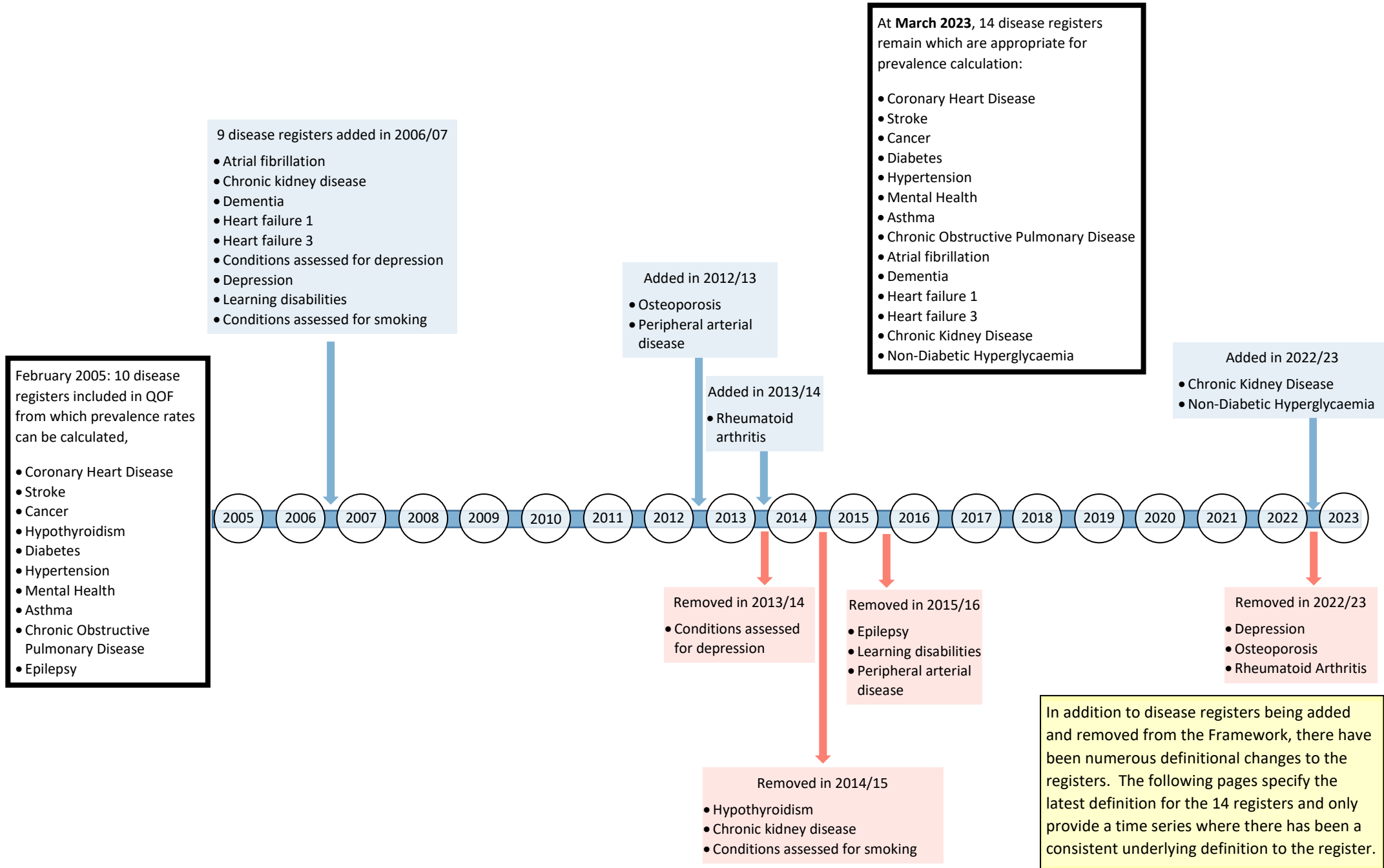
Care should be taken when looking at trends in prevalence over time or across geographic areas.

The prevalence statistics presented in this bulletin are **raw prevalence rates**. This means that **they take no account of differences between populations in terms of their age or gender profiles, or other factors that influence the prevalence of health conditions.**

In addition, apparent increases in prevalence may be due to improvement in recording and case finding by GPs, rather than a true increase in the prevalence in the population.

Note, on each of the following disease pages, in the charts showing disease prevalence distribution among GP practices, raw prevalence per 1,000 is presented in bands of prevalence, such as zero to less than 5 (<5). For example, a practice with a prevalence rate of 4.8 per 1,000 would be included in this band.

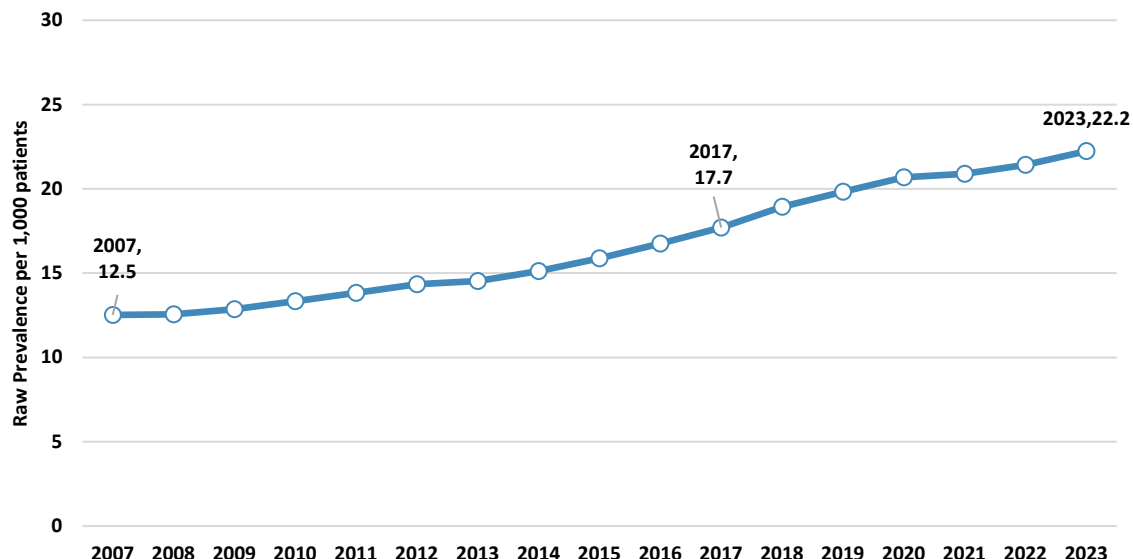
Timeline of disease registers included in the Quality & Outcomes Framework – only includes those disease registers for which prevalence can be calculated



Atrial Fibrillation – Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate.

QOF Register Definition: Number of patients with atrial fibrillation. Prevalence data are available, on a consistent basis, from 2007.

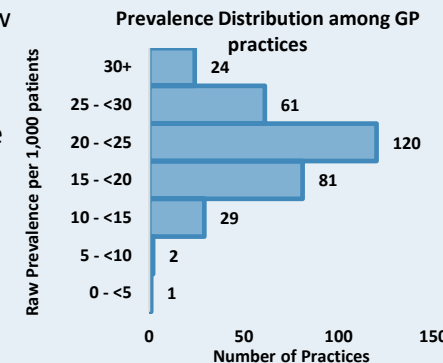
Raw Prevalence of Atrial Fibrillation per 1,000 GP Patients at 31st March*, 2007-2023



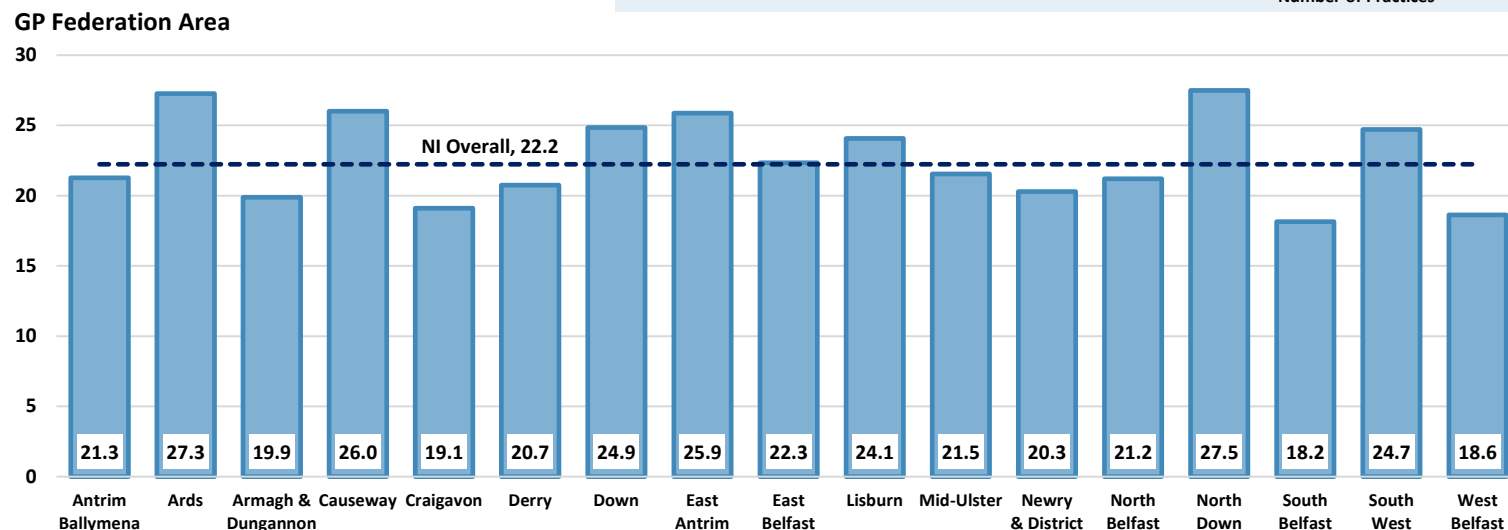
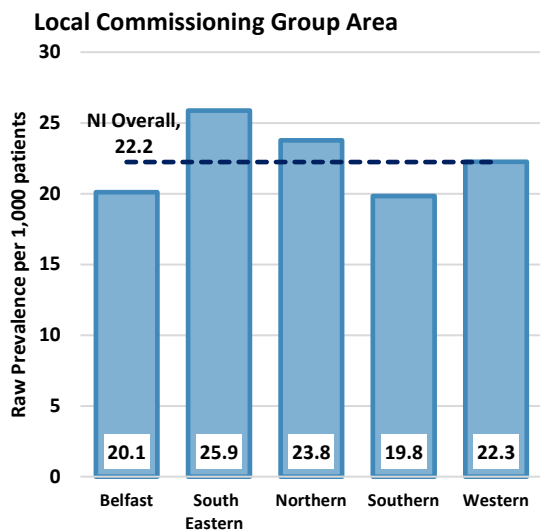
*Prior to 2010, prevalence was as at 14th February

Atrial Fibrillation

- There were 45,207 GP patients recorded on the Atrial Fibrillation register at 31st March 2023. This equates to a raw prevalence rate of 22.2 per 1,000 patients.
- The raw prevalence rate ranged from 19.8 per 1,000 among practices in Southern LCG, to 25.9 per 1,000 in South Eastern LCG.
- The raw prevalence rate ranged from 18.2 per 1,000 among practices in South Belfast GP Federation area, to 27.5 per 1,000 in North Down.
- Among the 318 practices, the raw prevalence rate ranged from a minimum of 2.3 per 1,000 to a maximum of 44.3 per 1,000. The frequency chart (across) shows that for 120 practices (38%) the rate fell in the range of 20 to <25 per 1,000.



