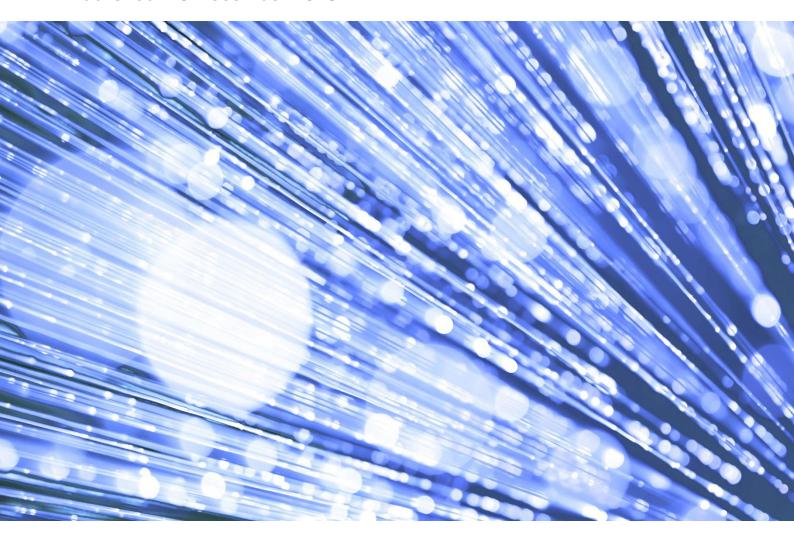# Data Provision Notice

For Quality and Outcomes Framework (QOF) Pilot 11

Information Asset Owner: Dave Roberts

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Information and technology
for better health and care

Contents

Background

The Health and Social Care Act 2012 (the Act) gives the Health and Social Care Information Centre, also known as NHS Digital and hereafter referred to by this name, statutory powers, under section 259(1), to require data from health or social care bodies, or organisations that provide health or adult social care in England, where it has been Directed to establish an information system by the Department of Health (DH) (on behalf of the Secretary of State) or NHS England, or as part of a mandatory request from another organisation.

These data, as specified by NHS Digital in this published Data Provision Notice, are required to support the Quality and Outcomes Framework (QOF) Pilot 11 mandatory request, issued under section 255 of the Act, from the National Institute for Health and Care Excellence (NICE) to NHS Digital. Organisations that are in scope of this Notice are legally required, under section 259(5) of the Act, to provide the data in the form and manner specified below.

Purpose of the collection

On behalf of the Department of Health and now NHS England, NICE has requested QOF pilot data collections since 2009. The purpose of piloting is to try to understand how potential QOF indicators work in general practice and whether or not these indicators have any unintended or adverse consequences. The piloting is used to assess the effectiveness of these indicators as they may be included in future iterations of QOF dependent on the outcome of the pilot and further negotiations.

NHS Digital is supporting NICE with the data collection for QOF Pilot 11 (the 11th edition of the pilot) in the same way that it supported NICE with the data collection for QOF Pilot 10 (the 10th edition of the Pilot), which took place in early 2016.

Benefits of the collection

The piloting of indicators contributes to the robust process for assessing what is both clinically and cost effective in the NHS. Through QOF, approximately £600 million of funding per year is available to participating general practices.

Legal basis for the collection, handling, publication and dissemination

Under section 255 of the Act, NICE has issued a mandatory request to NHS Digital to establish and operate a system for the collection and analysis of the information specified for this service. This mandatory request was accepted by the NHS Digital Board on 30 November; the signed copy is published on the gov.uk website.

This information to be collected is required by NHS Digital under section 259(1) of the Act. The QOF Pilot 11 collection will not involve collecting confidential / personal information.

In line with section 259(4) of the Act, all general practices within the scope of this Notice (that is: the 26 general practices that have agreed to participate in this collection) should comply with the requirement and provide information to NHS Digital in the form, manner and period specified in this Data Provision Notice.

This Notice is issued in accordance with the procedure published as part of NHS Digital duty under section 259(8) of the Act.

