

Maximising your QOF income: Rheumatoid arthritis

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- Indicators: 2
- Points: 6
- Prevalence (2016-17): 0.6%
- £/patient on the register (est.): £22

A relatively recent addition to the QOF, rheumatoid arthritis has maintained a steady prevalence over the few years that we have been recording data.

Indicator 1: maintain patient register (1 point)

Offline

There are many codes for rheumatoid arthritis and they will all put patients on to the register, along with codes for rheumatoid disease of the heart and lungs. In order to exclude juvenile arthritis, only patients of 16 years of age and over are included on the register. Patients diagnosed at an earlier age will be automatically put onto the register on their 16th birthday.

There is no way to remove patients from the register and patients will still remain eligible for the review indicator if the disease is in remission or has burnt out.

Tips

- The diagnosis is normally made in secondary care, so coding may be missed as letters come out.
- These patients may be prescribed immunosuppressants and a search for these drugs could show up patients without a diagnosis who may have rheumatoid arthritis.

Indicator 2: annual face-to-face review (5 points)

There is a specific code for rheumatoid arthritis review and the full five points will be awarded if 90% of patients have had the review during the QOF year. The review should include recording symptoms, current treatments and the need for any further referrals.

There are exception codes for informed dissent and unsuitable patients for the rheumatoid arthritis area, and the usual automatic exception for patients who have registered with the practice, or received their first diagnosis in the last three months of the QOF year.

Tips

- It is not unusual for treatment to be largely in secondary care so inviting patients for review early in the year gives the best opportunity to ensure that the review takes place.

- If the patient does not attend after three invitations, they can be exception reported for informed dissent.
- The guidance does not state who should undertake the review but it should include the effects of the disease on their life and appropriate referral across the multidisciplinary team. In some areas this could be by a specialist rheumatoid team in either primary or secondary care.

For reference:

Indicator 1: The contractor establishes and maintains a register of patients aged 16 or over with rheumatoid arthritis (RA001)

Indicator 2: The percentage of patients with rheumatoid arthritis, on the register, who have had a face-to-face review in the preceding 12 months (RA002)

Guide URL:

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