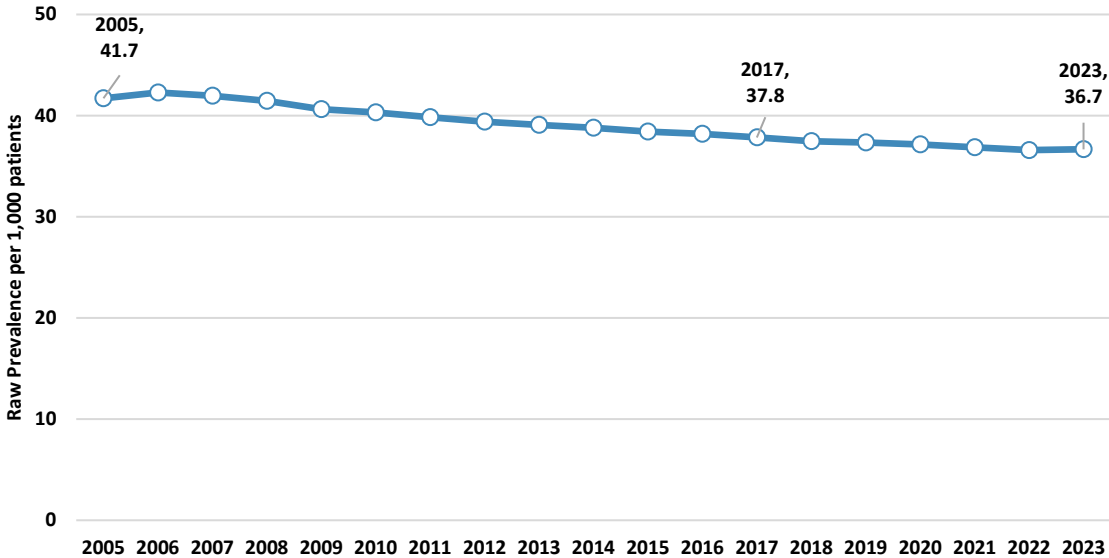
Raw Prevalence of Atrial Fibrillation per 1,000 GP Patients at 31st March 2023 by



Coronary Heart Disease – *Coronary heart disease is sometimes called ischaemic heart disease or coronary artery disease.*

QOF Register Definition: Number of patients with coronary heart disease. Prevalence data are available, on a consistent basis, from 2005

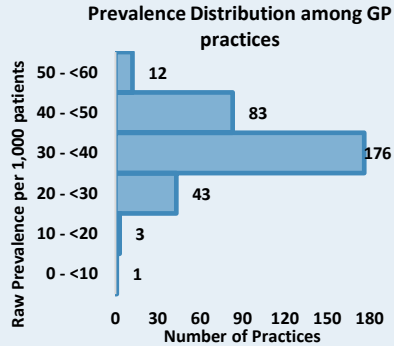
Raw Prevalence of Coronary Heart Disease per 1,000 GP Patients at 31st March*, 2005-2023



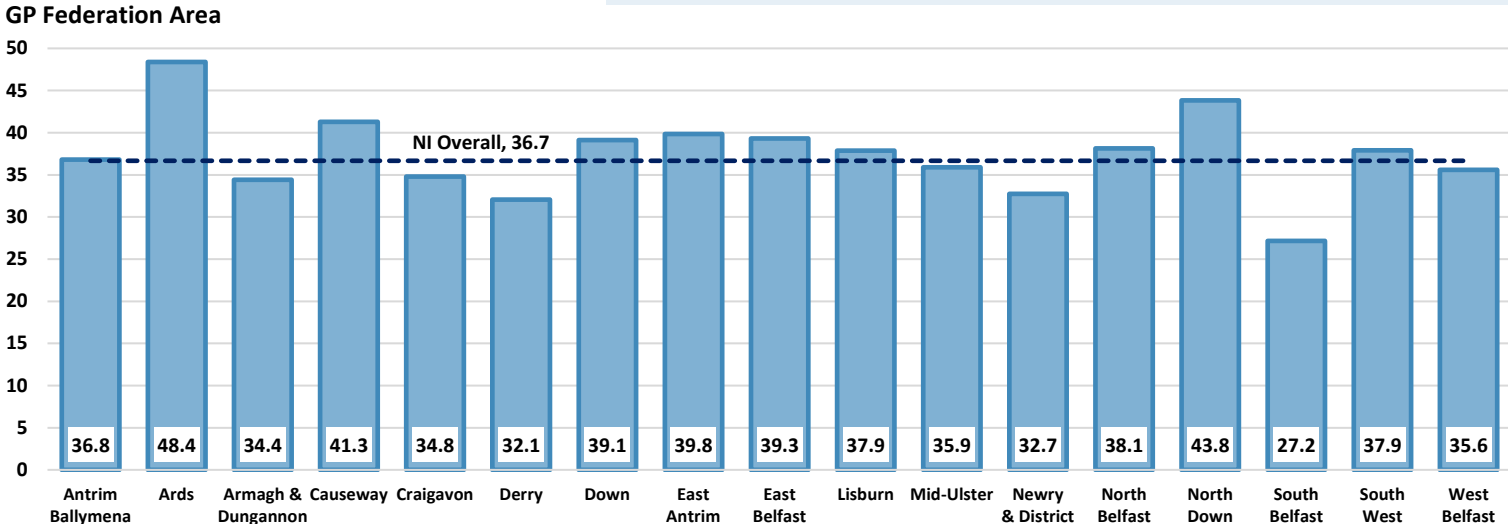
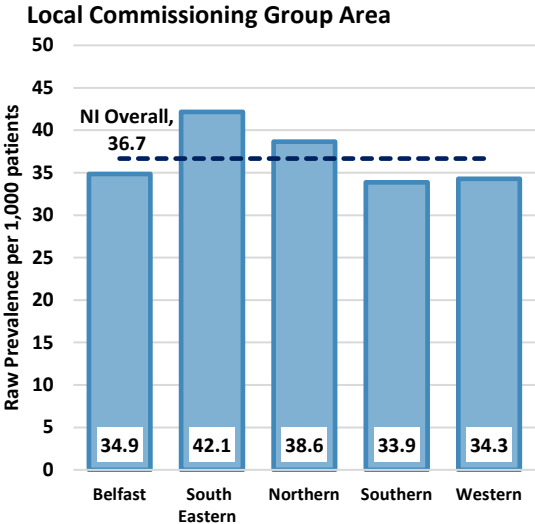
*Prior to 2010, prevalence was as at 14th February

Coronary Heart Disease

- There were 74,549 GP patients recorded on the Coronary Heart Disease register at 31st March 2023. This equates to a raw prevalence rate of 36.7 per 1,000 patients.
- The raw prevalence rate ranged from 33.9 per 1,000 among practices in Southern LCG to 42.1 per 1,000 in South Eastern LCG.
- The raw prevalence rate ranged from 27.2 per 1,000 among practices in South Belfast GP Federation area to 48.4 per 1,000 in Ards.
- Among the 318 practices, the raw prevalence rate ranged from a minimum of 2.5 per 1,000 to a maximum of 56.7 per 1,000. The frequency chart (across) shows that for 176 practices (55%) the rate fell in the range of 30 to <40 per 1,000.



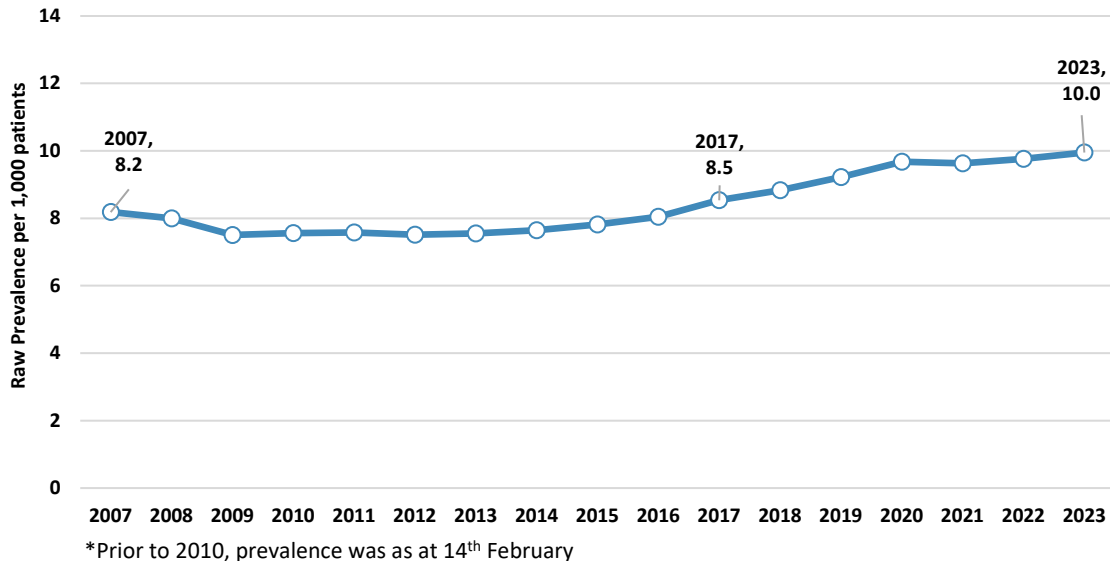
Raw Prevalence of Coronary Heart Disease per 1,000 GP Patients at 31st March 2023 by



Heart Failure – Heart failure means that the heart is unable to pump blood around the body properly. It usually occurs because the heart has become too weak or stiff.

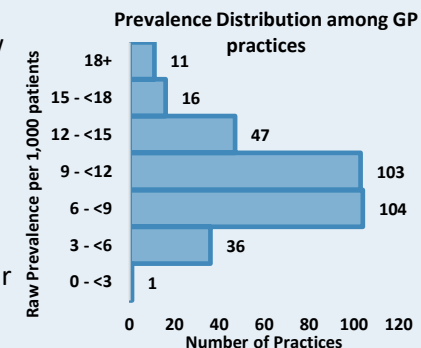
QOF Register Definition: Number of patients with heart failure. Prevalence data are available, on a consistent basis, from 2007.

Raw Prevalence of Heart Failure per 1,000 GP Patients at 31st March*, 2007-2023

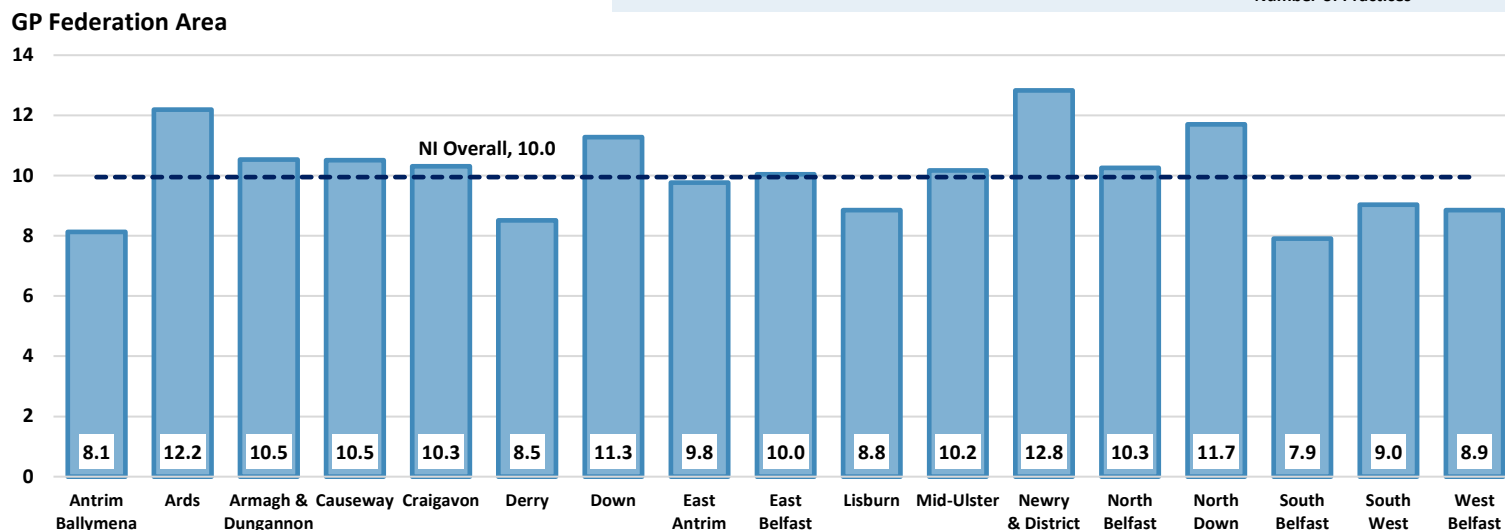
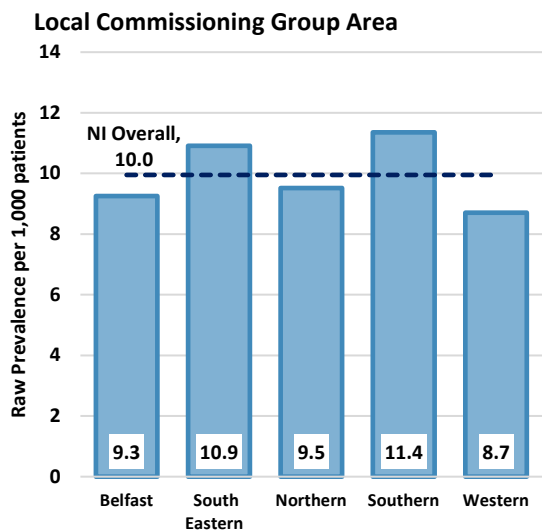


Heart Failure

- There were 20,231 GP patients recorded on the Heart Failure register at 31st March 2023. This equates to a raw prevalence rate of 10.0 per 1,000 patients.
- The raw prevalence rate ranged from 8.7 per 1,000 among practices in Western LCG to 11.4 per 1,000 in Southern LCG.
- The raw prevalence rate ranged from 7.9 per 1,000 among practices in South Belfast GP Federation areas to 12.8 per 1,000 in Newry & District.
- Among the 318 practices, the raw prevalence rate ranged from a minimum of 0.3 per 1,000 to a maximum of 26.7 per 1,000. The frequency chart (across) shows that for 104 practices (33%) the rate fell in the range of 6 to <9 per 1,000.



