



Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

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To: GP Practices

Dear Colleague

**QOF 2013/14 Quality & Productivity (QP) Indicators (QP100Q;
QP101W; QP102W; QP103W: Prediction of Risk**

There are three new indicators in the Quality Outcomes Framework [QOF] 2013/14 which reimburse practices for identifying patients at significant risk of admission or unscheduled care and for drawing up management plans for selected patients. This letter builds on the previous information those practices participating in the PRISMATIC Study have already received via newsletters and also clarifies the requirements for those practices who are not participating in the Study.

As you are aware, some practices across the ABMU area are participating in the PRISMATIC Study. There have been questions raised about how this will impact on the achievement of the new QP indicators. It is important that practices that have signed up to take part in the PRISMATIC Study DO NOT use any other risk prediction approaches during the study period April 2013 to September 2014. The use of any other risk stratification tool throughout the research period would skew the results of the research and bias the understanding of any Prism effect.

The Health Board has recognised those practices that have been proactive in taking part in the PRISMATIC Study and supporting the rigorous research about risk stratification. As such, these practices should not be disadvantaged by their participation in the Study if they are not yet able to gain access to the tool. Therefore, we have agreed that these indicators should be relaxed in part to compensate for the delay in access for some practices until later in the QOF year. The detail is highlighted below:

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Pencadlys ABM / ABM Headquarters, 1 Talbot Gateway, Port Talbot, SA12 7BR. Ffon / Tel: (01639) 683344

QP100W – The practice produces a list of 5% of patients in the practice who are predicted to be at significant risk of unscheduled admission or unscheduled care (10 points)

This list can be provided using the Prism tool, and can be evidenced when a practice has access through the PRISMATIC Study. Those practices not participating in the PRISMATIC Study will be required to use alternative risk profiling methods; examine patient records; or use QOF register data, for example, to demonstrate compliance with the indicator.

QP101W – The practice identifies a minimum of 10% (with a maximum of 0.5% of the practice list) of those patients from the list produced in QP101W who would most benefit from review and ensures there is an active management plan (template to be provided) in place for each patient (10 points)

All practices not taking part in the PRISMATIC Study will be required to comply fully with the indicator. For practices participating in the Study, this can be undertaken once a practice has access to the tool.

QP102W – The practice has at least four meetings during the year to review the needs of the patients identified as a result of developing the active management plans, to identify training need and related changes in patient management (22.5 points)

All practices not participating in the PRISMATIC study will be required to comply fully with the indicator and demonstrate that **4** meetings have been undertaken during the year. Those practices that are participating in the PRISMATIC study and have had access to the tool before July 31st are also required to comply fully with the indicator. Those practices that have access to the tool after August 1st and before October 30th will be required to undertake **3** meetings. Any practice gaining access from November 1st will be required to undertake **2** meetings to review the delivery of care for patients identified in QP101W.

QP103W– The practice reports annually to the LHB on the systems changes that may benefit patients (5 points)

All practices will be required to comply fully with the indicator and report to the HB by the end of March 2014 on its findings.

Should any practice have any concerns with meeting these indicators as a result of its participation in the PRISMATIC study, then it is important to discuss these further with your Locality primary care team as soon as possible.

Yours sincerely

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