

How to maximise your QOF payments: Cardiovascular disease – primary prevention

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GP in Swindon and runs the QOF Database website

- Indicators: 1
- Points: 10
- Prevalence (2016-17): 0.64%
- £/patient on the register (est.): £34.70

There is no visible register for primary prevention of cardiovascular disease (CVD), as unlike other areas there is no indicator attached to the register. However, it is there, and is used to make the prevalence calculation so will affect payment. It comprises patients diagnosed with primary hypertension during the year, and excludes anyone with a previous cardiovascular disease related diagnosis, ie, ischaemic heart disease, stroke/TIA, peripheral arterial disease, unresolved diabetes, peripheral arterial disease, chronic kidney disease (CKD) Stages 3-5 and familial hypercholesterolaemia.

It is useful to be aware of this register, and the corresponding prevalence, even though not all patients will qualify for the treatment indicator. Good maintenance of the hypertension register will ensure that appropriate patients appear in this register too.

Indicator 1: Patients with a new diagnosis of hypertension and 10-year CVD risk of 20% or over treated with statins (10 points)

To be eligible for this indicator patients need to be in the register and between the ages of 30 and 75 years at the end of the QOF year. They must have had a cardiovascular risk assessment. Framingham and JBS risk scores are acceptable, but QRISK3 will be the most commonly used assessment. The Scottish Dundee score is no longer valid in 2019/20.

The risk is normally scored as a value, although there are a couple of codes for JBS score greater than 20%.

(Remember, however, patients who have not had a risk assessment and are outside of the range still qualify for the prevalence count.)

The risk calculation is likely to be performed some time after the initial consultation, once blood test results have come in. To ensure you pick up points:

- You can set up an automatic risk score calculation on your computer system, so that when a cholesterol result is filed the risk score is also recorded.

- You can run a search of all patients who have had a first diagnosis of hypertension in the current QOF year and have not had a risk calculated. This may already be available as a 'denominator search' in the QOF monitoring section of your practice computer system.
- Alternatively, simply keep a manual record of patients who have been diagnosed with hypertension and ensure that the QRISK2 score is entered when the blood tests come in.
- If the 10-year risk is over 20%, the patient should have a statin prescription issued from October onwards. You must have recorded at least one newly diagnosed patient with elevated risk and a prescription of a statin to get the 10 points.
- There are a variety of exception codes although the most useful are for where a statin is not indicated, or is declined by a patient. There are also codes for adverse effect from statins. There is automatic exception reporting if a patient has been registered or diagnosed in the last three months of the QOF year.

For reference:

Indicator 1: In those patients with a new diagnosis of hypertension aged 30 or over and who have not attained the age of 75, recorded between the preceding 1 April to 31 March (excluding those with pre-existing CHD, diabetes, stroke and/or TIA), who have a recorded CVD risk assessment score (using an assessment tool agreed with the NHS CB) of $\geq 20\%$ in the preceding 12 months: the percentage who are currently treated with statins (CVDPP01). Payment threshold: 40-90%

Guide URL:

<http://preview.pulse-intelligence.co.uk/guide/how-to-maximise-your-qof-payments-cardiovascular-disease-primary-prevention/>