Practice Support Advice
Prevalence Searching and Read coding

Do you want to ensure you are getting the maximum from your prevalence?

This document is the second in a planned series to help practices maximise their income by improving their data checks.

This documents looks at four quick wins that will help increase your prevalence and help increase your potential income from SPQS. The SPQS payment is based around QOF prevalence so it is important to maintain your registers. The SPQS payment is based on 2012-13 percentage achievement of points, with the calculation corrected to reflect the relevant year's number of available QOF points, prevalence factor and practice list size adjustment. There are factors that will change your payment each year and they are;

- List size
- The national average list size
- Practice Prevalence Factor

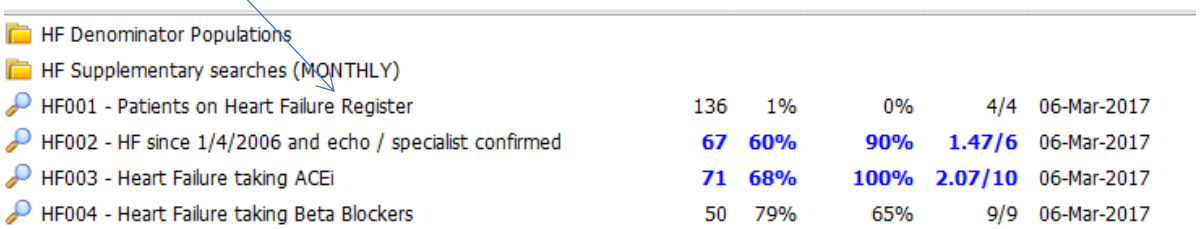
For example if your list size drops and the average list size rises and your prevalence stays the same or drops your income will drop.

Guide for prevalence spread sheet

This is designed for the practice to use as a tool for establishing areas that need to be reviewed for prevalence. Even though most practices are signed up to SPQS it is still important that the QOF registers are kept up to date as prevalence is calculated using these.
The spread sheet contains the 2015/16 last published data for England Prevalence, it will calculate the surgery prevalence and the Prevalence factor (England prevalence/surgery prevalence)

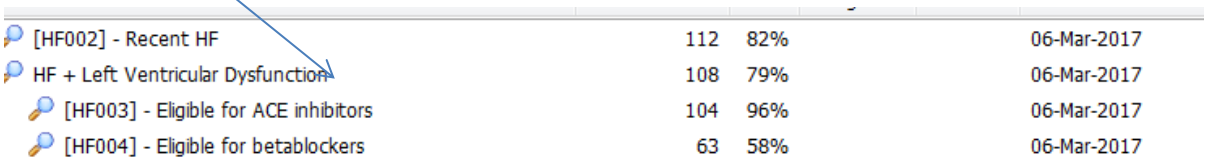
1. Run a search to establish your population as of 1st January 2017
2. Add this figure to the spread sheet
3. The average practice population for this year is 7460 and the population factor is calculated by practice population/average England practice population.
4. Review the QOF registers on the Clinical System (On Emis Web this is in Population Manager)
5. Add the figures from the Register to the spread sheet column C
6. There are two parts of the register for HF which are used to calculate the prevalence

These are HF001 – Heart failure



HF Denominator Populations					
HF Supplementary searches (MONTHLY)					
HF001 - Patients on Heart Failure Register	136	1%	0%	4/4	06-Mar-2017
HF002 - HF since 1/4/2006 and echo / specialist confirmed	**67**	**60%**	**90%**	**1.47/6**	06-Mar-2017
HF003 - Heart Failure taking ACEi	**71**	**68%**	**100%**	**2.07/10**	06-Mar-2017
HF004 - Heart Failure taking Beta Blockers	50	79%	65%	9/9	06-Mar-2017

And HF + Left Ventricular Dysfunction



[HF002] - Recent HF	112	82%	06-Mar-2017
HF + Left Ventricular Dysfunction	108	79%	06-Mar-2017
[HF003] - Eligible for ACE inhibitors	104	96%	06-Mar-2017
[HF004] - Eligible for betablockers	63	58%	06-Mar-2017

Add the figures from the Register to the spread sheet.

7. There are two domains for Depression DEP003 is currently being used to calculate the practice prevalence on CQRS and in turn your SPQS payment.

