

2. All areas covered must be important for good patient care and GP practices must be able to collect accurate information.

3. Health conditions and issues are only included if:

- The GP practice has the main responsibility for managing that particular condition and this is why conditions managed mostly by hospital doctors are not included.
- They are seen as a priority by the Government and the NHS. This may be because they are very common or have serious consequences for people's health. This is why some conditions which may be devastating on an individual basis but are rare in primary care are not included.

What if my health condition isn't included?

If your condition isn't included in QOF this doesn't mean that you will receive a lower standard of care from your GP practice. GP practices are paid to provide a wide-ranging service to all patients whether or not their clinical condition is included in the QOF.

How can I contribute?

In 2005, we set up an electronic system that enabled anyone who wanted to, to submit research and ideas about what they would like to see included in QOF. Each submission was looked at by an 'expert panel.' The expert panel is a group of forty senior academics, many working as GPs, who have a detailed knowledge about the issues included. They worked with others in their area and wrote a series of reports for the QOF Negotiating Group based on the research and ideas received. However a lot of people told us that the computer system was too hard to use and did not let them make all the arguments they wanted to, so we have changed the way we want you to give us your ideas and evidence this year.

Filling in a questionnaire. For 2007, we invite any patient group or organisation that has evidence about a current or future area they feel could be included in QOF, to fill in a short questionnaire (either in an electronic or paper format) that can be downloaded from the following websites: <http://www.nhsemployers.org> and <http://www.bma.org.uk> The questionnaire includes sections on how common the condition is and the impact it has on people. It also asks you to let us know how including it will make a difference to patient care. There will also be space on the form to include any other issues you feel are important. **This questionnaire should then be posted to Helen Lester, a GP and professor of primary care who has led the expert panel process for the past two years. Helen's address is NPCRDC, 5th Floor Williamson Building, Oxford Road, Manchester, M13 9PL. If it's easier, you could also email the completed questionnaire to her at helen.lester@manchester.ac.uk. The questionnaire needs to be received by midnight on the 28th February 2007.**

Deciding which patient group or organisation is then asked to meet with Helen Lester. In 2005, we received over 500 submissions from patient groups and organisations. We looked at each one carefully and wrote reports for the QOF Negotiating Group on almost every idea submitted. However, many of the ideas were not supported by good quality evidence, or were focused on issues that were not something that primary care and GP practices were mainly responsible for. In 2007, we have therefore decided to read each submission but to only invite patient groups and organisations to come and discuss their ideas further if their questionnaire shows that the issue is common, is something that GPs are responsible for, and that there is good quality evidence that if GP practices make realistic changes to the way in which they work, patient health in that area will improve.

Meeting with Helen Lester. Each group that submits a questionnaire that meets the criteria described in this information sheet, will be sent a letter by the middle of March offering them a date and time in one of three venues, London, Birmingham or Manchester, to talk with Helen and, if possible, the expert panel lead for the health condition or issue being discussed. The meetings will be held in April and May 2007 and each will last approximately 30 minutes. If you are not able to physically travel to a venue, we can set up a telephone call. We would like you to talk about your why your health condition or issue should be included in QOF and any problems this may cause. This will help us to understand the importance and any difficulties we might face when including a new issue.

What will Helen Lester do? Helen's role will be to listen and ask questions. All conversations will be recorded and typed up to make sure your views are captured as accurately as possible. Helen will then ensure that the ideas and evidence provided are looked at by the experts in that area together with any other evidence that they might already be aware of. The expert panel will then be able to write an accurate and objective report about the health condition or issue you have submitted evidence for, which will be given to the QOF Negotiating Group by Autumn 2007.

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Quality and Outcomes Framework

This leaflet explains what the Quality and Outcomes Framework (QOF) is and how patient groups and organisations can let us have their ideas about what could be included in the future. It provides information about the QOF scheme so people can decide whether they want to argue that it should be extended to new patient groups and /or have new elements added to current areas.

What is the Quality and Outcomes Framework?

