QOF ANNUAL REVIEW VISITS IN WALES

Context

The Quality and Outcomes Framework (QOF) is a voluntary system of financial incentives. It is about rewarding contractors for good practice (and its associated workload) through participation in an annual quality improvement cycle.

The principle of an annual visit to contractors participating in the QOF was set out in guidance published in February 2004. This document provides a summary on the process for the annual QOF reviews and applies to all primary care contractors in Wales using the Quality and Outcomes Framework.

Common procedures and process will apply to all contractors. The QOF and its annual assessment are new for both LHBs and contractors, and it is to be expected that the process of review will be refined in future years.

The annual QOF review has three purposes:

(i) to review the contractor’s current achievement and to provide the LHB with an assessment of likely achievement by 31 March 2005;
(ii) to confirm that data collection and quality (and hence any payments made on the basis of this data) are accurate;
(iii) to discuss the contractor’s aspiration for the following year.

The visit is therefore both summative and formative and both aspects are of equal importance.

It is expected that, by 31 August 2004, LHBs will have agreed with contractors:

− a schedule of QOF review visits
− a statement of how the visit and review process will be conducted
− and, where possible, who the assessment team will be.

This will also help suitable dates to be found and ensure that all relevant assessors and the LMC (if required) are available. LHBs are expected to give contractors a minimum of six weeks notice of the visit.

Assessors and Leads

The core LHB visiting team will normally consist of a LHB management representative, a clinician and a lay person or patient representative as a
minimum. Apart from the LHB management representative, the assessors do not need to be employees of the PCT. The lay person or patient representative should not be a healthcare professional, PCT employee or patient of that contractor.

The visiting team clinician will normally be a general practitioner. In exceptional circumstances, a non-GP clinician may be appointed. In choosing alternative assessors, the LHB will need to be aware of the requirements imposed by regulations and directions on who can make inquiries about prescribing or referrals to other services. Where this occurs without the agreement of the contractor, the contractor will be able to raise this through the appropriate dispute resolution process.

LHBs may add assessors to the team to address specific QOF issues during the visit. This might include an IT specialist, commissioning manager, a finance person, prescribing advisor or other relevant individuals such as a member of the National Public Health Service Medical Advisory Team.

LHBs will have identified a staff member to lead on the annual QOF review process. This person would be responsible for managing, planning and ensuring the consistency of the process within the LHB.

It is recommended that each contractor nominate a QOF lead to liaise with the LHB and co-ordinate the contractor’s preparation for and participation in the visit. The contractor will determine which members of the practice team are involved and may wish to bear in mind the suggestions made in New GMS Contract 2003: Supplementary Documents. Either the contractor or the LHB may invite a representative from the LMC.

**Assessor Competencies**

Collectively members of the visiting team must be able to demonstrate the following competencies:-

- An overall understanding of the NHS
- A good understanding of general practice
- An understanding of the local health community and LHB
- A basic knowledge of the principles of the new GMS contract
- A good understanding of the Quality and Outcomes Framework
- A clear understanding of the principles, purpose and processes involved in quality review visits
The Visit

Pre-visit preparation is an important part of the process, as the smooth running of the visit will depend on the strength and depth of the analysis and work done beforehand. For this reason, LHBs are advised to notify contractors of the exact date of their visit at least six weeks beforehand.

One month before the visit the contractor must submit to the LHB, any supporting documentation it feels necessary to support its achievement. LHB requests for additional supporting documentation must be reasonable and defendable. Contractors using Contract Manager will send as usual their monthly report to the LHB. In addition any supporting documentation available to support the non-clinical domains of the QOF should be submitted. This information together with the most recent report from Contract Manager will form the basis for the annual review visit.

Contractors not using Contract Manager must submit to the LHB along with their most recent manual report all manual supporting documentation it has to evidence achievement of the points claimed on their manual report for all domains. For the clinical domain this will include evidence of manual disease registers and all other evidence to support the level of achievement claimed. This will include the number of exceptions for each indicator. Contractors are advised to note the requirements of the SFE that all information submitted must be accurate.

Once the LHB has received and analysed this information, it will identify areas for discussion. It is sensible to resolve as many issues as possible with the contractor before the visit to ensure the agenda is kept to a minimum of key issues forming the agenda for the visit.

Since 1 May contractors should have been submitting monthly Contract Manager reports or manual returns to their LHB. LHBs have received training in the use of Contract Manager and will be able to identify using the software areas for discussion or any areas of concern.

Visits ought to seek to avoid disruption to the contractor; LHBs and contractors are advised that they should seek to minimise the necessity for practices to close. Where this is not possible (as may be the case with smaller practices), alternative arrangements for patients to be seen should be sought.

