

INFORMATION
ANALYSIS
DIRECTORATE



Exception Reporting

2015-16



Department of
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An Roinn Sláinte

Mánnystrie O Poustie

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Exception Reporting Bulletin for Northern Ireland 2015/16

This bulletin summarises the Exception Reporting data from the twelfth year of the Quality & Outcomes Framework (QOF), April 2015 to March 2016. 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 2015/16 exclusion data is not included in this report, but is part of the 2015/16 exception data file, available to download from the Department's website¹.

Summary

- The overall Northern Ireland exception rate was 3.61%.
- Of the 62 indicators for which exception data are published, the lowest exception rate at Northern Ireland level is for SMOK001 (Smoking) (0.27%) and the highest exception rate is for AF007 (Atrial Fibrillation) (28.21%).
- The overall exception rates for GP practices range from 0.91% to 10.21%.

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¹ Department of Health. (2016) *LCG and Practice level Exception Rates data tables* [.xls]. Available at: <https://www.health-ni.gov.uk/publications/exception-reporting-data-201516> [Accessed 28th October 2016].

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
- I. where an investigative service or secondary care service is unavailable²

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 a Coronary Heart Disease (CHD) register of 100 patients, but 4 of these patients did not attend on the 3 occasions when they were recalled for follow-up and 1 of these patients has become terminally ill with metastatic breast carcinoma during the year, would have a denominator for reporting of 95 and those 5 patients would be excepted from assessment. However, all 100 patients with CHD would be included in the calculation of the Adjusted Practice Disease Factor (ADPF). 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 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.

² General Medical Services, (2015) *General Medical Services (Statement of Financial Entitlements) Directions (Northern Ireland) 2015* [Online]. Available at: <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/GMS%20Statement%20of%20Financial%20Entitlements%20NI%20-%202015-2016.pdf> [Accessed 3rd October 2016].

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

Summaries of exception rates for practices in 2015/16 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 register, but may be excepted from the denominator of subsequent indicators in each clinical area.

These reasons are all classed as exceptions within PCAS, but, for the purposes of this publication, a distinction has been made between those that are true exceptions and those that are exclusions. Exclusions refer to reasons that make the 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 list of exceptions and exclusions may be found with the data tables under Exception/Exclusion Lookup.

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

The exception rate calculation is:

$$\left(\frac{\textit{Number of Exceptions}}{\textit{(Number of Exceptions+Denominator)}} \right) * 100$$

The exclusion rate calculation is:

$$\left(\frac{\textit{Number of Exclusions}}{\textit{(Number of Exclusions+Number of Exceptions+Denominator)}} \right) * 100$$

4. Exception Reporting Summaries

The table below shows regional exception rates for 18 QOF areas.

Table 1. Regional Exception Rates by Clinical Area
Source: PCAS achievement data, April 2016

Clinical Area	Denominator	Exceptions	Exception Rate
Asthma	158,910	5,193	3.16%
Atrial Fibrillation	53,655	12,094	18.39%
Blood Pressure	795,420	2,380	0.30%
Cancer	6,916	994	12.57%
CHD	282,326	16,121	5.40%
COPD	135,084	11,569	7.89%
CVD-PP	9,993	1,474	12.85%
Dementia	15,396	697	4.33%
Depression	13,335	1,273	8.71%
Diabetes	704,555	61,839	8.07%
Heart Failure	18,581	1,033	5.27%
Hypertension	255,903	4,476	1.72%
Mental Health	54,003	3,675	6.37%
Osteoporosis	3,822	629	14.13%
Palliative Care	344	0	0.00%
Rheumatoid Arthritis	27,247	1,088	3.84%
Smoking	1,587,840	4,255	0.27%
STIA	145,970	9,483	6.10%

Table 1 summarises exception rates for 55 individual indicators and table 2 and table 3 show the ten highest and ten lowest exception rates by indicator.

The highest regional exception rate, at 28.21%, is attributed to AF007 (Atrial Fibrillation 7, defined as ‘In those patients with Atrial Fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anticoagulation drug therapy’³).

³ Department of Health. (2015) *Quality and Outcomes Framework guidance for GMS contract 2015/16: Guidance for the Regional Board and practices* [Online]. Available at: <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/qof-guidance-2015-16.pdf> [Accessed 20th October 2016].

Table 2: Ten highest regional exception rates by indicator
Source: PCAS achievement data, April 2016

Indicator Code³	Denominator	Exceptions	Exception Rate
AF007	23,477	9,224	28.21%
MH008	3,638	981	21.24%
CVD-PP012	1,712	368	17.69%
OST005	2,475	527	17.55%
STIA009	29,784	6,236	17.31%
DM010	73,054	15,251	17.27%
COPD007	32,423	6,107	15.85%
CHD007	63,686	10,839	14.54%
CAN003	6,569	994	13.14%
CVD-PP011	8,281	1,106	11.78%

At 0.27%, 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'³.

