



<b>Data and Business Rules – Palliative Care Indicator Set</b>					
Author	NHS IC - QOF Business Rules team	Version No	21.0	Version Date	10/11/2011

## **New GMS Contract QOF Implementation**

### **Dataset and Business Rules**

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### **Palliative Care Indicator Set**

**Amendment History:**

<b>Version</b>	<b>Date</b>	<b>Amendment History</b>
		The version number starts at 7.1 in order to coincide with existing datasets and business rules.
7.1	21-Nov-2005	From Phil Brown
7.2	22-Nov-2005	Amended following review by Peter Horsfield
7.3	3-Dec-2005	Draft revised for internal review
7.4	25-Feb-2006	Amended following internal & 4 Countries review
8.0	15-Mar-2006	Signed off following 4 Country review
8.1	18-May-2006	Responding to queries raised Amend wording for Note 3
8.5	18-May-2006	Approved by NHSE
8.6	20-Oct-2006	April Read Code Release April SNOMED CT Release October Read Code Release Corrections and amendments following feedback
8.7	30-Nov-2006	Response to 4 Country Review: Diagnostic Codes: Remove erroneous middle bracket from "excluding 395670002"
9.0	30-Nov-2006	Approved by NHSE
9.1	11-Apr-2007	April 2007 Read Code Release
10.0	18-Jun-2007	Signed off following 4 Country review
10.1	03-Sept-2007	April 2007 SNOMED CT Release
10.2	23-Sep-2007	October 2007 Read Code Release October 2007 SNOMED CT Release
11.0	28-Nov-2007	Signed off following 4 Country review
11.1	30-Jun-2008	April 2008 Read Code Release April 2008 SNOMED CT Release QOF Review 2007 (Replace PC1 with PC3)
12.0	24-Jul-2008	Signed off following 4 Country review
12.1	06-Oct-2008	October 2008 Read Code Release October 2008 SNOMED CT Release
13.0	05-Dec-2008	Signed off following 4 Country review
13.1	20-Feb-2009	QOF Review 2008 – Amended following DH discussion. Date change to 01/04/2008.
13.2	09-Mar-2009	Amendment following NHSE review
13.3	27-Apr-2009	Amendment following Four-Country Review
14.0	01-May-2009	Signed off following 4 Country review
14.1	25-June-2009	April 2009 Read Code Release
15.0	17-August-2009	Signed off following 4 Country review
15.1	12-October-2009	October 2009 Clinical Codes Release
15.2	28-October-2009	October 2009 Clinical Codes Release review
16.0	02-December-2009	Sign off following 4 Country review
16.1	05-May-2010	Internal NHS IC review.
17.0	07-May-2010	April 2010 Read Code Release following NHS IC review.
18.0	29-October-2010	October 2010 Read Code Release following NHS IC review.
19.0	13-December-2010	Signed off following 4 Country review
20.0	13-May-2011	April 2011 Read Code Release following NHS IC review.
21.0	10-November-2011	October 2011 Read Code Release following NHS IC review.

## **New GMS contract Q&O framework implementation**

### Dataset and business rules – Palliative Care indicator set

#### Notes

- 1) The specified dataset and rulesets are to support analysis of extracted data to reflect the status at a specified point in time of patient records held by the practice. In the context of this document that specified time point is designated the 'Reference date' and identified by the abbreviation 'REF\_DAT'. In interpreting the specification REF\_DAT should be taken to mean midnight of the preceding day (i.e. a REF\_DAT of 01.04.2003 equates to midnight on 31.03.2003).
- 2) To support accurate determination of the population of patients to which the indicators should relate (the denominator population) these rulesets have been compiled with a prior assumption that the reference date is specified prior to extraction of data and is available for computation in the data extraction routine. The reference date will also be required to be included in the data extraction to support processing of rules that are dependent upon it. It is possible that an alternative approach could be adopted in which rules to determine the denominator population by registration status would be applied as a component of rule processing. If this second approach were to be adopted it would be essential to specify default time criteria for determining the registration characteristics of the denominator population during the data extraction process. Additionally there would be a requirement to supplement the dataset and rulesets to support identification of the appropriate denominator population.
- 3) Clinical codes quoted are (where known) from the October 2011 release of Read codes version 2 and clinical terms version 3 (CTV3). The codes are shown within the document as a 5 character value to show that the Read Code is for a 5-Byte system.
  - i) Where a '%' wildcard is displayed, the Read Code is filled to 5 characters with full-stops. When implementing a search for the Read Code, only the non full-stop values should be used in the search, For example, a displayed Read Code of c1...% should be implemented as a search for c1%, i.e. should find c1 and any of its children.
  - ii) Where a range of read codes are displayed, the Read Code is filled to 5 characters with full-stops. When implementing the search, only the non full-stop values should be used in the search, For example, a displayed Read Code range of G342. – G3z.. should find all codes between G342 and G3z (including any children where applicable).