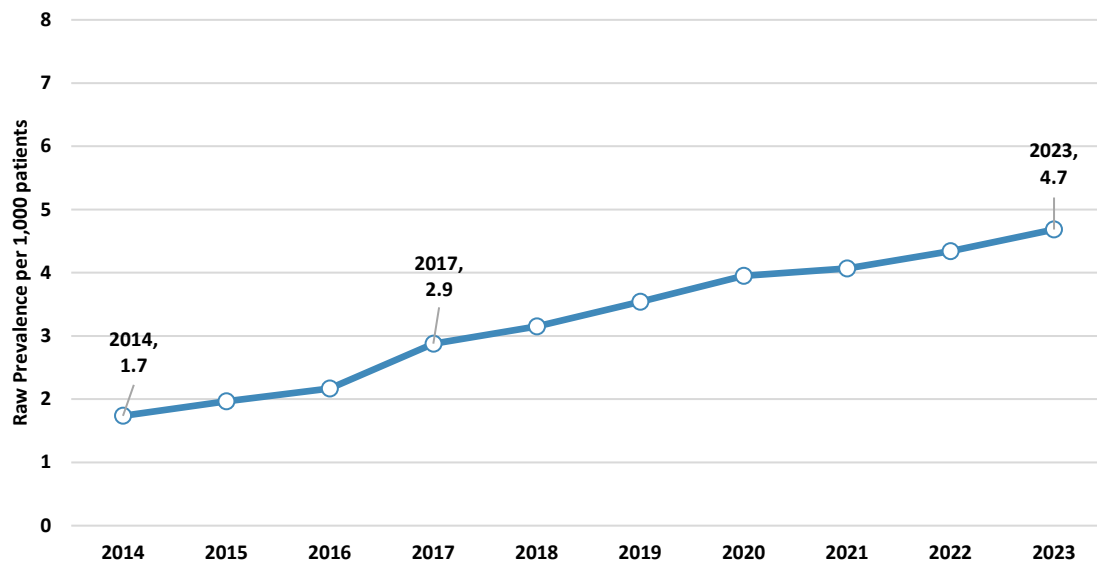
Raw Prevalence of Heart Failure per 1,000 GP Patients at 31st March 2023 by



Heart Failure due to Left Ventricular Systolic Dysfunction – *Left ventricular systolic dysfunction - the heart does not pump efficiently, and does not contract the way it should between heartbeats*

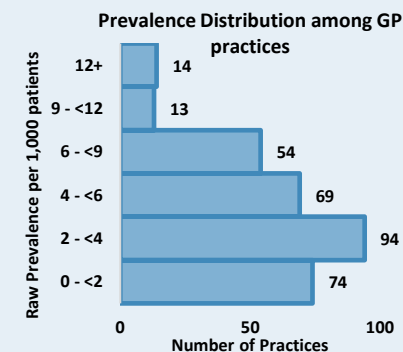
QOF Register Definition: Number of patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction (LVSD) and currently treated with an ACE-I or ARB. Prevalence data are available, on a consistent basis, from 2014.

Raw Prevalence of Heart Failure due to Left Ventricular Systolic Dysfunction per 1,000 GP Patients, at 31st March, 2014-2023

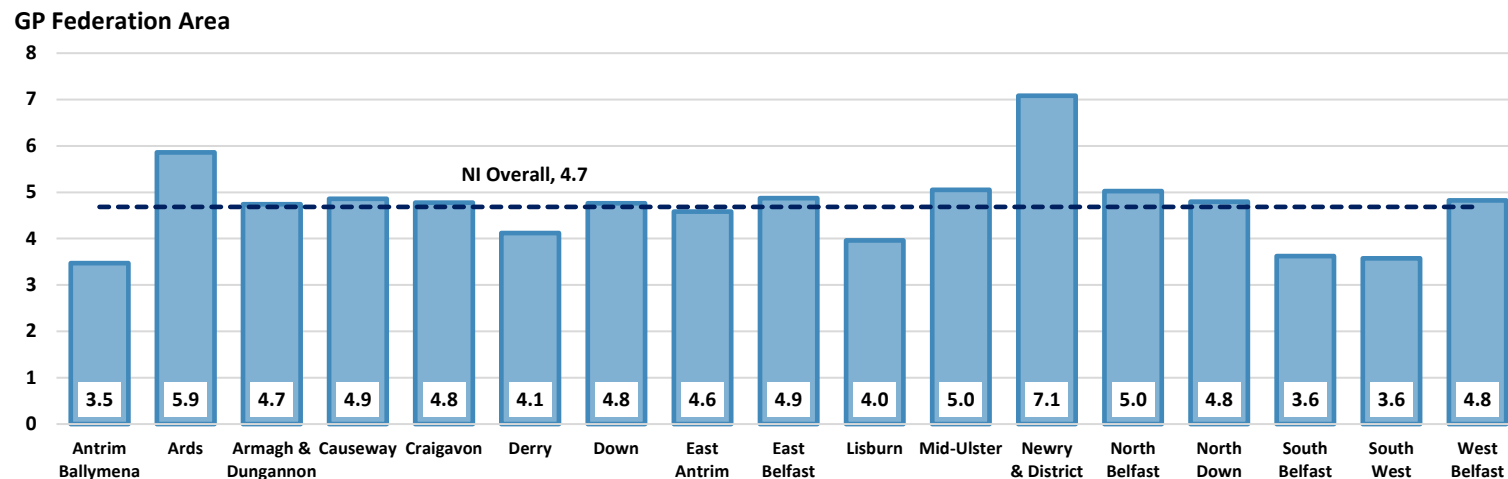
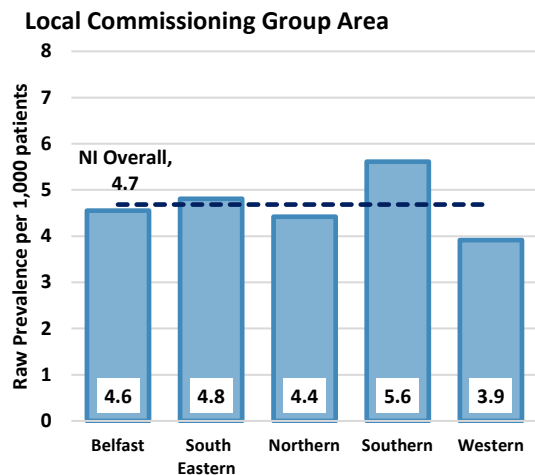


Heart Failure due to Left Ventricular Systolic Dysfunction

- There were 9,523 GP patients recorded on the Heart Failure due to Left Ventricular Systolic Dysfunction register at 31st March 2023. This equates to a raw prevalence rate of 4.7 per 1,000 patients.
- The raw prevalence rate ranged from 3.9 per 1,000 among practices in Western LCG to 5.6 per 1,000 in Southern LCG.
- The raw prevalence rate ranged from 3.5 per 1,000 among practices in Antrim Ballymena GP Federation area to 7.1 per 1,000 in Newry & District.
- Among the 319 practices, the raw prevalence rate ranged from a minimum of zero per 1,000 to a maximum of 20.4 per 1,000. The frequency chart (across) shows that for 94 practices (30%) the rate fell in the range of 2 to <4 per 1,000.



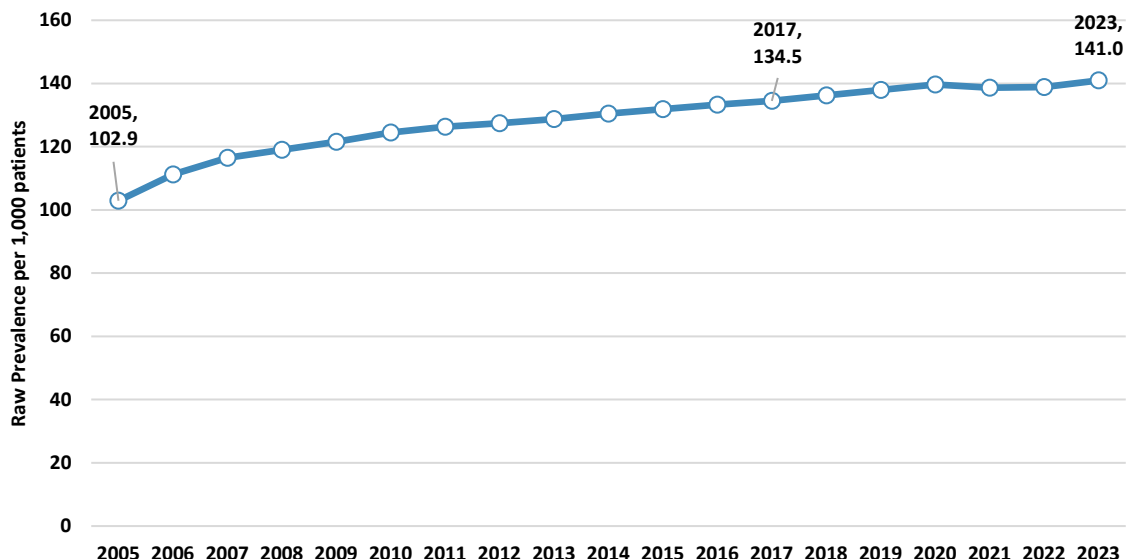
Raw Prevalence of Heart Failure due to Left Ventricular Systolic Dysfunction per 1,000 GP Patients at 31st March 2023 by



Hypertension – High blood pressure

QOF Register Definition: Number of patients with established hypertension. Prevalence data are available, on a consistent basis, from 2005.

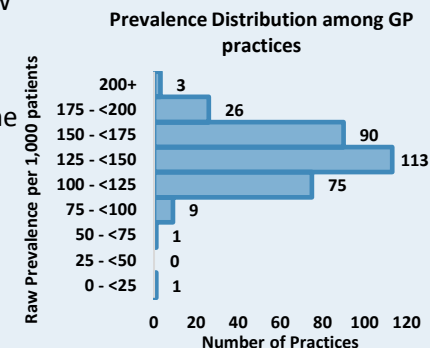
Raw Prevalence of Hypertension per 1,000 GP Patients at 31st March*, 2005-2023



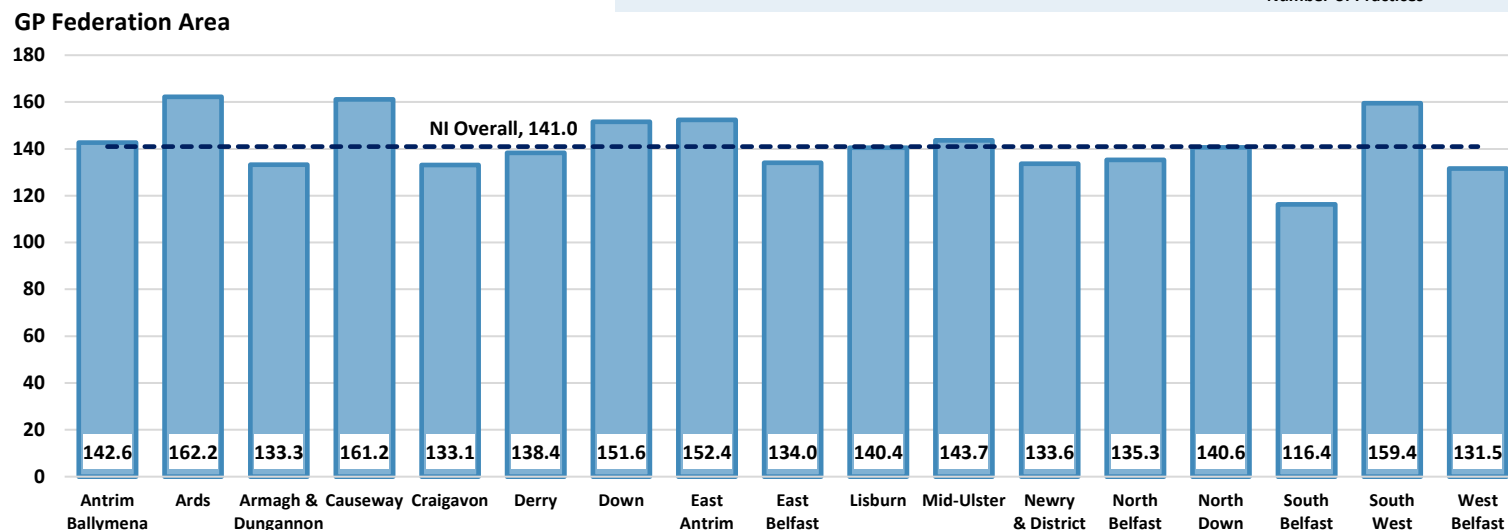
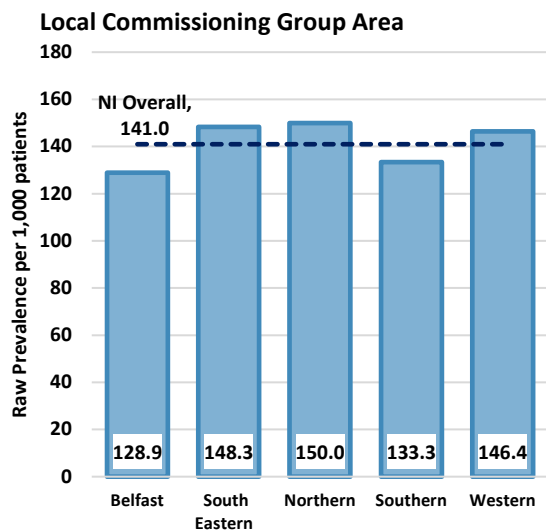
*Prior to 2010, prevalence was as at 14th February

Hypertension

- There were 286,603 GP patients recorded on the Hypertension register at 31st March 2023. This equates to a raw prevalence rate of 141.0 per 1,000 patients.
- The raw prevalence rate ranged from 128.9 per 1,000 among practices in Belfast LCG to 150.0 per 1,000 in Northern LCG.
- The raw prevalence rate ranged from 116.4 per 1,000 among practices in South Belfast GP Federation area to 162.2 per 1,000 in Ards.
- Among the 318 practices, the raw prevalence rate ranged from a minimum of 19.8 per 1,000 to a maximum of 227.5 per 1,000. The frequency chart (across) shows that for 113 practices (36%) the rate fell in the range of 125 to <150 per 1,000.