Depression Denominator Populations					
Depression Supplementary searches (MONTHLY)					
DEP003 - Depression Review Done	**84**	**19%**	**80%**	**0/10**	06-Mar-2017

However actual prevalence for depression is found by clicking on Depression denominator Population

Patients with Depression	1760	12%	06-Mar-2017
[DEP003] - Eligible for second Depression Assessment	434	25%	06-Mar-2017

Add the figures from the Register to the spread sheet

It is advised at the moment that practices should ensure they review both as this is currently awaiting advice.

8. The spread sheet will then calculate the Practice prevalence and also will show in column G if the practice has higher or lower prevalence than the England average.

   Anything that is red should be reviewed first.

9. The Cervical Screening, Contraception and BP prevalence which are used as part of the SPQS payment are set that all practices have a prevalence factor of one and do not depend on work carried out.
10. Smoking – SMK002 is calculated from the smoking population which is 15+ and can be found on Population Manager, Public Health Domain, Smoking, and Denominator.

This guide has been put together to help you make some quicks wins before the end of this financial year 2016/17. ***Practices need to have their own clinical decision policy as to who reviews the lists from the searches***

There are four areas you could look at before the end of March 2017, these are as follows;

- Osteoporosis
- Heart Failure
- Smoking 2
- Obesity

The hyperlink will take you to the QOF guidance for 2016 -17
www.nhsemployers.org/~/media/Employers/Documents/Primary%20care%20contracts/QOF/ 2016-17/2016-17%20QOF%20guidance%20documents.pdf

Osteoporosis

Run the search and patient list provided and then check the following,

Does your patient fit the criteria?

- **Aged 50 or over and who have not attained the age of 75 with a record of a fragility fracture on or after 1 April 2012 and a diagnosis of osteoporosis confirmed on DXA scan; patients will need to have the age and the fragility fracture and the diagnosis and the dxa scan and the values entered to be entered onto the register**
- **Aged 75 or over with a record of a fragility fracture on or after 1 April 2014 and a diagnosis of osteoporosis patients will need the age and the fragility fracture and the diagnosis to be added to the register.**

You will need to check;

- Diagnosis and the date
- Fracture date
- Patients age
- Whether the patient had their fracture due to a fragility fracture and make sure that is coded (N331N or N331M)
- Have they had a DEXA scan to conform the diagnosis, you will need to code the T-scores with their values from the DEXA scan, the read codes are,
  58EE – Hip Dexa scan T score
  58EK – Lumbar Spine DXA scan T score
  58ES – Femoral neck DXA scan T score.
  58EG – Hip DXA scan result osteoporotic
  58EM - Lumbar Spine scan result osteoporotic
  58EV - Femoral neck scan result osteoporotic

The T score must be less than -2.5 to count for the register.

LVSD and Heart Failure

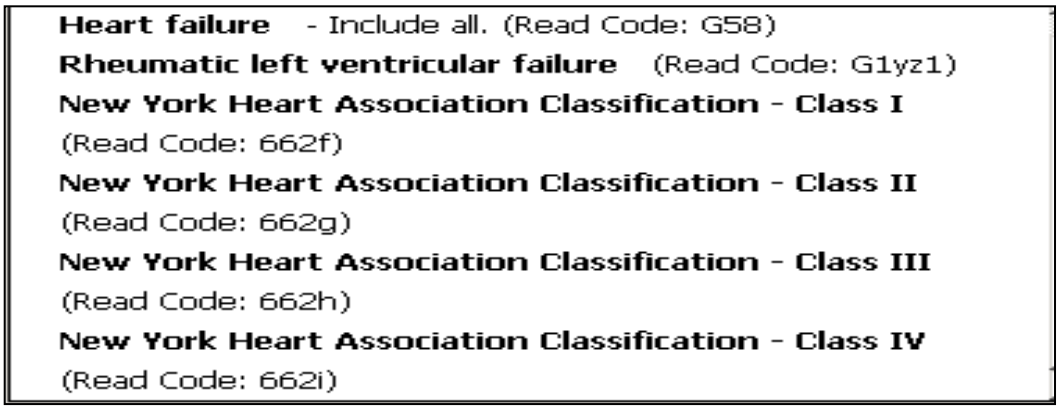
Run the search and patient list provided and then check the following,

Does your patient for the criteria?