In April 2004 the government introduced a new contract for all GPs in the United Kingdom. This is sometimes called nGMS. An important part of this is something called the Quality and Outcomes Framework. This is based on research into healthcare and aims to improve the quality of care patients are given. It does this by rewarding practices on the basis of the quality of the care they provide to their patients. Points are awarded for each area covered and GP practices are then rewarded financially depending on how many points they achieve. Some points are given for specific diseases (such as asthma or heart disease) and others for how well a GP practice is organised.



We are now looking at all the areas covered at the moment in QOF and would welcome the views of patient groups and organisations on current and possible future areas that could be included.

What is covered at the moment?

Health conditions and issues.

There are 20 areas covered here and we have added a short explanation of conditions you may not be familiar with:

Asthma	A condition that affects the airways and can make it difficult to breath.
Atrial Fibrillation	A type of irregular heartbeat which can cause other problems.
Cancer	A term used to describe over 100 diseases where abnormal cells divide and grow more rapidly than usual.
Chronic Kidney Disease	A slow and progressive deterioration of kidney function.
Chronic Obstructive Pulmonary Disease	A collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease which can cause difficulty in breathing.
Coronary Heart Disease	This includes conditions such as angina and heart attacks.
Dementia	Symptoms such as loss of memory, confusion and problems with speech and understanding that occur when the brain is affected by specific diseases and conditions including Alzheimer's disease and stroke.
Depression	Depression is a state of low mood that is described differently by people who experience it. Commonly described are feelings of sadness, despair, emptiness, or loss of interest or pleasure in nearly all things.
Diabetes	A condition caused by too much glucose in the blood.
Epilepsy	A tendency to have repeated seizures that begin in the brain.
Heart Failure	Symptoms and signs which occur if the heart becomes less efficient at pumping blood around the body, either while you are resting or exercising.
Hypertension	High blood pressure.
Hypothyroidism	A condition where the thyroid gland doesn't produce enough hormones to keep the body functioning properly.
Learning Disabilities	A group of conditions that can affect the way in which a person takes in, remembers, understands and expresses information.
Mental Health	This includes illnesses such as schizophrenia and manic depression.
Obesity	Body Mass Index (weight measurement expressed in kilograms divided by the square of the height expressed in meters) of over 30.
Palliative Care	Care given to improve the quality of life of patients who may be approaching the end of life.
Stroke	A brain injury caused by a sudden interruption of blood flow.
Smoking	Advice on how to stop smoking.
Transient Ischaemic Attacks	A condition caused by a temporary reduction in blood and oxygen supply to part of the brain which can mean that the risk of having a stroke is increased.

How GP practices are organised and 'patient experience'.

Records and information
Information for patients
Education and Training
Practice Management
Medicines Management

Length of consultations
Patient Surveys

Other services offered by the practice:

Cervical screening
Contraceptive services
Maternity services
Child Health Surveillance

There is also something called the **holistic care** payment which rewards overall clinical achievement.

How does it work?

Taking part is not compulsory but over 99% of practices have done so. The number of points attached to each indicator reflects the amount of work needed to achieve the standard set. More points are given to areas that are harder to achieve. A good example is high blood pressure. GP practices get lower points for measuring a patient's blood pressure which is important but relatively easy to do and higher points for the more difficult issue of helping patients to control their high blood pressure.

Why were these health conditions and issues included?

Whether or not an area is included depends on a group of people who are called the 'QOF Negotiating Group'. These are people from the medical profession, NHS managers and the Departments of Health who decide what is included. They take into account a number of factors including:

1. **Areas covered should be based on good quality research** – High quality research has shown that if GP practices meet the standards in each area, they will be providing higher quality care to their patients. A good example is how they care for patients with diabetes.

If your blood sugar is well controlled (one of the areas GP practices can get points for) you are less likely to have complications in the future. Where possible, research is based on the results of randomised controlled trials (often held up as the 'gold standard' in research). This type of research isn't always possible for all patient groups and conditions. Sometimes research is based on talking to patients or following people up and seeing what happens to them over a long period.

If you're interested in learning a little more about different types of research methods, there's a helpful short summary at http://en.wikipedia.org/wiki/Cohort_study