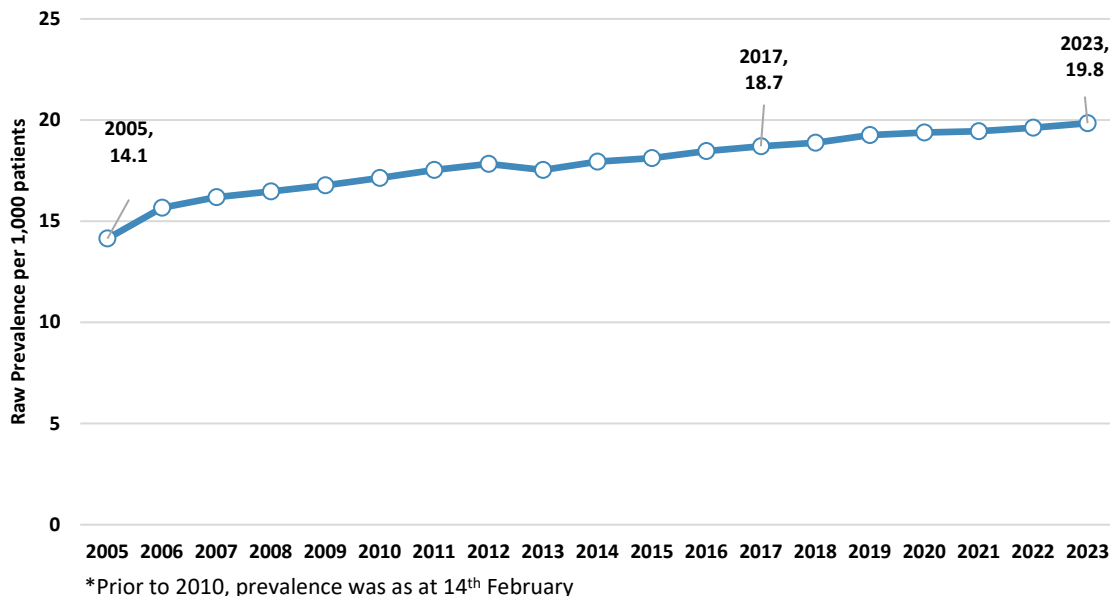
Raw Prevalence of Hypertension per 1,000 GP Patients at 31st March 2023 by



Stroke and Transient Ischaemic Attack – A stroke is a serious life-threatening medical condition that happens when the blood supply to part of the brain is cut off. A transient ischaemic attack (TIA) or "mini stroke" is caused by a temporary disruption in the blood supply to part of the brain.

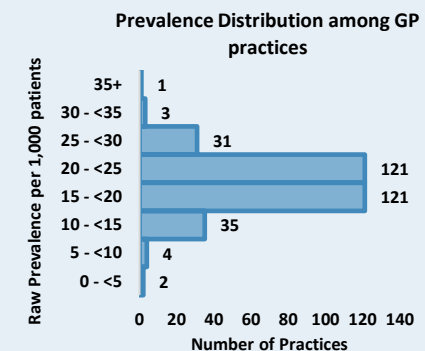
QOF Register Definition: Number of patients with stroke or transient ischaemic attack (TIA). Prevalence data are available, on a consistent basis, from 2005.

Raw Prevalence of Stroke and Transient Ischaemic Attack per 1,000 GP Patients at 31st March*, 2005-2023

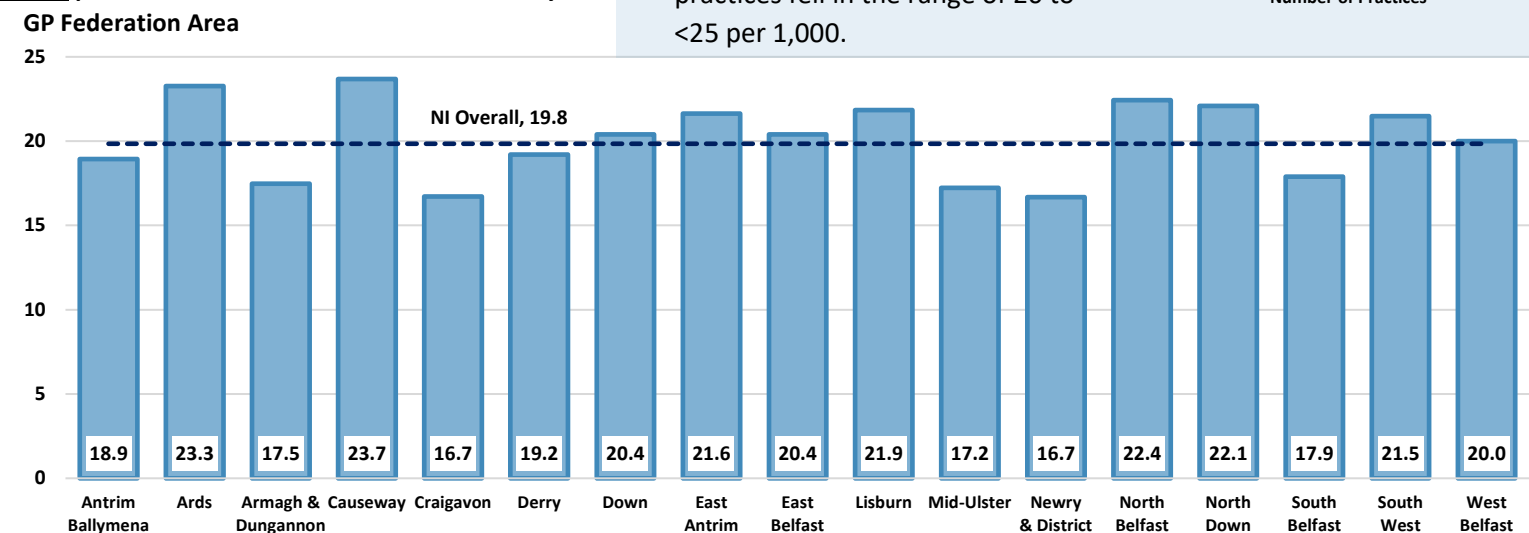
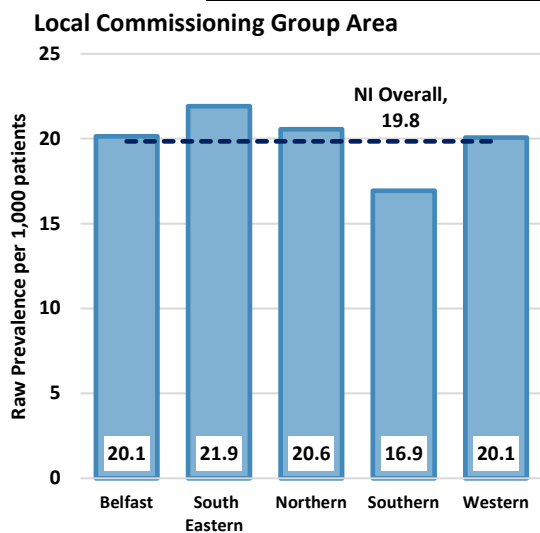


Stroke and Transient Ischaemic Attack

- There were 40,348 GP patients recorded on the Stroke and Transient Ischaemic Attack register at 31st March 2023. This equates to a raw prevalence rate of 19.8 per 1,000 patients.
- The raw prevalence rate ranged from 16.9 per 1,000 among practices in Southern LCG to 21.9 per 1,000 in South Eastern LCG.
- The raw prevalence rate ranged from 16.7 per 1,000 among practices in Newry & District and Craigavon GP Federation areas to 23.7 per 1,000 in Causeway.
- Among the 318 practices, the raw prevalence rate ranged from a minimum of 1.0 per 1,000 to a maximum of 37.4 per 1,000. The frequency chart (across) shows that for 121 practices (38%) the rate fell in the range of 15 to <20 per 1,000, while a further 121 practices fell in the range of 20 to <25 per 1,000.



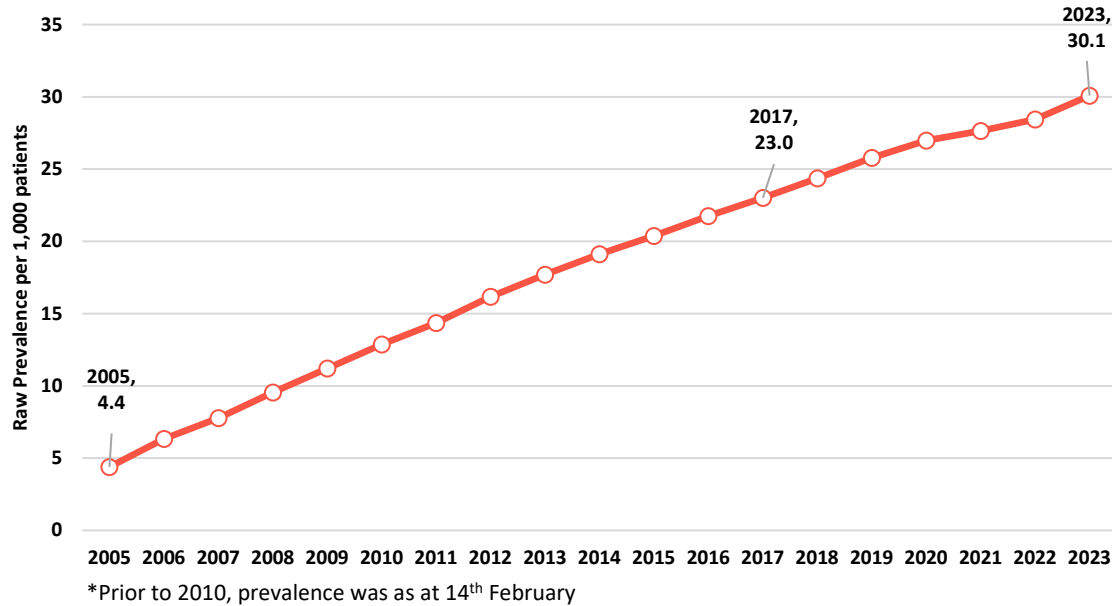
Raw Prevalence of Stroke and Transient Ischaemic Attack per 1,000 GP Patients at 31st March 2023 by



Cancer – Cancer is a condition where cells in a specific part of the body grow and reproduce uncontrollably.

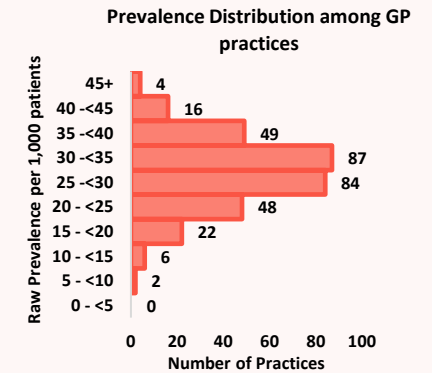
QOF Register Definition: Number of patients with a diagnosis of cancer, excluding non-melanotic skin cancers, from 1st April 2003. Prevalence data are available, on a consistent basis, from 2005. Because of the cut-off date in this definition, prevalence trends are obscured by the increase in the size of the register due to the cumulative accrual of new cancer cases onto practice registers with each passing year. Increases in the register size will be, at least in part, due to the cumulative nature of the register.

Raw Prevalence of Cancer per 1,000 GP Patients at 31st March*, 2005-2023



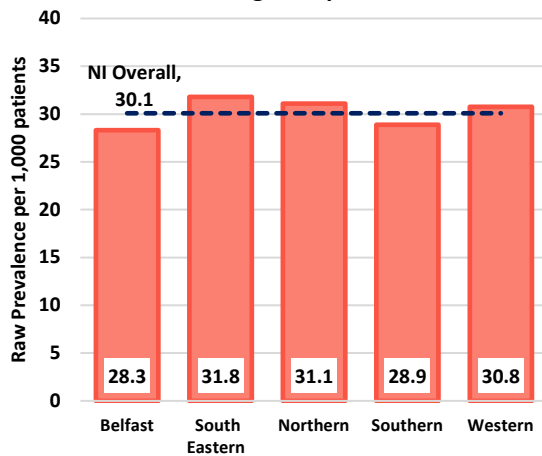
Cancer

- There were 61,166 GP patients recorded on the Cancer register at 31st March 2023. This equates to a raw prevalence rate of 30.1 per 1,000 patients.
- The raw prevalence rate ranged from 28.3 per 1,000 among practices in Belfast LCG to 31.8 per 1,000 in South Eastern LCG.
- The raw prevalence rate ranged from 26.8 per 1,000 among practices in West Belfast GP Federation area to 35.3 per 1,000 in Ards.
- Among the 318 practices, the raw prevalence rate ranged from a minimum of 6.7 per 1,000 to a maximum of 53.9 per 1,000. The frequency chart (across) shows that for 87 practices (27%) the rate fell in the range of 30 to <35 per 1,000.

