

DLM 285

Version 14 QOF audits

Pandemic influenza

INPS

Table of Editions and Contents

Date	Version	Contents	Output
23.07.09	0001	Changes in business rules v14 Pandemic flu	
19.08.09	0002	Restore Reminders and summary of changes	PDF

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DLM 285

Summary of Changes

- **Changes in QoF Business Rules V14** See "Changes in QOF V14 Business Rules" on page 2.
- **Restore Active Reminders** - There is now an option in Clinical Audit which allows you to restore active reminders associated with audit lines that have been lost or have reverted to earlier copies. See "Restore Active Reminders" on page 8.
- **Data Dictionary Changes** - Scoring Test Result, CV/BP Consultation, Albumin:creatinine ratio, and removal from Height SDA. See "Data Dictionary changes for DLM 285" on page 9.
- **Transferring Out Patients** - Practices are advised NOT to transfer out patients who had a registration status other than permanent or applied. See "Transferring out patients" on page 9.
- **Pandemic Influenza** – You can now record the "swine flu" immunisation under the following Read codes which are recorded in the immunisations SDA under PFLUGEN: **65E0.00 First pandemic influenza vaccination** and **65E1.00 Second pandemic influenza vaccination**. See "Pandemic influenza" on page 9.

Changes in QOF V14 Business Rules

No change to the indicators

AF, Asthma, Cancer, Cytology, Dementia, Epilepsy, Hypertension, LD, Obesity, MH, Thyroid

Sexual Health

New domain in Additional Services - 8 new points plus 2 points from current CON indicators, CON 1 and 2, which will be removed.

SH1 The practice can produce a register of women who have been prescribed any method of contraception at least once in the last year. (4 points)

SH 2. The percentage of women prescribed an oral or patch contraceptive method who have also received information from the practice about long acting reversible methods of contraception in the previous 15 months. (3 points, 40-90%)

SH 3: The percentage of women prescribed emergency hormonal contraception at least once in the year by the practice who have received information from the practice about long acting reversible methods of contraception at the time of, or within one month of, the prescription. (3 points, 40-90%)

Exception codes in Q1 2009 - 9hK0, 9hK1.

Timeframes for all contraception methods are different

All women under 54

In the business rules - Advice code in Q1 2009 - 8CAw. Advice about long acting contraception

NOT in the business rules: 8CEG. Long Acting Contraception leaflet given which was also in Q1 2009

PP CVD Risk Assessment, Primary Prevention

New domain with two new indicators:

PP1: In those patients with a new diagnosis of hypertension (excluding those with pre-existing CHD, diabetes, stroke and/or TIA) recorded between the preceding 1 April to 31 March: the percentage of patients who have had a face to face cardiovascular risk assessment at the outset of diagnosis using an agreed risk assessment treatment tool. (8 points, 40-70%).

PP2: The percentage of people diagnosed with hypertension diagnosed after 1 April 2009 who are given lifestyle advice in the last 15 months for increasing physical activity, smoking cessation, safe alcohol consumption and health diet. (5 points, 40-70%).

Pts with new diagnosis of hypertension since 1st April 2009

662k. JBS cardiovascular risk <10% over next 10 years

662l. JBS cardiovascular risk 10-20% over next 10 years

662m. JBS cardiovascular risk 20-30% over next 10 years

662n. JBS cardiovascular risk >30% over next 10 years

38DF. QRisk cardiovascular risk 10 year risk score

These codes DO NOT match those currently used in Vision.

INPS are investigating major changes to the Cardiovascular Risk SDA and the incorporation of a calculator for the ASSIGN Score. It may also be possible to incorporate a QRisk calculator but there are financial implications for the purchase of the algorithm.

38D6. Assessing cardiovascular risk using SIGN Score - ONLY for Scotland

Chronic kidney disease changes in v14

- 11 new points. Five points will be allocated to existing indicator CKD5: The percentage of patients on the CKD register with hypertension and proteinuria who are treated with an angiotensin converting enzyme inhibitor (ACE-1) or angiotensin receptor blocker (ARB) (unless a contraindication or side effects are recorded) (5 additional points, so the indicator will be worth 9 points in total, 40-80%)
- New indicator CKD 6 - The percentage of patients on the CKD register whose notes have a record of an albumin: creatinine ratio (or protein: creatinine ratio) value in the previous 15 months. (6 points, 40-80%)
- 44ID Protein:creatinine Ratio AND 46TC Urine albumin:creatinine ratio (watch the first code carefully as it is a lower case L and not an I or one)
- Removed 4674-4677. Read Codes for +ve urine dipstick test
- Added Read Codes for CKD stage 3-5 with proteinuria to the register search

