

June 2009

## Policy Statement

# Quality and Outcomes Framework

### 1. Background

The Quality and Outcomes Framework (QOF) is a voluntary incentive scheme aimed at facilitating improvements in care by rewarding GPs for undertaking specific activities. Introduced as part of the General Medical Services (GMS) contract the QOF now accounts for around 15% - £1bn - of all expenditure on primary care in England<sup>1</sup>.

High Quality Care For All<sup>2</sup> set out a wide-ranging strategy to support clinicians and the NHS in driving continuous quality improvements across primary and community care. In relation to GP services, this means supporting PCTs and practices to measure and publish data on quality in all its dimensions. QOF will be a key element of this.

Proposals setting out a new, independent and transparent process for reviewing QOF were published for consultation in 2008. The new process for reviewing existing indicators and prioritising potential new indicators will be managed by NICE. The draft proposals were informed by an external advisory board that brought together leading GPs, other primary care professionals and stakeholders; and was based on extensive discussion with members of the public, NHS clinicians and representatives from the private and independent sectors.

### 2. Cancer Research UK position

#### The new process

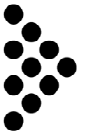
Cancer Research UK agrees with the new process for reviewing and updating the QOF. We believe that it will enable transparency, be accessible to a range of stakeholders, and will reflect patients' and clinicians' priorities. NICE is an established organisation with specific expertise and a track record in developing evidence-based policy and, as such, we feel it is appropriate for it to oversee and manage all aspects of the QOF. We firmly believe that interventions to tackle inequalities at primary care level can be effective and should be included in new QOF indicators.

In particular, we welcome the process for developing new QOF indicators because we believe there is scope for new indicators to support the management of cancer in primary care, specifically:

- the prevention and early detection of cancer;
- screening programmes – in particular cervical screening;
- The follow up and support of people living with and beyond a cancer diagnosis.

<sup>1</sup> Developing the Quality and Outcome Framework: Proposals for a new independent process: consultation response and analysis. DH, March 2009

<sup>2</sup> High Quality Care For All – NHS Next Stage Review Final Report. DH, June 2008.



Cancer Research UK calls on NICE to develop further proposals that enable the rapid assessment of new evidence. From time to time, newly published research that shows clear and measurable health benefits should be incorporated into general practice as quickly as possible.

### **The prevention and early detection of cancer**

Cancer Research UK believes that GPs play an important role in preventing ill health, and urges NICE to retain existing indicators within QOF, especially those that relate to smoking prevention.

As soon as enough evidence accumulates, the new process should ensure that cancer detection measures will be included in QOF.

### **3. Discussion**

Emerging evidence seems to suggest that national QOF targets can reduce health inequalities, albeit over a period of time<sup>3</sup>. We have no evidence on the impact of local QOFs on inequalities.

Evidence suggests<sup>4</sup> that the 'weight' of the GP voice has a positive benefit in motivating patients, and for this reason we would urge NICE to consider retaining some of the existing indicators within QOF, especially those related to smoking.

Although evidence on the early detection of cancer is accumulating, it is still weak in comparison to many chronic disease management indicators. The current approach is for symptomatic cancer detection to be tackled in national directed enhanced service (DES) contracts. This means that while cancer detection is outside the QOF, it is still incentivised. As soon as enough evidence accumulates, then the new process should ensure that cancer detection measures will be included in QOF.

There is a good evidence base for a range of interventions in relation to cancer prevention and screening, and Cancer Research UK will investigate the potential to work in partnership with others to propose a range of new QOF indicators within the overall timescale.

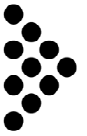
### **4. Further information**

The government response to the QOF consultation was published in March 2009. It

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<sup>3</sup> Doran T, Fullwood C, Kontopantelis E & Reeves D. Effect of financial incentives on inequalities in the delivery of primary care in England: analysis of clinical activity indicators for the quality and outcomes framework. *The Lancet* Vol 372 August 30th 2008

<sup>4</sup> Brief interventions and referral for smoking cessation. Public Health Intervention Guidance. NICE March 2006.



highlighted a number of key issues including:

- Among respondents, the consensus was that the QOF should address inequalities in care. Opinion varied in relation to how the introduction of local QOF indicators could tackle this issue; some believed that local variation in indicators could tackle inequalities, while others believed too much local decision making could increase inequalities. The government view is that QOF is successfully closing the gap in practice performance and that cost-effectiveness is one of a range of criteria for prioritising indicators.
- Most respondents were opposed to QOF payment ceasing once an activity had been embedded in general practice as it was felt that this would mean that such activity would lose resource in order to meet other, newly introduced, indicators. The government does not view QOF as a process which is continuously extended. Instead, it is expected to be a process of evolution within which certain services do become embedded into general practice.
- The government appears to support the use of the QALY<sup>1</sup> within QOF, while also stating that 'there are important considerations that are not captured by the QALY<sup>5</sup> (including equality impact)'.
- Some stakeholders did not support any form of local QOF, others felt that local QOFs would effectively take into account the needs of the local population. The government believes that the local NHS should have an increased say in how investment is utilised, and that this should take place gradually after careful consideration.

In its response to the consultation the DH concluded that NICE should oversee the new independent process for prioritising, developing and reviewing QOF clinical and health improvement indicators for England from 1 April 2009 as part of its role in providing guidance for the NHS based on evidence of clinical effectiveness and cost effectiveness.

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<sup>5</sup> The **quality-adjusted life year** (QALY) is a measure of disease burden including both the quality and the quantity of life lived. It is used in assessing the value for money of a medical intervention.