Visits might be divided into two parts: verification and inspection of current achievement (summative), followed by discussion of aspiration and future development (formative), including possible LHB support.

The visiting team will review and verify the level of achievement at indicator level for a selection of indicators, covering all the domains for which the contractor intends to submit an achievement claim. The approach should be
light touch. If there are issues about data quality (e.g. coding, or unusually high levels of exception reporting), a data quality action plan is to be agreed and a timetable for completion. The visiting team will also discuss the contractor's future plans within the QOF, including the following year's aspiration.

In the event of suspected fraud or other illegality being uncovered during the QOF review visit, the visiting team will involve NHS Counter Fraud and Security Management Services and suspend the visit, informing of the procedure and actions being taken.

Where the review team identify issues of clinical governance or professional poor performance these concerns ought to be dealt with separately through the LHBs normal procedures.

Contractors who are accredited for version 7 of the RCGP’s Quality Practice Award do not need to submit information to support the organisational domain other than evidence of the award. The review visit will also take a very light touch approach to verifying these indicators for these contractors.

In subsequent years, the agenda will take account of the outcome of previous visits.

After the Visit

Following the visit, the LHB draws up a report of the visit setting out the main findings, conclusions and subsequent actions, including the visiting team’s assessment of likely achievement. The report should be brief and focus on areas that need strengthening and issues to be addressed. The contractor should have the opportunity to see the report in draft, challenge any factual errors and comment on its opinions and conclusions. The draft report will normally be sent to the contractor within two weeks of the visit for comment along with a request for feedback on the conduct of the visit. The LHB should aim to finalise the report within four weeks. Contractors may wish to share the feedback they provide with their LMC. The LMC could use this shared feedback as a way of quality controlling the visit process from the contractor’s viewpoint.

The LHB on completion of the annual review visits will draw up a brief synopsis report of the visits for submission to the Regional Office and Welsh Assembly. The report will help the RO assess the level of consistency of approach taken by LHBs in its area and be used by the Assembly to evaluate and review the process for future years.
Achievement Payments

To claim achievement at the end of year contractor’s need only submit their usual monthly Contract Manager report after 1 April to their LHB. Reports will need to be submitted within 7 working days to help ensure prompt payment of achievement. Contractors submitting manual reports will need to support with all supporting documentary evidence to support the achievement points claimed.

Before the achievement payment can be made, LHBs will carry out a prepayment verification check on each contractor. For the vast majority of contractors these checks will be routine and they will not need to be contacted, allowing payment to be made at the end of April. In cases where the visiting team agreed a data quality action plan with the contractor, the LHB will need to ensure completion of the plan. This may require a short focused follow up visit to the contractor. Such a visit should focus on the areas identified in the remedial action plan and should be planned to take place before the end of March.

In line with the February 2004 guidance, 5% of contractors will be subject to a random counter-fraud check. The random check will be in more detail than the pre-payment verification check and will necessitate at least a brief visit to the contractor. Further guidance will be issued on this subject.

Dispute Resolution

A formal dispute resolution procedure has been set up for GMS practices. In the first instance every attempt is to be made to seek local resolution.

Disputes may result in delayed payment of the achievement claim beyond the end of April. However, the terms of the Statement of Financial Entitlement for 2004/5 for GMS practices mean that payment must be made by the end of June 2005: disputes therefore need to be resolved by the middle of June to allow for correct payment by this deadline. In cases where resolution is likely to take longer, the LHB should make an achievement payment ‘on account’, this payment will not prejudice the outcome of the dispute and following resolution the LHB will recover any overpayment or make good any underpayment.

Quality Assurance

LHBs will put in place measures to quality assure the QOF review process and ensure consistency across visits. ROs are advised to do the same for their LHBs, as part of their general performance management and support role.
Future Developments

The contract agreement states that, in time, annual QOF review visits might become less frequent (subject to the mandatory requirements for financial audit). Conversely, the frequency of visits may increase where there are concerns about the contractor.

LHBs may decrease the frequency of visits to each contractor where:

- achievement has been consistently close (within 5%) to predicted aspiration or previous year’s achievement
- there are no concerns about fraud or performance
- there have been no major changes to the practice or staffing
- the contractor engages with the process and has a track record of achievement against other nationally recognised or locally agreed quality schemes.

LHBs may decide to increase the frequency of visits where:

- the contractor has significantly underachieved, compared to its aspiration or previous year’s achievement
- there are suspicions of fraud
- there are widespread concerns about poor clinical performance
- there have been a large number of patient complaints about the contractor which relate to areas covered by the QOF.