Podcast transcript

Interviewer Professor Tim Stokes, a GP and clinical consultant to NICE's QOF programme discusses exactly what the QOF is and NICE's involvement in the process.

Professor Tim Stokes The QOF, it stands for the quality and outcomes framework for general practice, and I think both of those terms are important and I'll come back to that in a minute. The QOF is an incentive or pay-for-performance scheme that was introduced in 2004 by the Department of Health across the UK as part of the new general medical contract for GPs.

What it does is rewards GP practices for implementing systematic improvements in the quality of care for their patients. It contains a set of different domains that is different indicators that apply to different clinical areas, organisational areas and patient experience areas.

Practices are assessed against their performance against these indicators and they score points, and points generate income for the practice hence its pay-for-performance nature.

There is 1,000 points in the QOF and for the average practice that represents £126 for each point.

The clinical areas of the QOF (which is the area that NICE is responsible for) account for the majority, that is 70 per cent, of the allocated points. And many of the main chronic disease areas seen and managed in general practice are addressed in it. So for example, the primary and secondary prevention of cardiovascular disease, which includes heart disease and stroke, diabetes, asthma, chronic obstructive pulmonary disease (COPD) and so forth.

And each of these clinical conditions has a set of indicators that can be routinely extracted from a patient's computer record at the touch of a button.

Interviewer Since its introduction in 2004, what would you say the QOF has achieved?

Professor Tim Stokes I think it's really important because it represents a fundamental shift in the way general practice is managed. GPs are independent contractors and certainly pre the contract there were only a number of limited ways in which GPs could be directly rewarded for providing high-quality care for patients, because then GPs were primarily rewarded for the number of patients on their list not what they actually did to them in terms of their healthcare.

So the QOF is really important because it rewards high quality care for patients and general practice and drives quality improvement. And a good example of how the QOF, since its introduction in 2004, has driven up care would be for chronic kidney disease. Certainly, prior to the introduction of chronic kidney disease as a QOF domain, the detection and assessment of people with this condition was, I have to say, quiet poor in general practice.

But now GPs, because it's in the QOF, are diagnosing many more cases of chronic kidney disease and ensuring better management and treatment of those cases.

We also know that the QOF has had other benefits. The QOF has been subject of a number of high-quality research studies, and what this research has shown is that the QOF has improved care for patients with a range of clinical conditions. And interestingly, I think there is also evidence to show that the QOF may have actually helped to reduce health inequalities for patients.

Interviewer So what's NICE's involvement in the QOF?

Professor Tim Stokes NICE overseas a rigorous and transparent process of managing the QOF that has been in place since April 2009.

And the key players in this work are NICE's own quality systems team, of which as you have mentioned I am clinical advisor and a GP part-time in Leicester, the NICE external contractor which is a consortium of the National Primary Care Research and Development Centre, York health economic consortium, and the Royal College of General Practitioners. And we contract to them to do technical work for us. The NHS Information Centre is also another important partner because the indicators have got to be extracted from the computer records.

What NICE does in managing this process - and currently that focuses on the clinical and health improvement indictors for the QOF not the entire QOF indicator set – is to ensure consultation with individual stakeholder groups, publish an annual NICE menu of new evidence-based indicators, and we do make recommendations about what should happen to the existing indicators, including whether or not they should be retired.

It is worth emphasising, however, that NICE does not decide which indicators are included in the QOF. This will continue to be negotiated between NHS Employers on behalf of the Department of Health and the British Medical Association General Practitioners Committee.

Interviewer So what do you think NICE can bring to the QOF process?

Professor Tim Stokes We I think I would start by saying why were we asked to take it on. The Department of Health indentified that we were by far the best placed organisation, and this is their words, to manage the independent process of prioritisation, consultation and appraisal of clinical effectiveness and cost effectiveness of the new QOF.

And we add value in a number of different ways. I think we can add value by utilising our experience of making difficult decisions, particularly but not only in relation to clinical and cost-effective technologies. And we have learnt through our appraisals programme, clinical and public health programmes to make those decisions in a rigorous and transparent way.

So, hence, by using an independent advisory committee where the meeting is actually held in public, therefore where decision making is clearly documented, stakeholders can read the meeting minutes and contest any decisions made and that's an important principle. We are very happy for people to contest our decisions. What we want to make sure is that we make those decisions in a systematic and rigorous way so that the decisions we make can be defended.

Interviewer Professor Stokes, thank you very much for your time.