Under section 261(1) of the Act, NHS Digital will, subject to recommendation by the Data Access Advisory Group (DAAG), disseminate these data to colleagues at the Institute of Applied Health Research at the University of Birmingham, which NICE has commissioned to support this work.

Persons consulted

Following receipt of a mandatory request to establish a system to collect QOF Pilot data, NHS Digital has, as required under section 258 of the Act, consulted with the following:

- NICE (that is: the organisation that issued the mandatory request to NHS Digital); policy and legal representatives from NICE were consulted

- the Standardisation Committee for Care Information (SCCI), which included representatives from the UK Data Standards Panel, the Department of Health, the Medicines and Healthcare products Regulatory Agency, NICE, NHS Employers, NHS England, NHS Improvement, the Care Quality Commission, NHS Northern Ireland, the Professional Records Standards Body (PRSB), techUK and NHS Digital.

Scope of the collection

Under section 259(1) of the Act, this Notice is served in accordance with the procedure published as part of the NHS Digital duty under section 259(8) on the 26 general practices that have agreed to participate in the collection.

Under section 259(5) of the Act, the 26 general practices referred to above should comply with the Form, Manner and Period requirements below:

Form of the collection

This data collection will not involve collecting patient level data. Rather, data at general practice level (that is: aggregated counts of patients broken down by general practice) will be collected.

The collection comprises 16 indicators covering eight clinical areas (see Appendix A: List of clinical areas and indicators).

The QOF Pilot 11 Primary Care Data Application Form contains full details of the data that will be collected.

Manner of the collection

The QOF Pilot 11 data will be extracted from the 26 practices in aggregate form using Apollo Medical Software Solutions Limited (referred hereafter to as Apollo). These aggregate level data will be encrypted, sent to an Apollo hosted domain for decryption, and then sent to NHS Digital (via Secure File Transfer Protocol) where any appropriate data quality checks will be performed.

Apollo was chosen by NHS Digital as the preferred supplier following a procurement exercise, which was based on a range of evaluation criteria covering both quality and budget expectations.

In order for Apollo to extract the aggregated level data, they will be utilising their GP Systems of Choice (GPSoC) accredited software. The Apollo software will both be installed and used by the general practice. No patient level data will be extracted. The Apollo software will allow the general practice to view the reports locally and view what data has been extracted and sent to NHS Digital.

Period of the collection

QOF Pilot 11 covers the five months between 1 October 2016 and 28 February 2017. Data will be collected from participating general practices three times during this period:

1. a baseline collection (with an "effective date" of 1 October 2016)

2. a mid-term collection (with an "effective date" of 31 January 2017)

3. a final collection (with an "effective date" of 28 February 2017).

Data will be collected as soon as possible after the "effective date" for each of the three collections but note that the first collection will not take place until after this Data Provision Notice is issued.

Data Quality

Data quality will be checked against the standard six data quality characteristics, which are: coverage, completeness, validity, default, integrity and timeliness, as per the requirements of the customer (NICE).

Burden of the collection

Steps taken by NHS Digital to minimise the burden of collection

In discharging its statutory duty to seek to minimise the burden it imposes on others NHS Digital has done the following:

Only aggregated level data are being collected and returned to NHS Digital, which means that general practices, as Data Controller of their patients' data, are not required to provide fair processing information to their patients.

In seeking to minimise the burden it imposes on others, in line with sections 253(2a) and 265(3) of the Act, NHS Digital has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This assessment is carried out by the Burden Advice and Assessment Service (BAAS), which carries out a Detailed Burden Assessment and reports findings and recommendations, as part of the overarching SCCI process. SCCI oversees the development, assurance and acceptance of information standards, data collections and data extractions for the health and social care system in England.

Detailed burden assessment findings

The collection owner is advised:

1. To work with GPs to ensure they are allowing them adequate time to prepare for the extraction; and providing them with sufficient notice of the extraction date and any changes to timescales.

2. To provide more detailed guidance around the set of indicators and how GPs can check that the extraction has been extracted accurately.