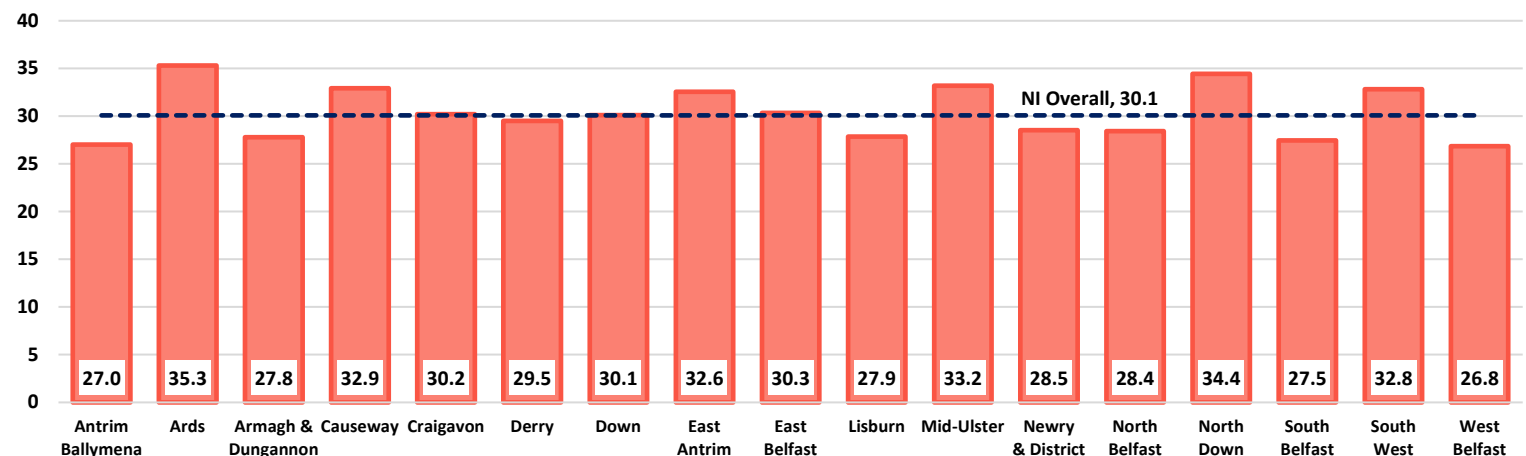


Raw Prevalence of Cancer per 1,000 GP Patients at 31st March 2023 by

Local Commissioning Group Area



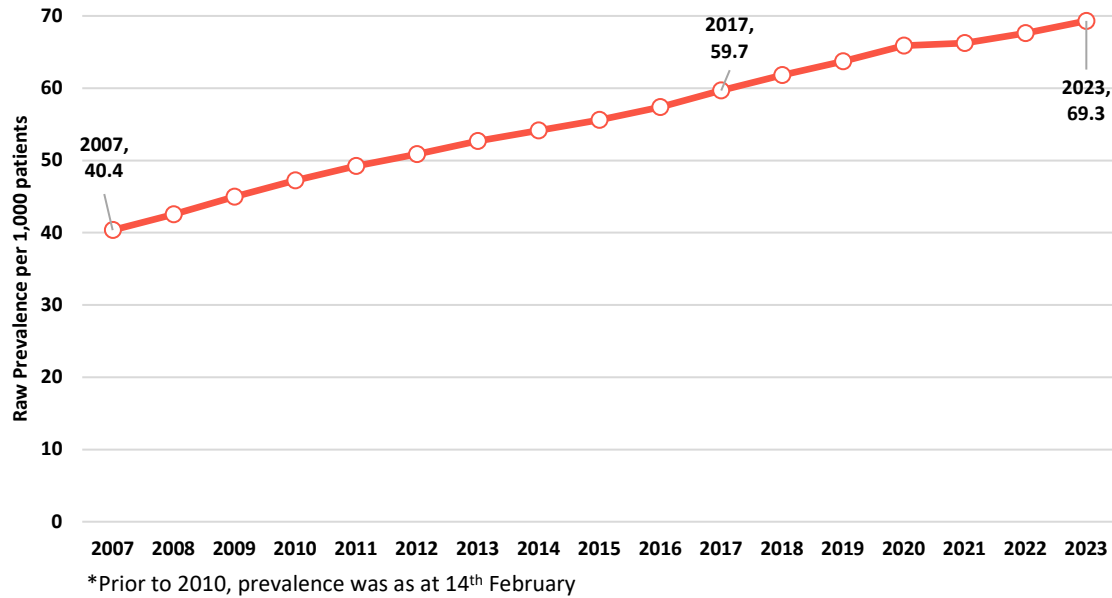
GP Federation Area



Diabetes Mellitus – *Diabetes is a lifelong condition that causes a person's blood sugar level to become too high.*

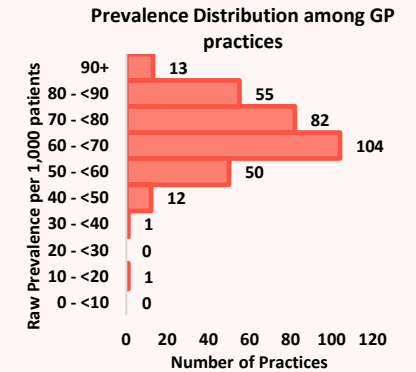
QOF Register Definition: Number of patients aged 17 years and over with diabetes mellitus, which specifies the type of diabetes where a diagnosis has been confirmed. Prevalence data are available, on a consistent basis, from 2007.

Raw Prevalence of Diabetes Mellitus per 1,000 GP Patients aged 17+, at 31st March*, 2007-2023



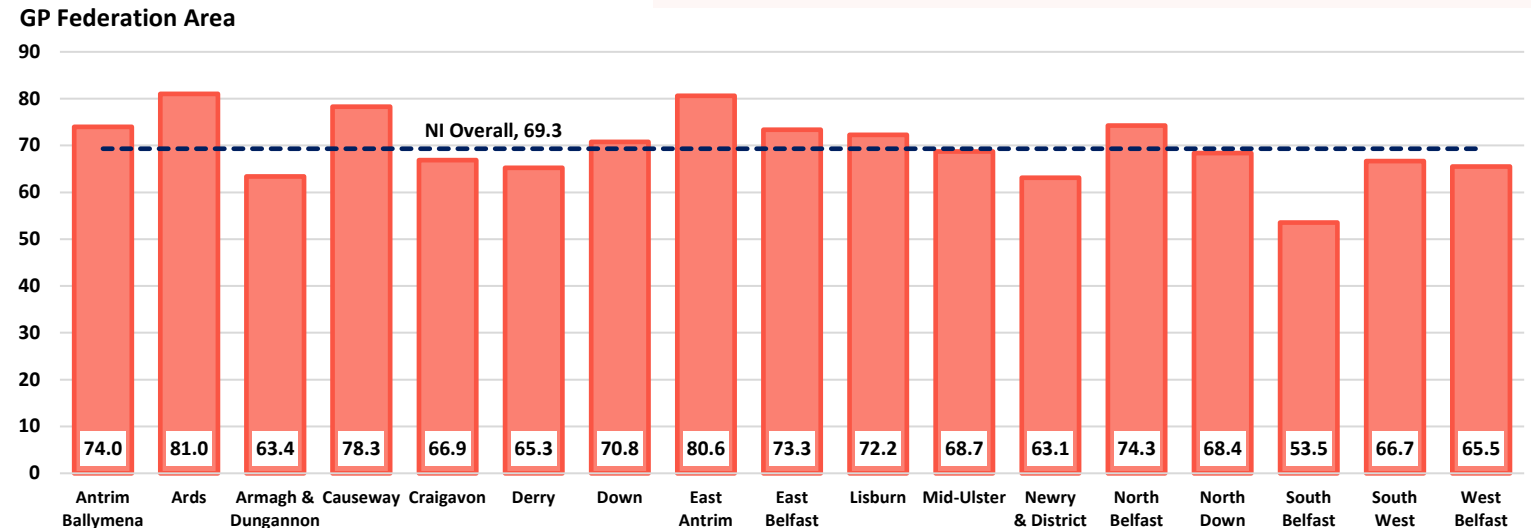
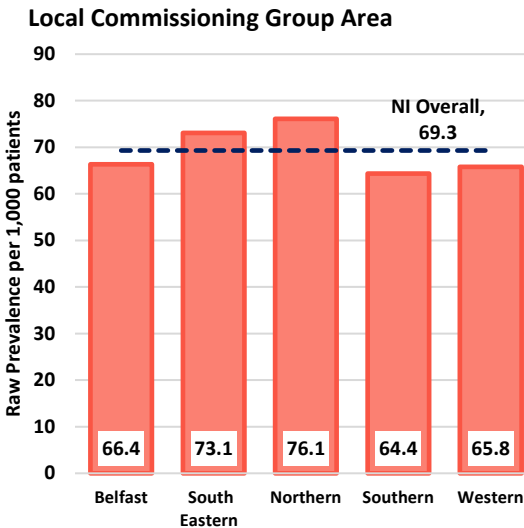
Diabetes Mellitus

- There were 111,806 GP patients recorded on the Diabetes Mellitus register at 31st March 2023. This equates to a raw prevalence rate of 69.3 per 1,000 patients (aged 17+).
- The raw prevalence rate ranged from 64.4 per 1,000 among practices in Southern LCG to 76.1 per 1,000 in Northern LCG.
- The raw prevalence rate ranged from 53.5 per 1,000 among practices in South Belfast GP Federation area to 81.0 per 1,000 in Ards.
- Among the 318 practices, the raw prevalence rate ranged from a minimum of 10.9 per 1,000 to a maximum of 113.8 per 1,000. The frequency chart (across) shows that for 104 practices (33%) the rate fell in the range of 60 to <70 per 1,000.



All calculations use the 17+ registered list

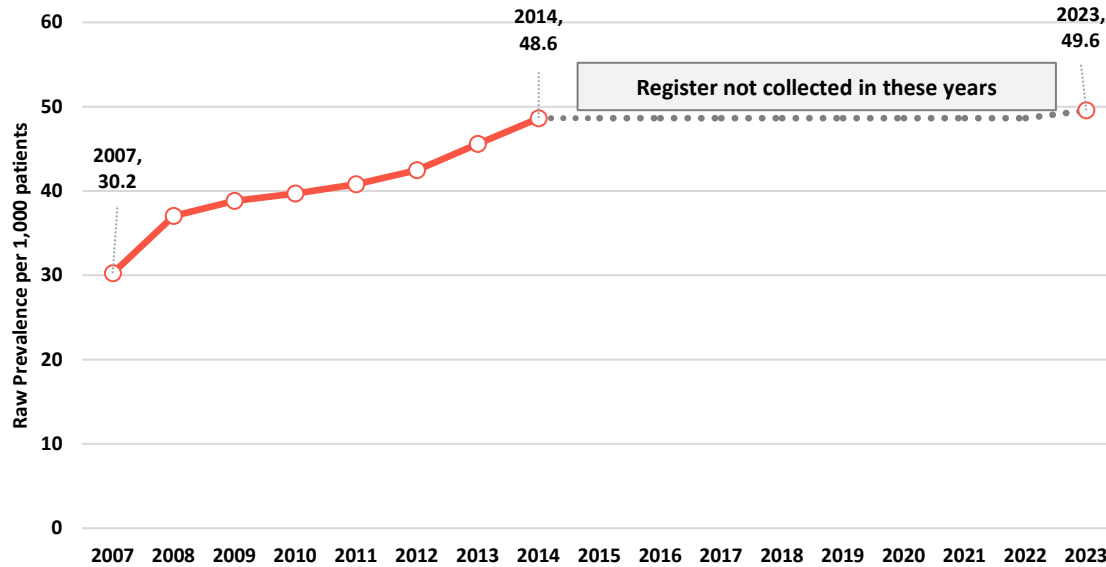
Raw Prevalence of Diabetes Mellitus per 1,000 GP Patients aged 17+, at 31st March 2023 by



Chronic Kidney Disease – *Chronic Kidney Disease is a condition characterised by a gradual loss of kidney function.*

QOF Register Definition: Number of patients aged 18 years or over with chronic kidney disease with classification of categories G3a to G5 (previously stage 3 to 5). The CKD register was removed from the QOF from 2014/15 and re-introduced from 2022/23; the definition remains consistent with the previous register.