COPD changes in v14

- 2 new points.
- COPD 11 removed
- Replaced with COPD 13: The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the MRC dyspnoea score in the preceding 15 months. (2 additional points to the indicator would be worth 9 points, 50-90%).
- MRC Score 173H, 173I, 173J, 173K, 173L and COPD review 66YM

Depression changes in v14

- DEP02 changed from 15 months to 12 months AND within 28 days of diagnosis
- Depression section of QOF guidance has been amended from the current "For the purposes of QOF measurement 'at the outside of treatment' is defined as within one month of the initial diagnosis" to the revised "...is defined as within 28 days of the initial diagnosis".
- DEP03 added - In those patients with a new diagnosis of depression and assessment of severity recorded between the preceding 1 April to 31 March, the percentage of patients who have had a further assessment of severity 5 – 12 weeks (inclusive) after the initial recording of the assessment of severity. Both assessments should be completed using an assessment tool validated for use in primary care. (20 points, 40-90%)

Diabetes changes in v14

7 new points plus 28 current points

There are currently two indicators with HbA1C targets (DM7 and DM20) which have been subject to changes. HbA1c =7.5 (DM20) reduced to 7 (DM23). And HbA1c =10 (DM7) reduced to 8 (DM24). A new indicator is introduced - DM25 HbA1c =9

DM 23 (replaces DM 20) - which has a HbA1C target of 7.5 or less and is worth 17 points. The percentage of patients with diabetes in whom the last HbA1C is 7 or less (or equivalent test/reference range depending on local laboratory) in the previous 15 months. (17 points, 40-50%).

DM 24 (new) - The percentage of patients with diabetes in whom the last HbA1C is 8 or less (or equivalent test/reference range depending on local laboratory) in the previous 15 months. (8 points, 40-70%)

DM 25 (replaced DM 7 which has a HbA1C target of 10 or less and is worth 11 points). The percentage of patients with diabetes in whom the last HbA1C is 9 or less (or equivalent test/reference range depending on local laboratory) in the previous 15 months. (10 points, 40-90%).

42W5. Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised

One additional foot screening code 66Aq.

Fructosamine removed

READ Q1 2009 and pathology fix required

Heart Failure changes in v14

- New indicator HF4 (which moves the current HF DES for England into QOF) - The percentage of patients with a current diagnosis of heart failure due to LVD who are currently treated with an ACE inhibitor or Angiotensin Receptor Blocker, who are additionally treated with a beta-blocker licensed for heart failure, or recorded as intolerant to or having a contraindication to beta-blockers.

Patients on an existing beta-blocker who are then diagnosed with Heart Failure will be excluded. (9 points, 40-60%)

Palliative Care changes in V14

Change in the rules to reflect the change brought in at the end of the year to patients on the register from 1st April 2008.

Records changes in V14

- Smoking in Records 23 changes to reflect those done for EOY reporting 15 months to 27 months
- ALL Smoking searches in any domain 137L. Current non-smoker - REMOVED

Smoking changes in V14

- Smoking domain SMOK03 changed from 12 months to 15 months
- ALL Smoking searches in any domain 137L. Current non-smoker - REMOVED

Stroke/ TIA changes in V14

- Add one code to scan search 5C12. Computerised tomography brain scan abnormal

Some new Read Codes

44ID. and 44TC. Urine albumin:Creatinine ratio for CKD (note that the first code 44ID is a lower case "el" and not an I)

1Z1B. 1Z1D. 1Z1F. 1Z1H. 1Z1K. CKD with proteinuria stages 3 - 5 added to CKD

66Aq. Diabetic Foot Check in DM

42W5. Haemoglobin A1c level - IFCC Standardised in DM

5C12. Computerised tomography brain scan abnormal in Stroke & TIA

Some removed Read Codes

Blood Pressure - 2468.% O/E BP - postural drop affects every BP search group - affects CHD, CKD, DM, Hypertension, PP for CVD, Stroke & TIA and Records.

CKD protein - 4674. - 4677. +ve protein dipsticks from CKD protein search

Non-smoker - 13L.. Current Non-Smoker code from ALL smoking status and non-smoker groups

Other changes

COPD13 new indicator for MRC checks replaces COPD11 inhaler technique assessment.

DEP02 changed from 15 months to 12 months but within 28 days of diagnosis

DEP03 new 2nd depression assessment within 5-12 weeks of diagnosis

New indicators for HbA1c level of 7,8,9 instead of 7.5 and 10

PC Register from 1st April 2008

HF 4 - one new indicator which moves the current HF DES for England into QOF.

