

Maximising your QOF income: COPD

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- Indicators: 5
- Points: 25
- Prevalence (2017-18): 1.9%
- £/patient on the register (est): £30

Chronic obstructive pulmonary disease (COPD) has been a part of QOF with a steadily increasing prevalence over the last 14 years. This seems likely to be down to improved diagnosis and management of the condition.

Indicator 1: Maintain patient register (3 points)

Entry to the register is straightforward if a patient has a COPD code, including those for emphysema and chronic bronchitis.

You may wish to wait until patients have had their reversibility tested before entering the COPD code, as this is now a requirement to confirm diagnosis – see indicator 2 below.

It is possible to remove a patient from the register by coding COPD resolved, but if the diagnosis was accurate this seems unlikely.

To help boost your registered patient number, do a search for patients who are on inhalers but have no coded diagnosis (likely to boost asthma prevalence too) and ensure any new diagnosis made in hospital is entered.

Indicator 2: Diagnosis with spirometry testing (5 points)

All patients who have been added to the register since April 2011 should have post bronchodilator spirometry (or be referred for spirometry) within the three months before, or one year after, the diagnosis. Like other ticking clock indicators, it will be vital to make sure that newly registered patients have this code transferred from previous surgeries or hospital outpatients.

It is worth trying to get these codes in, as exception reporting for this indicator is currently a mess. While spirometry must be recorded within a year of diagnosis, the exception reporting code has to be entered in the most recent QOF year. This can mean a patient who did not attend, or was unable to perform, spirometry in 2011 may have to have this coded again in 2019. This is the rule, although it makes little sense.

Indicators 3 and 4: Annual reviews (11 points)

There are now two indicators for the annual review.

Indicator 3 is worth nine points if 90% of patients have a review with a record of symptoms according to the [Medical Research Council \(MRC\) Dyspnoea Scale](#). The scale ranges from 1 to 5, with separate codes for each point on the scale. Importantly, the 'annual review' needs to be coded as well as the dyspnoea score.

Indicator 4 is new for 2019/20, and requires patients with symptoms that reach 3, 4 or 5 on the scale to be offered an onward referral to a pulmonary rehabilitation programme. This carries two points for 90% achievement in this relatively small subsection of patients. Exception reporting will be available if the patient does not wish to be referred or if the service is not available locally.

It is easiest to do these in a formal annual review with either a template or other protocol to ensure that all requirements are met. This could also be combined with a flu vaccine in the season. Wakefield CCG has [a good example of a template for COPD reviews](#).

Indicator 6: Influenza vaccination (6 points)

Six points are available for 97% of patients having their flu vaccine in the previous flu season. As many patients with COPD are over 65 years of age, they will need the adjuvanted flu vaccine, although codes are no different for this.

There is an opportunity to carry out immunisation in the winter months, when patients with COPD are more likely to visit the surgery. Patients may decline the vaccination or can be presumed to have declined if they don't respond to three reminders. These can be sent by telephone, letter, SMS message or in person. They can then be coded as 'refused' which would remove them from the denominator.

Removed in 2019/20:

The indicators requiring an annual FEV1 measurement and for oxygen saturation testing in patients with more severe COPD have been removed. These indicators were no longer supported by NICE guidance.

For reference:

Indicator 1: The contractor establishes and maintains a register of patients with COPD (COPD001)

Indicator 2: The percentage of patients with COPD (diagnosed on or after 1 April 2011) in whom the diagnosis has been confirmed by post bronchodilator spirometry between 3 months before and 12 months after entering on to the register (COPD002). Payment threshold: 45-80%

Indicator 3: The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (COPD003). Payment threshold: 50-90%

Indicator 4: The percentage of patients with COPD and Medical Research Council dyspnoea grade ≥ 3 at any time in the preceding 12 months, with a subsequent record of an offer of referral to a pulmonary rehabilitation programme (COPD008). Payment threshold: 40-90%

Indicator 5: The percentage of patients with COPD who have had influenza immunisation in the preceding 1 August to 31 March (6 points) (COPD007). Payment threshold: 57-97%

Guide URL:

<http://preview.pulse-intelligence.co.uk/guide/how-to-increase-your-qof-payments-copd/>



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