The Heart Failure register is made up from two registers one is for patients who heart failure ONLY (HF001 and HF002) and the second is for patients with heart failure and LVSD (HF003 and HF004). HF001 and 002 include all patients with a HF diagnosis. HF003 and 004 include all patients with HF & LVSD.

One check you can do is to run a search on read code **G5yyD** this read code was removed from the business rule set in V33. If patients have this code you will need to change it to the replacement read code **585f or G5yy9.**

From the searches supplied LVSD HF Potential patients – these are patients who have a code of LVSD but are not on the HF register you need to check that the patients have the correct read codes entered on them to include them in the HF QOF register. These codes are;



HF patients potential prevalence search – looks for patients with other HF related codes such as HF review and are not currently on HF register.

HF(Abnormal Echos) – These patients have an abnormal Echo coded on their notes but are not on the HF register.

Obesity

Run the search and patient list provided and then check the following,

Does your patient fit the criteria?

A register of patients aged 18 years or over with a BMI ≥30 in the preceding 12 months

Check to see if the patient has a weight or height recorded on the patient list. If an adult patient has had a weight in the last year their height will not change so calculate the BMI using the last height recorded. You will need to use the BMI template to record the BMI. If you do not currently have a BMI template there is one you can copy from the EMIS library **(Templates & Protocols, Emis Library, GP Contract, and Obesity)** which will help you or you could add the BMI calculator into your templates.

Please ask all clinical staff to ensure a weight and height is taken once a year and that the BMI is calculated especially on long term conditions patients as Emis does not automatically calculate BMI.

You will see in the report BMI which may be below 30 but this is because patients have lost weight in the last two years. It is a tool for you to increase you BMI recording and therefore increase your Obesity register as appropriate.

If you do not update your obesity register annually patients will drop off the register.

Smoking

You will need to print your **excluded patients** from SMOK002 from the Public health Domain in Population Manager. This is the list of patients who still need a smoking status added.

The criteria is **the percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months.**

You only need to record "Never Smoked" until the patient age reaches 25.
You only need to record "Ex-smoker" annually for 3 consecutive years.

- Patients on your list who have never smoked can be recorded as Never Smoked.
- Patients who are smokers or ex-smokers will need to be contacted by telephone to see if they are either still smoking or smoke free.

A Reminder from the Newsletter GP Bulletin 201 - 3 March 2017
"The practices not signed up to SPQS should enter the data and consider those areas that need reviewing, they will also need to ensure the areas with time frames are checked .

1. Ensure you are participating in QOF 16/17 on CQRS. Participating in QOF must be completed by **19 March 2017**

2. Manually input achievement for the required manual indicators. This must be completed by midnight on **31 March 2017**, these indicators cannot be extracted automatically from your GP clinical systems. Until you complete manual data entry for these 4 indicators your QOF achievement will not calculate. This will also delay your QOF 17/18 aspiration payment. The four indicators are in Palliative Care, Smoking and 2 in Cervical Screening.

   Somerset Practices: please note that before the QOF 2017/18 offer can be made on CQRS we need to know the sign-up intentions for QOF or SPQS from Practices. Therefore, Somerset CCG will be emailing Practices shortly with the 2017/18 SPQS Service Specification and details about how to sign-up including deadlines.

The extraction of the year-end QOF data will take place from 1 – 3 April 2017, once the data has been extracted and is available to view on CQRS from 4 April 2017, please:
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- Check your achievement information on CQRS and review this against your clinical system QOF information with a 31 March 2017 achievement date. We would advise that you keep your clinical system audit reports from the final QOF submission to help with any future verification and reconciliation, especially if you have merged during the past year.

- If you don't agree with any values, please email england.primarycaremedical@nhs.net with details and supporting information

- Once you're satisfied your achievement is correct, declare your achievement on CQRS for approval and payment

SPQS Practices – CQRS Year-end Process
As a Practice participating in SPQS, you do not receive payment via CQRS, however, the actions detailed above still need to be undertaken on CQRS. Please note it is important to check the extracted data is correct before declaring, as this information will be used in the SPQS reconciliation calculation."