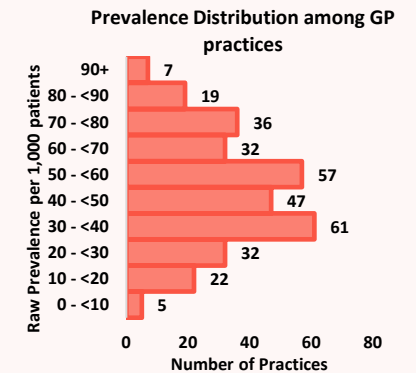
Raw Prevalence of Chronic Kidney Disease per 1,000 GP Patients aged 18+, at 31st March*, 2007-2023**



*Prior to 2010, prevalence was as at 14th February; ** Register removed from 2014/15 and reintroduced from 2022/23

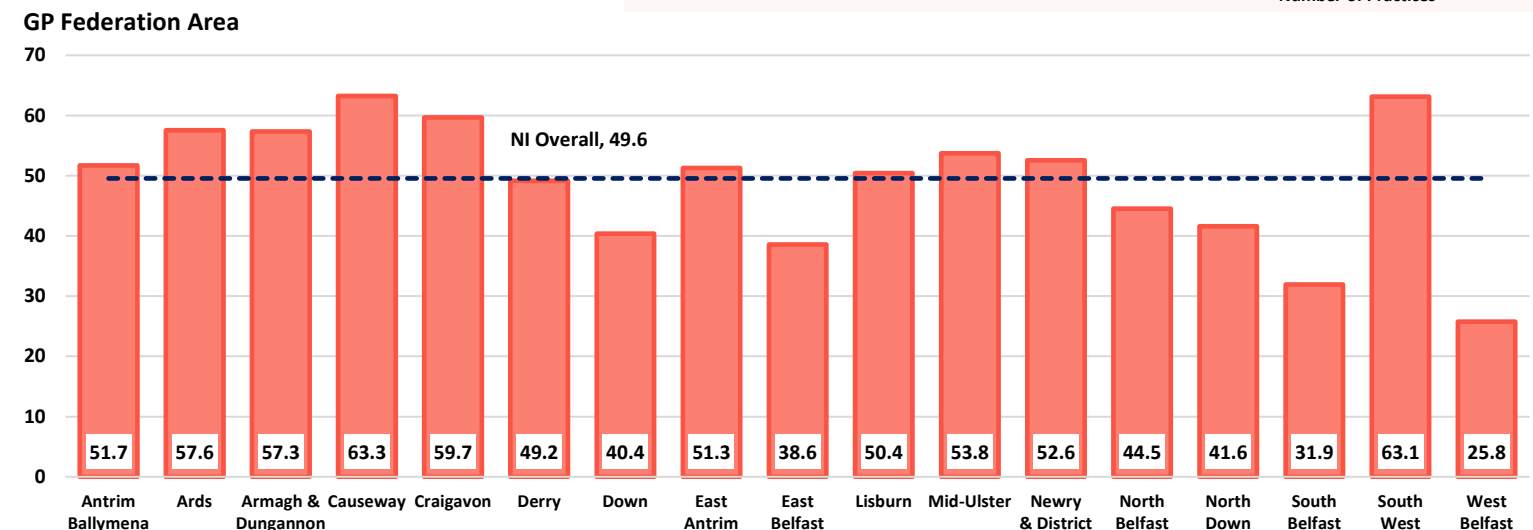
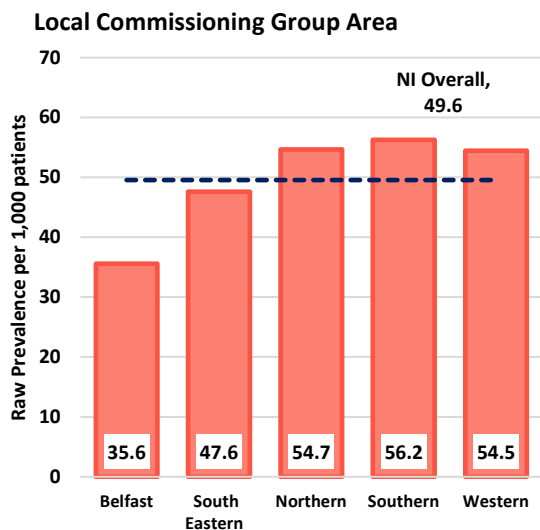
Chronic Kidney Disease

- There were 78,735 GP patients recorded on the Chronic Kidney Disease register at 31st March 2023. This equates to a raw prevalence rate of 49.6 per 1,000 patients (aged 18+).
- The raw prevalence rate ranged from 35.6 per 1,000 among practices in Belfast LCG to 56.2 per 1,000 in Southern LCG.
- The raw prevalence rate ranged from 25.8 per 1,000 among practices in West Belfast GP Federation area to 63.3 per 1,000 in Causeway.
- Among the 318 practices, the raw prevalence rate ranged from a minimum of 0.8 per 1,000 to a maximum of 106.1 per 1,000. The frequency chart (across) shows that for 61 practices (19%) the rate fell in the range of 30 to <40 per 1,000.



All calculations use the 18+ registered list

Raw Prevalence of Chronic Kidney Disease per 1,000 GP Patients aged 18+, at 31st March 2023 by



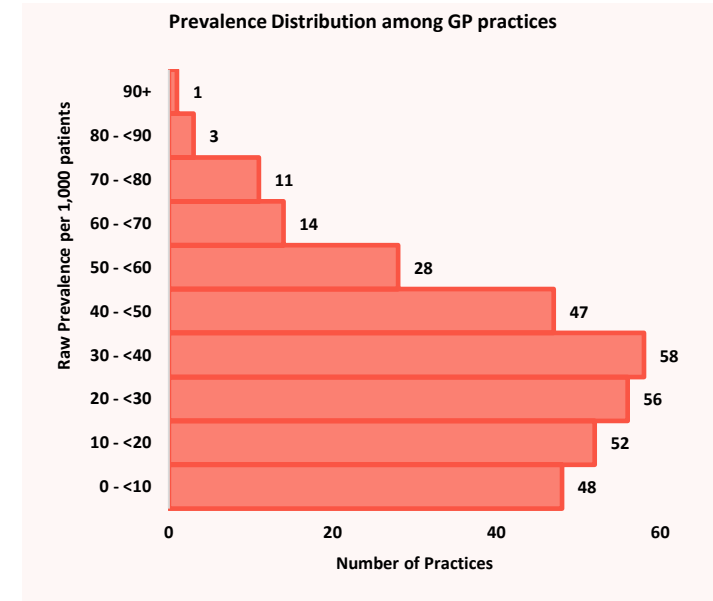
Non-Diabetic Hyperglycaemia– *Non-diabetic hyperglycemia is a condition where a person’s blood glucose (sugar) level is high even though they do not have diabetes.*

QOF Register Definition: Number of patients with Non-Diabetic Hyperglycaemia.

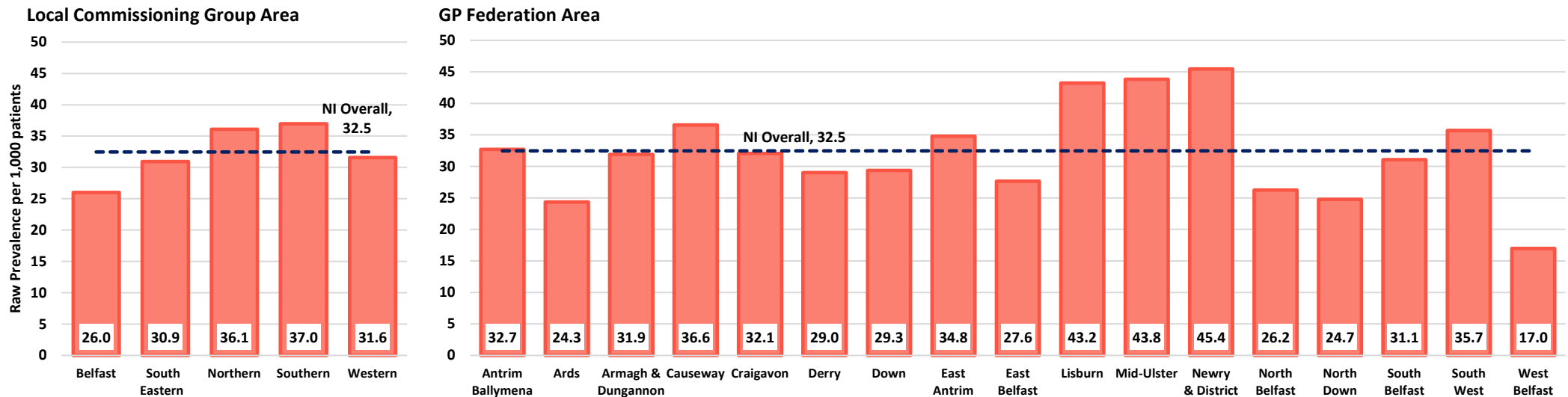
This register was first introduced in the QOF from 2022/23.

Non-Diabetic Hyperglycaemia

- There were 66,009 GP patients recorded on the Non-Diabetic Hyperglycaemia register at 31st March 2023. This equates to a raw prevalence rate of 32.5 per 1,000 patients.
- The raw prevalence rate ranged from 26.0 per 1,000 among practices in Belfast LCG to 37.0 per 1,000 in Southern LCG.
- The raw prevalence rate ranged from 17.0 per 1,000 among practices in West Belfast GP Federation area to 45.4 per 1,000 in Newry & District.
- Among the 318 practices, the raw prevalence rate ranged from a minimum of 0.3 per 1,000 to a maximum of 91.4 per 1,000. The frequency chart (across) shows that for 58 practices (18%) the rate fell in the range of 30 to <40 per 1,000. For 114 practices (36%), the rate fell in the range of 20 to <40.



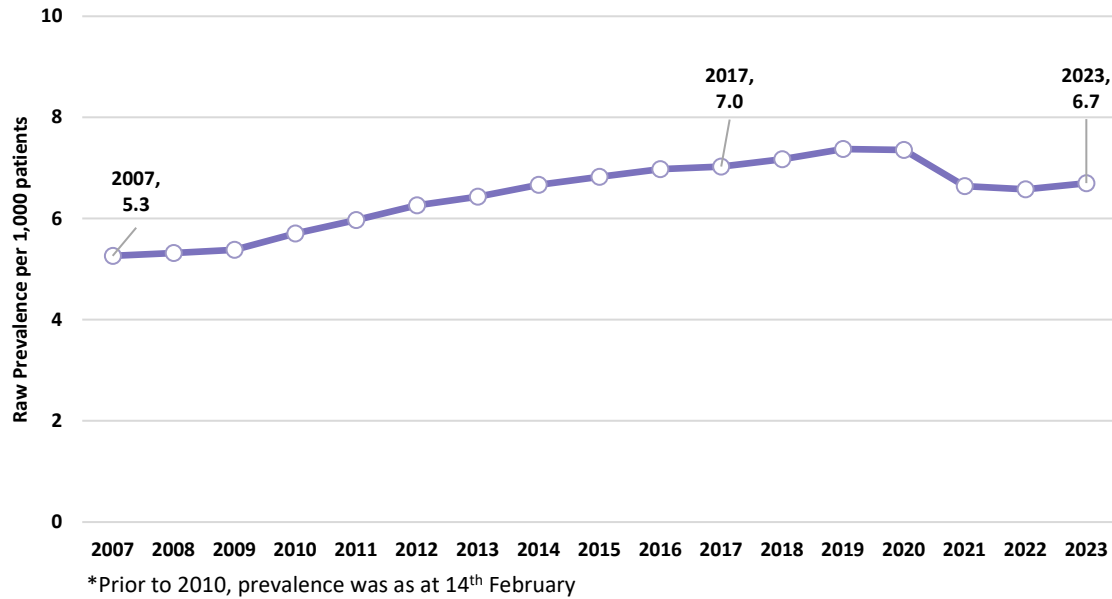
Raw Prevalence of Non-Diabetic Hyperglycaemia per 1,000 GP Patients, at 31st March 2023 by



Dementia – *Dementia is the name for problems with mental abilities caused by gradual changes and damage in the brain.*

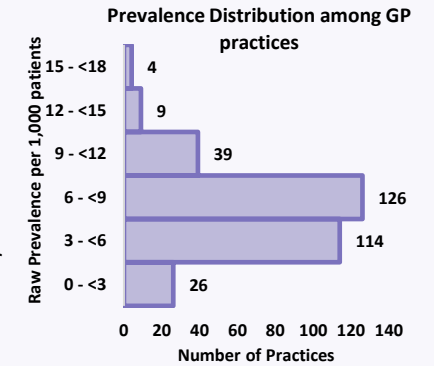
QOF Register Definition: Number of patients diagnosed with dementia. Prevalence data are available, on a consistent basis, from 2007.

Raw Prevalence of Dementia per 1,000 GP Patients at 31st March*, 2007-2023

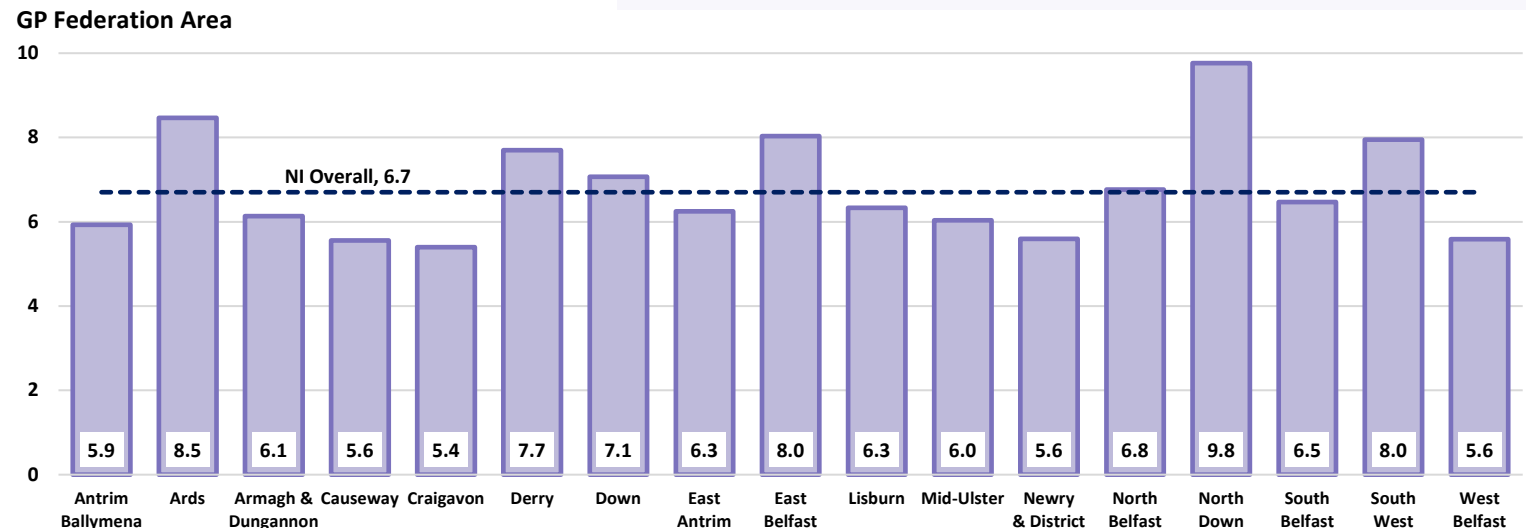
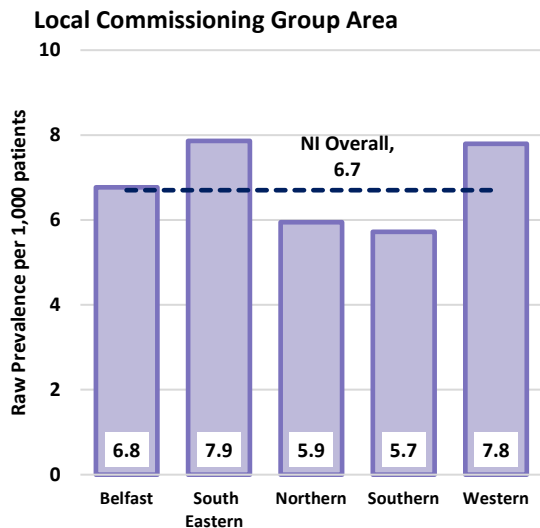


Dementia

- There were 13,625 GP patients recorded on the Dementia register at 31st March 2023. This equates to a raw prevalence rate of 6.7 per 1,000 patients.
- The raw prevalence rate ranged from 5.7 per 1,000 among practices in Southern LCG to 7.9 per 1,000 in South Eastern LCG.
- The raw prevalence rate ranged from 5.4 per 1,000 among practices in Craigavon GP Federation area to 9.8 per 1,000 in North Down.
- Among the 318 practices, the raw prevalence rate ranged from a minimum of 0.5 per 1,000 to a maximum of 16.7 per 1,000. The frequency chart (across) shows that for 126 practices (40%) the rate fell in the range of 6 to <9 per 1,000.