The version number starts at 7.1 in order to coincide with existing datasets and business rules.

- 4) Datasets comprise a specification of two elements:
  - a) Patient selection criteria. These are the criteria used to determine the patient population against whom the indicators are to be applied.
    - i) Registration status. This determines the current patient population at the practice
    - ii) Diagnostic code status. This determines the current patient population (register size) for a given clinical condition

There are three scenarios within the diagnostic code status, these are where

- There is a single morbidity patient population (disease register) required (e.g. within CHD). Where this occurs, a single set of rules for identifying the patient population is provided.
- There is a single co-morbidity patient population (disease register) required (e.g. within Smoking). Where this occurs, a set of rules for *each* morbidity is provided. A patient *must* only be included in the patient population (register size) *once*.
- There are multiple patient populations (disease registers) required (e.g. within Heart Failure). Where this occurs, a single set of rules for *each* patient population is provided.  
N.B. where there are multiple patient populations (disease registers), it is possible that one or more will also be a co-morbidity patient population (e.g. within Depression)

Where this occurs, details of which register population applies to which indicator(s) are provided. Where the register size applies to an indicator, this is the base denominator population for that indicator.

- b) Clinical data extraction criteria. These are the data items to be exported from the clinical system for subsequent processing to calculate points allocations. They are expressed in the form of a MIQUEST 'Report-style' extract of data.

The record of each patient that satisfies the appropriate selection criteria for a given indicator will be interrogated against the clinical data criteria (also appropriate to that indicator). A report of the data contained in the selected records will be exported in the form of a fixed-format tabular report. Each selected patient will be represented by a single row in the report. Rows will contain a fixed number of fields each containing a single data item. The number of fields in each row and their data content will be determined by the clinical data criteria. Data items that match the clinical data criteria will be exported in the relevant field of the report. Where there is no data to match a specific clinical criterion a null field will be exported.

- 5) Rulesets are specified as multiple rules to be processed sequentially. Processing of rules should terminate as soon as a 'Reject' or 'Select' condition is encountered
- 6) Rules are expressed as logical statements that evaluate as either 'true' or 'false'. The following operators are required to be supported:
- |                     |        |
|---------------------|--------|
| a) > (greater than) | e) AND |
| b) < (less than)    | f) OR  |
| c) = (equal to)     | g) NOT |
| d) ≠ (not equal to) |        |
- 7) Where date criteria are specified with intervals of multiples of months or years these should be interpreted as calendar months or calendar years.

**Dataset Specification**

1) **Patient selection criteria:**

a) Registration status

<u>Current registration status</u>	<u>Qualifying criteria</u>
Currently registered for GMS	Most recent registration date < (REF_DAT)
Previously registered for GMS	Any sequential pairing of registration date and deregistration date where both of the following conditions are met: registration date < (REF_DAT); and deregistration date >= (REF_DAT)

b) Diagnostic code and demographic status

<i>Code criteria</i>	<i>Qualifying diagnostic codes</i>		<i>Time criteria</i>
	Read codes v2	CTV3	
	<p>1Z01. 2JE.. 8BA2. 8BAP. 8BAS. 8BAT. 8BAe. 8BJ1. 8CM1.% 8CM4. 8CME. 8H6A. 8H7L. 8H7g. 8HH7. 8IEE. 9EB5. 9Ng7. ZV57C</p>	<p>1Z01. XaQg1 8BA2.% Xalse% (excluding Xalsf) Xalpl XaMhi XaJv2% 8H6A. 8H7L. XaAex Xallk XaAg6 XaAT5 XaEJE% XaAWN XaAPW XaRFG XaRFF 9EB5. ZV57C XaXUG XaXoP XaXoW XaYRB XaYRD XaYRy</p>	

**2) Clinical data extraction criteria**

There are no fractional indicators for the Palliative care indicator set; therefore there is no Clinical data extraction criteria defined.

### **Indicator rulesets**

- 1 Indicator PC 3: The practice has a complete register available of all patients in need of palliative care/support irrespective of age.

The terms of this indicator will be satisfied if the practice is able to produce a data extraction according to the above criteria.

No numerator or denominator determination is required.