Points removed

Indicator	Current value	New value	Points removed
PE2	25	0	25
PE6	30	0	30
SMOKING 3	33	30	3
SMOKING 4	35	30	5
BP 4	20	18	2
CHD 6	19	17	2
AF 3	15	12	3
CON 1	1	0	1
CON 2	1	0	1
Total			72

Data Quality audits

Most of the Data Quality audits have extra negative lines added.

3M is now included in the 6M, 9M, 12M and 15M periods.

New separate sections on BP negatives and Cholesterol negatives.

CHS (Child Health Surveillance)

Manual QMAS reporting

CHS1 : Child development checks are offered at intervals that are consistent with national guidelines and policy. (6 points)

Maternity

Manual QMAS reporting

MAT 1 Ante-natal care and screening are offered according to current local guidelines. (6 points)

Restore Active Reminders

There is now an option in Clinical Audit which allows you to restore active reminders associated with audit lines that have been lost or have reverted to earlier copies i.e. due to a database error when importing new audits. To restore reminders:

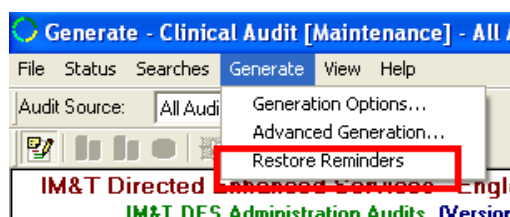
Note - This functionality will not work for older clinical audits but is compatible with recent audits such as nGMS Contract.

1. In Clinical Audit, go to **File – Maintenance**. This enables Maintenance Mode which must be on to access the new menu.



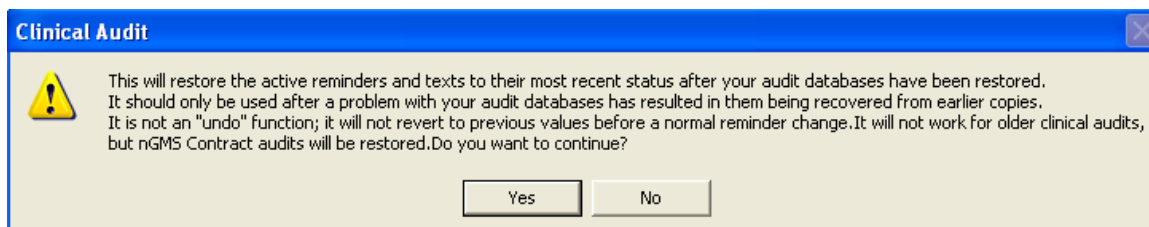
File – Maintenance Mode

2. Next, go to **Generate – Restore Reminders**.



Generate – Restore Reminders

3. You are prompted with the following message: *“This will restore the active reminders and text to their most recent status after your audit databases have been restored. It should only be used after a problem with your audit databases has resulted in them being recovered from earlier copies. It is not an “undo” function; it will not revert to previous values before a normal reminder change. It will not work for older clinical audits, but nGMS Contract Audits will be restored. Do you want to continue?”*



4. Click Yes to continue.
5. All Active reminders from before the last audit import are now restored.
6. You can now go to **File – Maintenance** to switch off Maintenance Mode.

Note – Both LAN and VES practices can use the Restore Active Reminders functionality.

Data Dictionary changes for DLM 285

The following have moved from CV/BP Consultation to Scoring Test Result:

662k-662n (JBS Cardiovascular disease risk <10% over next 10 years etc.)

Scoring Test Result changes:

From: 3Z*,388*,66Z*,3196*,38D*

To: 3Z*,388*,66Z*,3196*,38D*, **662k*-662n***

CV/BP Consultation changes:

From: 662*,66f*

To: 662.*-662j*,662o*-662r*, 66f*

Albumin:creatinine ratio changes:

Added: 44ID Urine protein/creatinine ratio

From: 44J7*,46TC*,46TD*

To: 44J7*,46TC*,46TD*,**44ID***

Removed from Height SDA:

2296 O/E - loss of height

Transferring out patients

Practices are advised NOT to transfer out patients who had a registration status of emergency treatment, immediately necessary treatment, ie other than permanent or applied.

Vision audits correctly include permanently registered or transferred out patients, and exclude from audits any temporary registrations. Any transferred out patients are assumed to have been previously properly registered and Vision does not distinguish it they were a temporary registration.

Pandemic influenza

Practices with DLM 285 can record the "swine flu" immunisation under the following Read codes which are recorded in the immunisations SDA under PFLUGEN:

65E0.00 First pandemic influenza vaccination

65E1.00 Second pandemic influenza vaccination

Any relevant GP2GP transfer records will be recorded using these codes in the immunisation SDA.

More specific immunisation descriptions will most probably be included in a future DLM.