

## **FOCUS ON READ CODES – QOF 2006-07**

This guidance has been produced to clarify some of the continuing issues that still exist within the Datasets and Business Rules<sup>1</sup> (D&BRs) for the revised QOF (April 2006). Version 9 is the most recently published and is available at the following website:

<http://www.primarycarecontracting.nhs.uk/145.php>

The production of the datasets and business rules (D&BRs) using read and other coding systems were and continue to be generated by Connecting for Health (CfH), on behalf of the Department of Health, based on the final version of the QOF indicators. The D&BRs then go out to four country review, where IT experts in the various nations review their accuracy and comment on any flaws they see. Once they have been signed off by four country review, the system suppliers are given them to make the relevant changes to their system. The NHS Employers and General Practitioners Committee do not have any lever over the time frame to which the system suppliers upload the changes onto their systems.

Invariably once the read codes are used in practice, queries and issues arise that despite the review process, had not been anticipated. In order to make the datasets and business rules more closely reflect the QOF indicators and the work practices do on them, they are periodically revised to address issues raised<sup>2</sup>. Version 9 most accurately reflects the QOF now. However, there are some issues that GPC is already aware of and which we wish to inform practices about. The GPC is currently considering other identified problems, and welcomes comments regarding any particular issues with the D&BRs that practices identify.

### **Summary of main ongoing issues for QOF 2006-07**

This list is not exhaustive, but includes a few important areas that may affect a practice's QOF achievement.

1. Mental Health - There is no 'resolved' code that can be used that will remove patients from the Mental Health register. Although Read code 212T - 'Psychosis.....(etc).....resolved' does exist as a read code it will not act to remove a patient from the mental health register. The reason for not including this in the rule set is because it relates to a number of conditions.

Therefore it is legitimate to exception report patients annually whose condition has resolved.

2. Mental Health – The rule set for Mental Health no longer makes use of a 'Mental Health Register' using Read Codes 9H6.. or 9H8.. but relies on encoding of patients with a psychosis diagnosis – therefore practices may find a reduction in their number of patients for MH6 and MH9.

3. At present clinical areas relying on episode codes may not behave in a predictable manner on a given practice system if not encoded precisely. In many instances the Datasets require the date of the Latest First and New Episode. Some practices do not routinely use these labels. Where the Latest First and New Episodes are not available at a given practice, the GP System Suppliers (in agreement with CfH) interpret the patient

<sup>1</sup> The D&BRs include Read Codes, but also SNOMED-CT and CTV3 codes

<sup>2</sup> Additionally, the D&BR's are updated to reflect the 6-monthly Read Code releases published by the Clinical Terminology Service in April and October.

records, based on the evidence that the practice has recorded. CfH are seeking clarification as to the nature of episode support on GP Systems in the future. If at the end of the year a practice and PCT can agree that the QMAS results do not reflect the reality of the episodes defined in the D&BRs, then the PCT can agree to amend numerators and/or denominators accordingly.

4. The effect of Repeat Dispensing has not yet been built into the business rules. It will be looked at but at present those using repeat dispensing should be aware that the prescription of drug intervals vary from 6 months to 15 months. Therefore if a practice issues a 12/12 repeat prescription in June, that patient would not be recognised as being prescribed to. If this affects a practice it should raise this with the PCT who can use their discretion to adjust the QOF results (e.g. numerators or denominators) once they have been provided with the appropriate evidence.