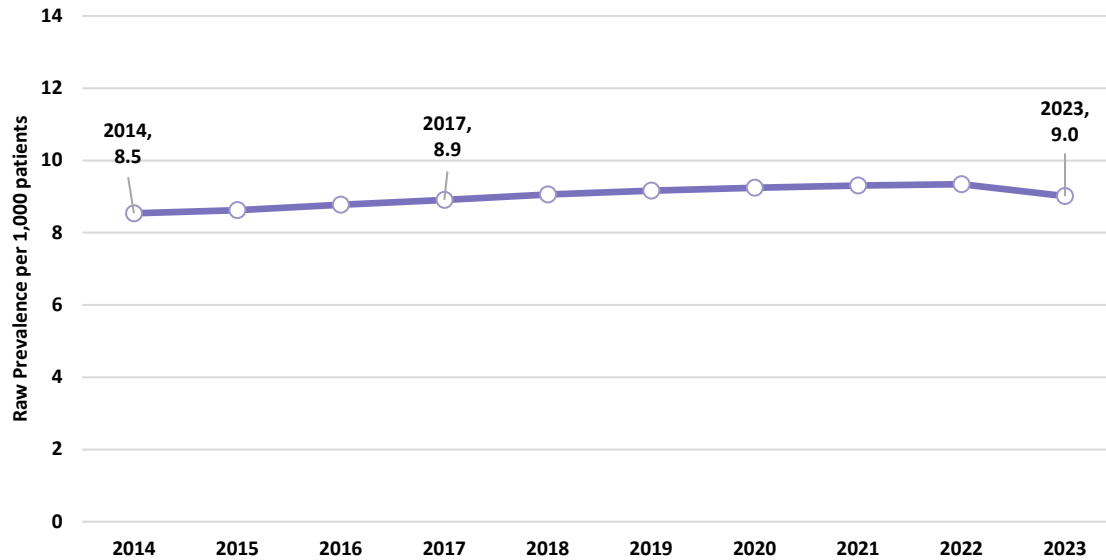
Raw Prevalence of Dementia per 1,000 GP Patients at 31st March 2023 by



Mental Health – For QOF purposes this relates to the prevalence of those serious mental illnesses specified in the definition below.

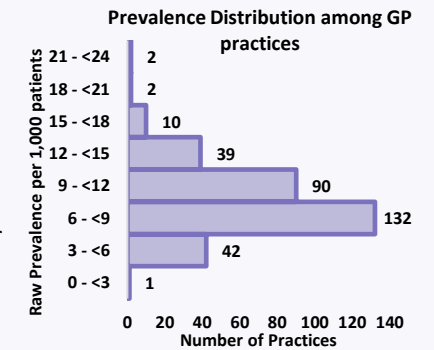
QOF Register Definition: Number of patients with schizophrenia, bipolar affective disorder, and other psychoses, and other patients on lithium therapy. Prevalence data are available, on a consistent basis, from 2014.

Raw Prevalence of Mental Health per 1,000 GP Patients at 31st March, 2014-2023

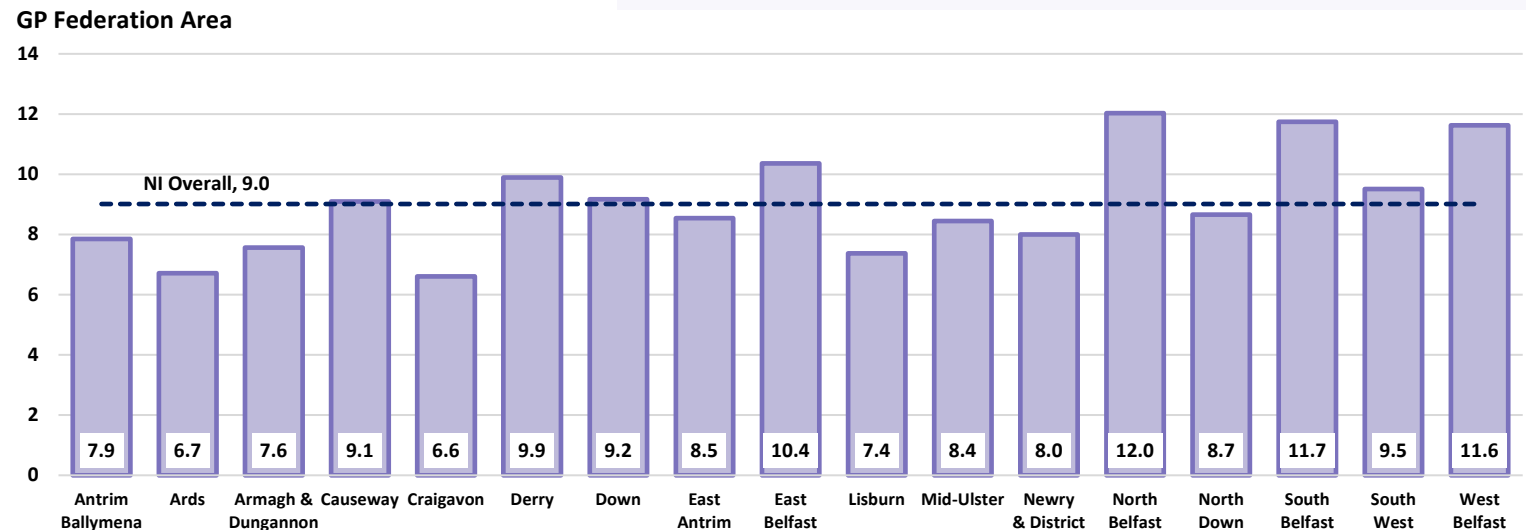
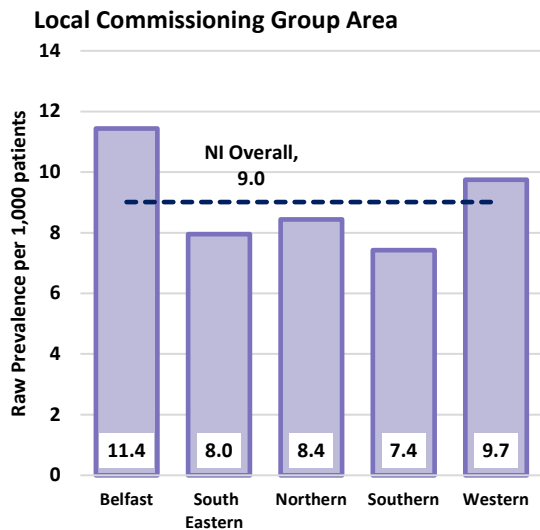


Mental Health

- There were 18,323 GP patients recorded on the Mental Health register at 31st March 2023. This equates to a raw prevalence rate of 9.0 per 1,000 patients.
- The raw prevalence rate ranged from 7.4 per 1,000 among practices in Southern LCG to 11.4 per 1,000 in Belfast LCG.
- The raw prevalence rate ranged from 6.6 per 1,000 among practices in Craigavon GP Federation area to 12.0 per 1,000 in North Belfast.
- Among the 318 practices, the raw prevalence rate ranged from a minimum of 2.0 per 1,000 to a maximum of 21.6 per 1,000. The frequency chart (across) shows that for 132 practices (42%) the rate fell in the range of 6 to <9 per 1,000.



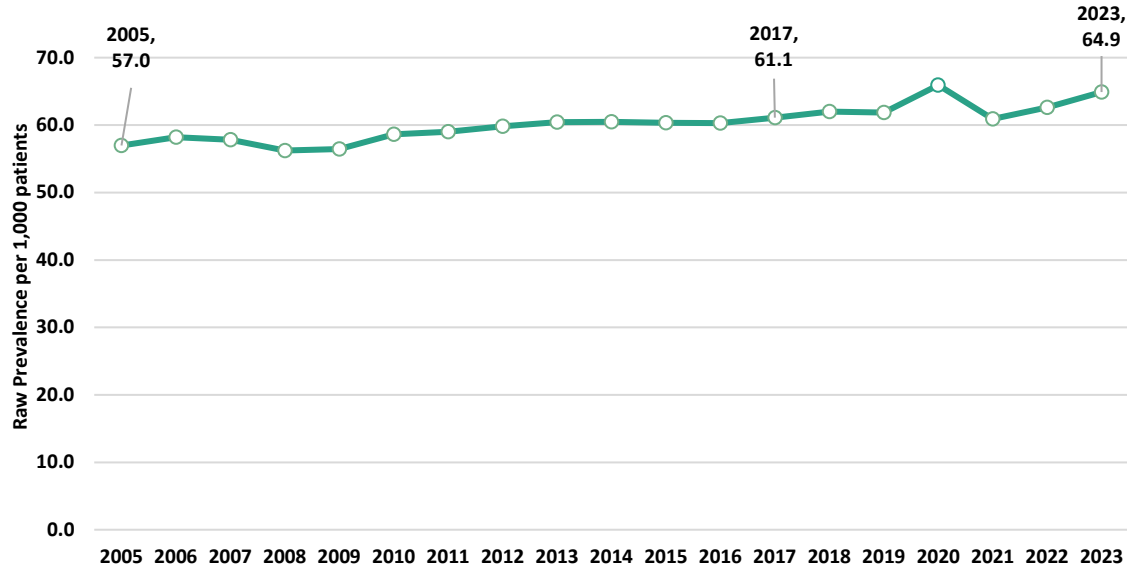
Raw Prevalence of Mental Health per 1,000 GP Patients at 31st March 2023 by



Asthma – Asthma is a common lung condition that causes occasional breathing difficulties.

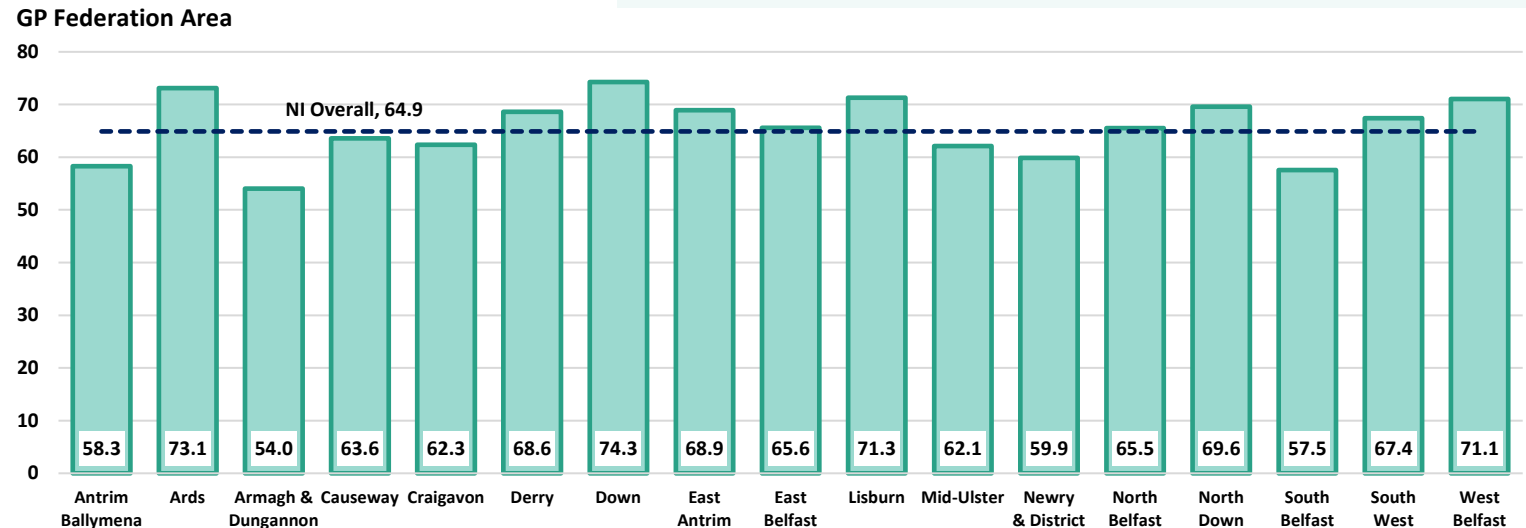
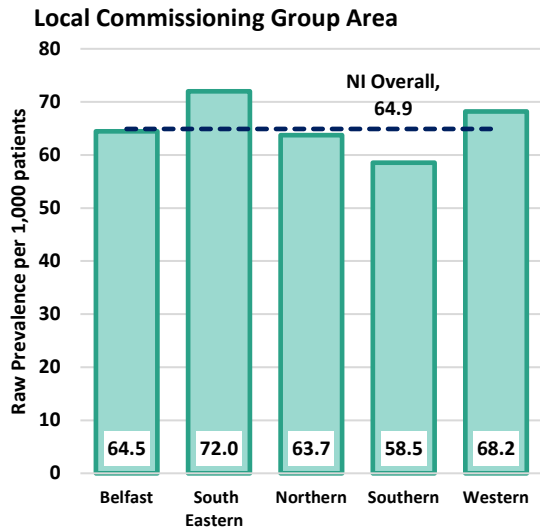
QOF Register Definition: Number of patients with asthma, excluding those who have had no prescription for asthma-related drugs in the last 12 months. Prevalence data are available, on a consistent basis, from 2005.