3. To consider issuing the Read codes at the same time as the practice clinical information and indicator handbook.

Assessed costs

Burden on providers	£13k	Estimated as 2 hours of a GP's time and 2 hours of a Clerical and Administrative staff member's time per collection (three in total).
Set up costs for the data collection	£75k	Covers supplier costs and NHS Digital GPES staff costs.
Other costs of the data collection	£39k	Covers reimbursement and service support costs to general practices for participating in this collection.
Total burden costs	**£127k**	**Covers all of the above.**

Help us to identify inappropriate collections

BAAS offers a Collection Referral Service which is a simple and confidential way to allow data providers to refer data collections they feel would benefit from further scrutiny.

For more details and information on how to refer a collection, please visit:
http://www.digital.nhs.uk/article/6183/Collection-Referral-Service

More about the Burden Advice and Assessment Service can be found at:
http://digital.nhs.uk/baas

Appendix A: List of clinical area and indicators

QOF Pilot 11 involves aggregated level data being extracted for the following 16 indicators, which cover eight clinical areas:

Clinical area	Indicator ID	Indicator title
Post-natal Mental Health	PNMHP1101	The percentage of women who have given birth in the preceding 12 months who have had a post-natal enquiry about their mental health using the Whooley 2 depression questions and the Generalized Anxiety Disorder (GAD)-2 between 4-10 weeks post partum
	PNMHMIP1102 (management information count only)	Count of the number of patients who have given birth in the last 12 months who have an unresolved diagnosis of depression and/or anxiety
Atrial Fibrillation	AFIBP1101	The percentage of patients with atrial fibrillation, currently treated with an anticoagulant, who have had a review in the preceding 12 months which included: a. assessment of stroke/venous thromboembolism (VTE) risk b. assessment of bleeding risk c. assessment of renal function, creatinine clearance, full blood count (FBC) and liver function tests (LFTs) d. any adverse effects related to anticoagulation e. assessment of compliance f. choice of anticoagulant.
Pulse Monitoring	PMP1101	The percentage of patients registered at the practice aged 65 years and over who have been diagnosed with one or more of the following conditions: hypertension, diabetes, chronic kidney disease (CKD), peripheral artery disease (PAD), stroke/transient ischaemic attack (TIA), chronic obstructive pulmonary disease (COPD) or rheumatoid arthritis (RA) who have had a pulse rhythm assessment in the preceding 12 months
Diabetes Prevention	NDHP1101	The contractor establishes and maintains a register of patients with a diagnosis of non-diabetic hyperglycaemia
	NDHP1102	The percentage of patients newly diagnosed with non-diabetic hyperglycaemia in the preceding 12 months who have been referred to a Healthier You: NHS Diabetes Prevention Programme for intensive lifestyle advice
	NDHP1103	The percentage of patients with non-diabetic hyperglycaemia who have had an HbA1c in the preceding 12 months
Gestational	GDMP1101	The percentage of women who have had gestational

Diabetes		diabetes, diagnosed more than 12 months ago, who have had an HbA1c test in the preceding 12 months
Autistic Spectrum	ASP1101	The contractor establishes and maintains a register of patients on the autistic spectrum
Multimorbidity	MM001	The number of patients on 2 or more QOF registers at the end of the reporting period
	MM002	The number of patients on 3 or more QOF registers at the end of the reporting period
	MM003	The number of patients on 4 or more QOF registers at the end of the reporting period
Acute Kidney Injury (AKI)	AKIP1101	The contractor establishes and maintains a register of patients aged 18 years and over with an episode of acute kidney injury (AKI) in the preceding 12 months
	AKIP1102	The percentage of patients aged 18 years and over with an episode of AKI in the preceding 12 months who have had a medication review within 1 month of the record of diagnosis
	AKIP1103	The percentage of patients aged 18 and over with an episode of AKI in the preceding 12 months who have had a serum creatinine, estimated glomerular filtration rate (eGFR) and either an albumin: creatinine ratio (ACR) or protein: creatinine ratio (PCR) recorded within 3 months of diagnosis
	AKIP1104	The percentage of patients aged 18 and over with an episode of AKI in the preceding 12 months who have been given written information about AKI within 1 month of diagnosis

For further information

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