

# Focus on QOF Payments

November 2013

## Introduction

This guidance note gives a full breakdown of the methods used to calculate payments earned through the Quality and Outcomes Framework (QOF) for 2013-14. The information within it is drawn from the Statement of Financial Entitlements which can be accessed on the [Department of Health website](#).

This guidance applies in England only, following the imposition of the GP contract on 1 April 2013, when it was decided that the negotiations and contracts with regards to QOF would be separate for the devolved nations. However, for information, the value per QOF point for 2013-14 is £156.92 for England, £153.14 for Wales, £140.91 for Northern Ireland and £133.47 for Scotland.

## Aspiration payments

Aspiration Payments are a part payment in advance for expected achievement under the QOF. It can be calculated using one of two methods:

- (a) a calculation based on 70% of the contractor's previous year's Unadjusted Achievement Payment; or
- (b) a calculation based on the total number of points that a contractor has agreed with the England that it is aspiring towards that financial year. This option applies to new practices only.

### **Calculating monthly aspiration payments by the 70% method**

The Unadjusted Achievement Payment for the previous year is based on a practice's QOF return, which is the QOF cash total for the previous year multiplied by the contractor population index (CPI)<sup>1</sup>. Generally, this calculation is not possible in the first month of the financial year, and so a Provisional Achievement Payment is established by NHS England.

The Provisional Achievement Payment is then multiplied by the QOF Uprating Index which is calculated by dividing the value per QOF point for the current year (e.g. £156.92 for 13/14) by the value of the QOF point for the previous year (e.g. £133.76 for 12/13) which is 1.173145.

The total of these calculations is then multiplied by 70% which is in turn multiplied by the maximum number of points available in QOF for the new financial year divided by the maximum number of points available in QOF in the previous financial year. The maximum number of QOF points was lowered from 1050 to 1000 in 2007 and then to 900 in 2013. The resulting figure is the annual amount of the contractor's Aspiration Payment, which will be paid in 12 monthly instalments. These instalments will be adjusted as necessary when the correct amount of the contractors Achievement Payments in respect of the previous financial year has been established.

### **Calculating monthly aspiration payments by the Aspiration Points Total method**

The Aspiration Points Total is agreed between the practice and NHS England, and is the total number of points that the practice is aspiring towards under the QOF during that financial year. The agreed Aspiration Points Total is divided by three, multiplied by the value for a QOF point and then by the contractor's CPI, to produce the annual amount of the contractor's Aspiration Payment. Again, these will be paid in twelve month instalments over the year. Note that this method applies for new practices only.

## Achievement payments

There are various methods used to calculate achievement payments. The payments for the clinical and public health domains where there is a disease register and additional services sub domain of the public health domain vary from those within the rest of the QOF (i.e. the quality and productivity domain and the patient experience domain).

## **Calculation of achievement points in the clinical and public health domains**

The clinical domain contains twenty clinical areas and the public health domain contains four clinical areas and four additional services areas, each containing a variety of indicators. The indicators contain standards against which the performance of a practice will be measured. Some of the indicators require particular tasks to be accomplished (i.e. the production of disease registers), and the standards contained in those indicators do not have percentage Achievement Thresholds. These are called 'Boolean' indicators and the points available in relation to these indicators are achieved if the task is completed. What is required to accomplish these tasks is set out in Section 2 of Annex D of the SFE 2013.

However, most indicators have designated Achievement Thresholds, whereby a practice will be assessed by a percentage achievement, and these are called 'Fraction' indicators. The minimum percentage represents the start of the scale (i.e. with a value of zero points); and the maximum percentage is the lowest percentage of eligible patients in respect of whom the task must have been performed or outcome recorded in order for the practice to qualify for all the points available in respect of that indicator.

Where a practice has achieved a percentage score in relation to a particular indicator that is the minimum set percentage or below, it achieves no points in relation to that indicator. If a contractor has achieved a percentage score in relation to a particular indicator that is between the minimum and the maximum set for that indicator, it achieves a proportion of the points available in relation to that indicator. The proportion is calculated as follows:

A calculation is made of the percentage the contractor scores (D). This is calculated from the following fraction:

Divide

(a) the number of patients registered with the contractor in respect of whom the task has been performed or outcome achieved (A) [the denominator]; by

(b) the number produced by subtracting from the total number of patients registered with the contractor with the relevant medical condition (B) the number of patients to be excluded from the calculation on the basis of the provisions in the QOF on exception reporting (C) [the numerator]. This fraction is then multiplied by 100 for the percentage score.

The calculation can be expressed as:

$$\frac{A \times 100}{B - C} = D$$

Once the percentage the contractor actually scores has been calculated (D), subtract from this the minimum percentage score set for that indicator (E), then divide the result by the difference between the maximum (F) and minimum (E) percentage scores set for that indicator, and multiply the result of that calculation by the total number of points available in relation to that indicator (G). This can be expressed as:

$$\frac{(D - E) \times G}{(F - E)}$$

The result is the number of points which the practice is entitled to in relation to that indicator.

## **Calculation of achievement points in the additional services domain**

The calculation for achievement points for the additional services sub domain of the public health domain is calculated differently as these indicators do not apply to all of the contractor's registered population. This domain includes indicators related to cervical screening services, child health surveillance, maternity services, and contraceptive services. The child health surveillance and maternity medical services indicators require particular services to be offered and the points available will be paid if the service is offered to the relevant target population.

The contraceptive services indicators and all but one of the cervical screening services indicators require particular tasks to be performed in relation to a target population, and the points available in relation to these indicators will be paid if the task is accomplished.