Raw Prevalence of Asthma per 1,000 GP Patients at 31st March*, 2005-2023



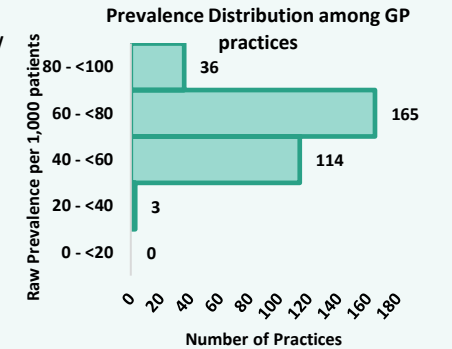
*Prior to 2010, prevalence was as at 14th February

Raw Prevalence of Asthma per 1,000 GP Patients at 31st March 2023 by



Asthma

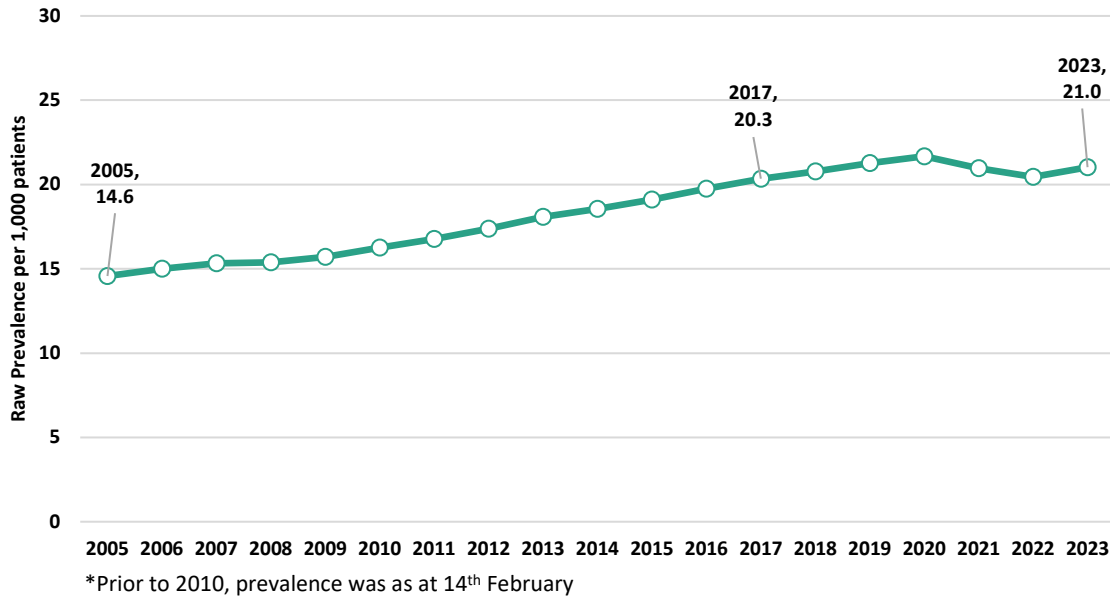
- There were 131,949 GP patients recorded on the Atrial Fibrillation register at 31st March 2023. This equates to a raw prevalence rate of 64.9 per 1,000 patients.
- The raw prevalence rate ranged from 58.5 per 1,000 among practices in Southern LCG to 72.0 per 1,000 in South Eastern LCG.
- The raw prevalence rate ranged from 54.0 per 1,000 among practices in Armagh & Dungannon GP Federation area to 74.3 per 1,000 in Down.
- Among the 318 practices, the raw prevalence rate ranged from a minimum of 33.5 per 1,000 to a maximum of 97.2 per 1,000. The frequency chart (across) shows that for 165 practices (52%) the rate fell in the range of 60 to <80



Chronic Obstructive Pulmonary Disease – *Chronic obstructive pulmonary disease (COPD) is the name for a group of lung conditions that cause breathing difficulties (including emphysema and chronic bronchitis).*

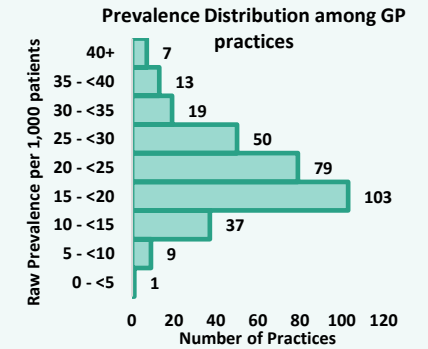
QOF Register Definition: Number of patients with chronic obstructive pulmonary disease. Prevalence data are available, on a consistent basis, from 2005.

Raw Prevalence of Chronic Obstructive Pulmonary Disease per 1,000 GP Patients at 31st March*, 2005-2023

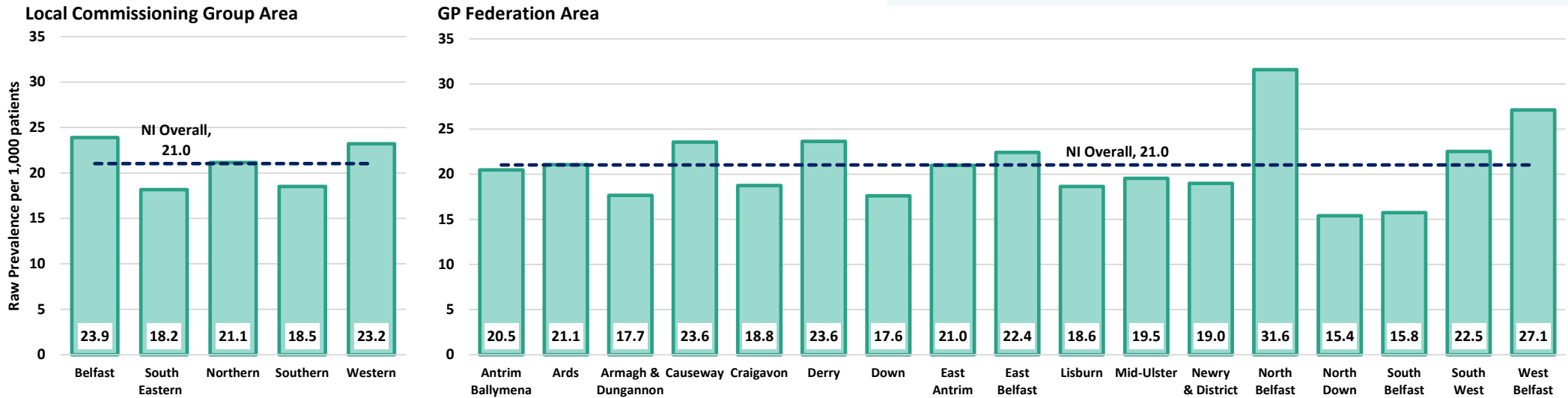


Chronic Obstructive Pulmonary Disease

- There were 42,757 GP patients recorded on the Chronic Obstructive Pulmonary Disease register at 31st March 2023. This equates to a raw prevalence rate of 21.0 per 1,000 patients.
- The raw prevalence rate ranged from 18.2 per 1,000 among practices in South Eastern LCG to 23.9 per 1,000 in Belfast LCG.
- The raw prevalence rate ranged from 15.4 per 1,000 among practices in North Down GP Federation area to 31.6 per 1,000 in North Belfast.
- Among the 318 practices, the raw prevalence rate ranged from a minimum of 1.3 per 1,000 to a maximum of 48.4 per 1,000. The frequency chart (across) shows that for 103 practices (32%) the rate fell in the range of 15 to <20 per 1,000.



Raw Prevalence of Chronic Obstructive Pulmonary Disease per 1,000 GP Patients at 31st March 2023 by



Annex A: Calculation of Adjusted Practice Disease Factor (APDF)

Annex A: Calculation of Adjusted Practice Disease Factor (APDF)

Calculation of Adjusted Practice Disease Factor (APDF): Payment per Quality Point £178.25

		STEP 1		STEP 2		STEP 3		STEP 4	
Practice	Registered List	No. of patients on COPD Disease Register	Raw Prevalence per 1,000 patients	APDF	% difference from NI average	Adjustment (£) from £178.25	Final £ per Clinical Quality Point	Population Factor	Final £ per Point
A	9,971	14	1.40	0.07	-93.32%	-£166.35	£11.90	1.559	£18.56
B	5,328	87	16.33	0.78	-22.35%	-£39.85	£138.40	0.833	£115.33
C	6,394	135	21.03	1.00	0.00%	£0.00	£178.25	1	£178.25
D	2,774	53	19.11	0.91	-9.15%	-£16.31	£161.94	0.434	£70.26
E	3,197	71	22.21	1.06	5.60%	£9.99	£188.24	0.50	£94.12
F	12,789	269	21.03	1.00	0.00%	£0.00	£178.25	2.00	£356.50
N.I.	2,033,168	42,757	21.03	1.00					

NI Average List = 6394

Step	Calculation instructions
Step 1:	<p>Calculate Raw Disease Prevalence for each practice as follows:</p> $\left[\frac{\text{No. of Patients on Practice's Disease Register}}{\text{No. of Patients on Practice's Registered List}} \right] \times 1,000 \text{ Patients}$ <p>Likewise NI Raw Disease Prevalence is calculated as follows:</p> $\left[\frac{\text{No. of Patients in N Ireland on Disease Register}}{\text{Total No. of Registered Patients in N Ireland}} \right] \times 1,000 \text{ Patients}$ <p>In the 2009/10 GMS contract negotiations, NHS Employers agreed with the General Practitioners Committee (GPC) that the square root adjustment employed in previous years should be removed from the calculations from 2009/10 onwards, and that the 5% cut off would cease to be applied from 2010/11 onwards.</p>

Step	<i>Calculation instructions</i>
Step 2:	<p>The Adjusted Practice Disease Factor for each practice is then calculated as follows:</p> <p>Adjusted Practice Disease Factor (APDF) for each Practice = $\frac{\text{Practice Adjusted Disease Prevalence}}{\text{N Ireland Adjusted Disease Prevalence}}$</p> <p>This compares each practice's Adjusted Disease Prevalence (ADP) around the NI average ADP of 1.0</p>
Step 3:	<p>The APDFs are used to adjust the contractor's figures depending on how far above or below the NI average they are. This determines the pounds per clinical quality point. The average contractor is assumed to receive £178.25 per clinical quality point. Practice C has an average list size and average CHD prevalence and therefore receives £178.25 per clinical quality point. The APDF does not adjust the contractor's achieved points, but rather the pounds per point they receive. The adjustment only applies to the clinical domain of QOF.</p>
Step 4:	<p>The payments per clinical quality point are then adjusted by the practice's list size relative to the NI average list size using a population factor.</p> <p>Population Factors for each Practice = $\text{Practice List Size} / \text{NI Average List Size}$</p> <p>The pounds per Clinical Quality Point x Practice Population Factor = Final Pounds per Point in the QOF</p>
Examples	<p>Practice C has a list size equal to the NI average and an average CHD prevalence, it therefore has an APDF of 1.0 and a population factor of 1 and receives £178.25 per QOF point.</p> <p>Practice E has a list size half the NI average but slightly higher than average CHD prevalence and has an APDF of 1.06. Practice E therefore receives a payment that is almost 6% higher than the £178.25 base payment per point, receiving £188.24 per clinical quality point. When adjusted for relative list size, practice E receives £94.12 per overall QOF point.</p> <p>Practice F has a list size twice that of the NI average and has average prevalence. Practice F has an APDF of 1.0, the same as the NI APDF, therefore Practice F receives £178.25 per clinical quality point. However, when adjusted for relative practice size, Practice F receives £356.50 per overall QOF point.</p>

Contact

For further information regarding this statistical bulletin, or to make any comments or feedback, please contact:

Information & Analysis Directorate,
Department of Health,
Annex 2, Castle Buildings,
Stormont Estate,
Belfast, BT4 3SQ
Telephone: 028 9052 2160
E-mail: qofdataenquiries@health-ni.gov.uk