Table 3. Ten lowest regional exception rates by indicator
Source: PCAS achievement data, 2016

Indicator Code³	Denominator	Exceptions	Exception Rate
SMOK001	1,587,840	4,255	0.27%
BP002	795,420	2,380	0.30%
CON003	7,297	57	0.78%
COPD005	14,794	122	0.82%
CHD005	73,897	628	0.84%
STIA004	26,307	280	1.05%
CHD002	73,526	999	1.34%
STIA007	26,216	371	1.40%
HYP002	255,556	4,476	1.72%
AST004	10,510	194	1.81%

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 2.96% and the Belfast LCG has the highest overall exception rate at 4.19%.

Figure 1. Average Exception rates for practices in each LCG
Source: PCAS achievement data, 2016

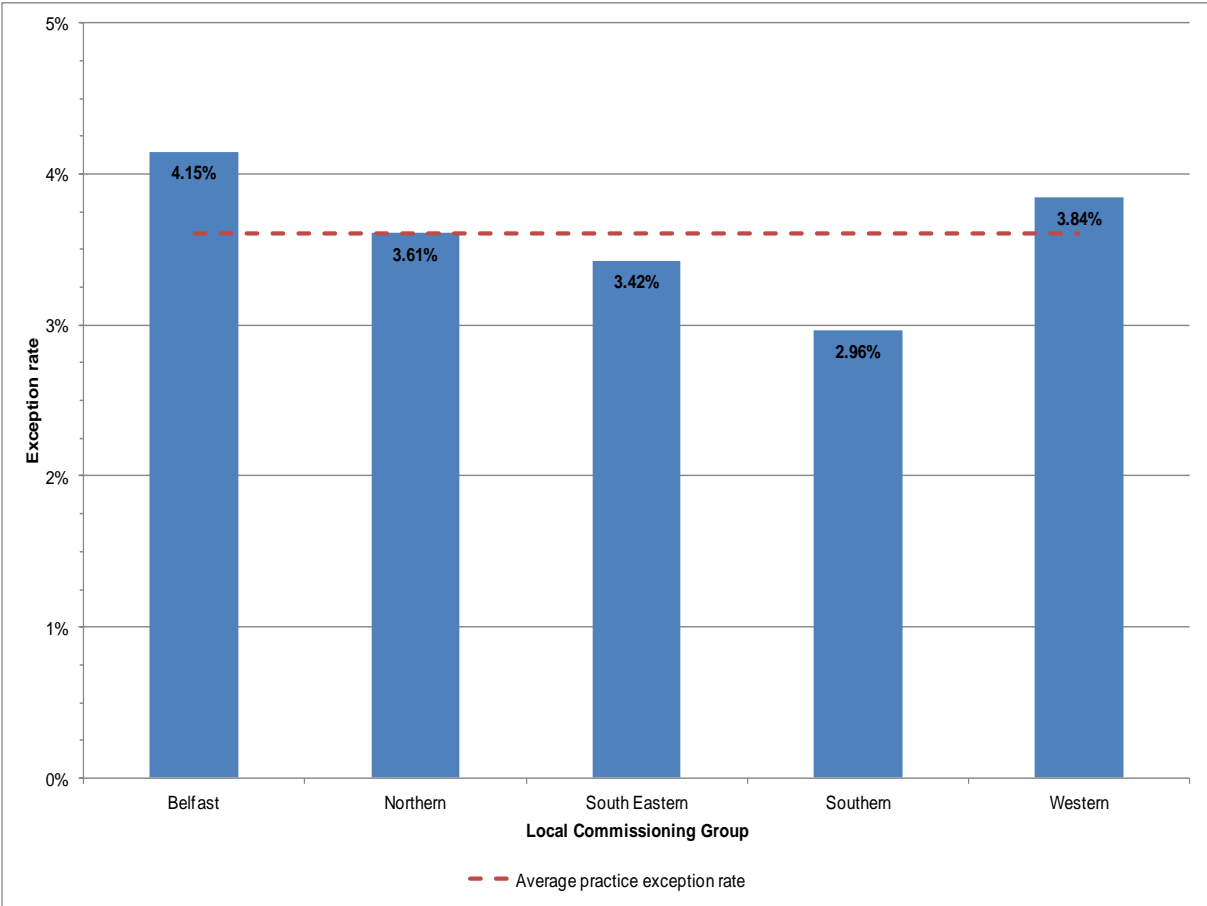


Figure 2 shows the frequency distribution of exception rates in general practice. The detailed practice level tables available for download should be consulted when comparing rates at practice level as high exception rates may refer to small numbers of patients.

Figure 2. The frequency distribution of exception rates of individual practices
Source: PCAS achievement data, 2016

