

# Maximising your QOF: Cancer

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*GP in Swindon and runs the QOF Database website*

- Indicators: 2
- Points: 11
- Prevalence (2016-17): 2.5%
- £/patient on the register (est.): £9

The cancer register includes all patients diagnosed since 1 April 2003. The size of the register has tended to grow at a steady rate every year since the start of the QOF.

This dilutes the payment for every new patient added. However, once on the register, the patient stays on: this means a patient diagnosed in the first year of QOF would have earned the practice 13 years of payments.

## **Indicator 1: Maintain register of patients with cancer since 2003 (5 points)**

Patients will go onto the register after a diagnosis of malignant disease. There is no code for removal.

This register has seen significant changes in the qualifying codes from 2018. While in previous years many codes about the histology of tumours did not put patients onto the register, they now do so with the new SNOMED rules. Depending how patients have been coded in the past, this may have a significant effect on the register, although with a more intuitive set of codes it has become much easier to put a patient on the register. Codes of the histology, such as small cell tumours, did not apply before but will now appear on the register.

## **Indicator 2: Review within six months of diagnosis (6 points)**

Ignore the 15 months in the official wording of this indicator; it does not reflect what is actually measured. The rules actually look back 18 months and the indicator is passed if the review occurred within six months of the diagnosis code.

Check for any other patients who can be added to the register by searching every month or two for those diagnosed with cancer within the previous five months who have not had a review and offering them the review. The practice could adopt a policy of the usual doctor phoning a patient when a new diagnosis of cancer is received. It is often much appreciated by the patient, and an opportunity for the doctor to do a cancer care review (guidance specifically states that this can be done over the phone). If contact is not possible, flag it in notes so it can be done opportunistically.

Where a patient is diagnosed after October 1, the review may be counted in the same QOF year if it happens before the end of March. If it occurs after that, it will be counted in the next QOF year. In this example, failure to have a review or any exception codes would be recorded in the next QOF year.

The usual exception reporting will apply for unsuitability or informed dissent. There is also automatic exception reporting for patients who have registered at the practice between January and March, although this will only take effect six months after the diagnosis.

#### For reference

*Indicator 1: The contractor establishes and maintains a register of all cancer patients defined as a 'register of patients with a diagnosis of cancer excluding nonmelanotic skin cancers diagnosed on or after 1 April 2003' (CAN001)*

*Indicator 2: The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis (CAN003)*

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Guide URL:

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