One of the cervical screening services indicators (CS002) has a designated achievement threshold, and the method for calculating points in relation to this indicator is the same as the method for calculating points in relation to this type of indicator in the clinical domain, in that a sliding scale will apply between 45 per cent and 80 per cent.

### **Calculation of achievement payments in the clinical and additional services domains**

The Achievement Payments for the clinical, public health and additional services domains are determined in the following way.

a) For the clinical and public health domains (apart from the exceptions indicated in the paragraph below), a calculation is made of the Adjusted Practice Disease Factor<sup>1</sup> for each disease area, and this is then multiplied by the QOF points value (£156.92) and by the contractor's Achievement Points total in respect of that disease area.

b) Achievement Payments for palliative care (PC001 and PC002), SMOK001, SMOK003, SMOK004 and BP001, will be calculated by multiplying the total number of Achievement Points by the QOF point value (£156.92).

The cash totals for all the diseases in the clinical and public health domains, including the indicators in paragraph b) above, are then multiplied by the contractor's CPI (as it was at the start of the final quarter of the financial year)<sup>2</sup>. From this the NHS England subtracts the value of the relevant Monthly Aspiration Payments made over the year to come up with the practices final Achievement Payment.

For the additional services domain, a target population factor is calculated. This is done by dividing the practice's relevant target population by the contractors registered list size. This is then divided again by the figure produced by taking the average number of patients registered with all practices in the relevant target population divided by the average of all practices registered list sizes (average Contract Register Population (CRP), which in England is 6991 for 2013-14). This Target Population Factor is multiplied by the amount per QOF point and by the Achievement Points obtained in respect of the additional service. A full explanation of these calculations is available in Annex E of the SFE

### **Calculation of points and payments in the Quality and Productivity domain**

The Quality and Productivity domain was added to QOF in 2011-12 and is now the only remainder of what used to be the Organisational Domain. The standards set within this domain relate either to a task to be performed or an outcome to be achieved. The points are paid in full if the task described within the indicator is accomplished or the outcome achieved (i.e. the points total for the indicator is multiplied by the amount per QOF point).

### **Calculation of points and payments in the patient experience domain**

This domain contains one indicator about the length of patient consultations. Previous indicators relating to either carrying out patient surveys or achieving against a national survey have now been removed.

The points available in relation to the remaining indicator, patient consultation, are achieved when the practice can demonstrate it is meeting requirements relating to consultation length.

**Further details are available in the Statement of Financial Entitlements (England):**

<https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>

**Note that the calculations within this document apply for 2013-14 only and can change when the contract changes for 2014-15 have been agreed and implemented. An updated version of this guidance will be published after the new regulations have been published in April 2014.**

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## **<sup>I</sup> CPI - Contractor Population Index and CRP – Contract Register Population**

The Contractor Population Index (CPI) intends to reflect the national average practice list size. It is used primarily to allocate QOF payments to practices relative to their list size. CPI is calculated by dividing a contractor's most recently established contract registered population (CRP) divided by average CRP, on 1 January each year immediately preceding the relevant financial year, i.e.  $CPI = \text{practice list size (CRP)} / \text{national average practice list size (average CRP)}$ .

The average Contract Register Population (CRP) in England is currently 6911 (2013).

The calculations for CPI used to be fixed, as when QOF was introduced in 2004, the denominator was set at the 2003 national average of 5,891 instead of being recalculated each year to reflect changes in population size. In 2013/14, the Department of Health changed the calculation so that the index is based on the actual average practice list size at the start of the final quarter before the financial year in question. To reflect that there had not previously been an annual adjustment, a one off 16 % increase was made to the value of a QOF point in 2013/14.

## **<sup>II</sup> Adjusted practice disease factor calculations**

The calculation involves three steps:

- First, the calculation of a practice's Raw Practice Disease Prevalence. There is a Raw Practice Disease Prevalence in respect of each disease area (other than the additional services sub domain where achievement is calculated in accordance with Annex E of the SFE and the indicators in the palliative care area and indicators BP001, SMOK001, 003 and 004) for which the contractor is seeking to obtain Achievement Points;
- Secondly, make an adjustment to give an Adjusted Practice Disease Factor (APDF);
- Thirdly, apply the factor to the pounds per point figure for each disease area (other than the area relating to palliative care).

1. The Raw Practice Disease Prevalence is calculated by dividing the number of patients on the relevant disease register by the contractor's registered population. The timing of this calculation is usually done at the start of the final quarter of the financial year to which the achievement payment relates.

2. The Adjusted Practice Disease Factor is calculated by:

- a) calculating the national range of Raw Practice Disease Prevalences in England (NHS England must use the national range established annually through the Quality and Outcomes Framework Management and Analysis System (QMAS)) or upon the closure of QMAS, the Calculating Quality Reporting Service (known as CQRS);
- b) rebasing the contractor figures around the new national English mean (available at the end of each month) to give the Adjusted Practice Disease Factor (APDF). For example, an ADPF of 1.2 indicates a 20% greater prevalence than the mean, in the adjusted distribution. The rebasing ensures that in a relevant year the average contractor (i.e. one with an ADPF of 1.0) receives, £156.92 per point, after adjustment;
- c) thereby, adjusting via the factor the contractor's average pounds per point for each disease, rather than the contractor's points score. For example, a contractor with an APDF of 1.2 for CHD in the period commencing on 1 April 2011 will receive £188.30 per point scored on the CHD indicators.

3. As a result of this calculation, each contractor will have a different 'pounds per point' figure for each disease area (other than the area relating to palliative care), and it will then be possible to use these figures to calculate a cash total in relation to the points scored in each disease area (other than the area relating to palliative care, smoking indicators 001, 003 and 004 or BP001).

Full details are available in Annex F 'Adjusted Practice Disease Factor Calculations' of the SFE 2013.