

# Insight-Ful

November 2009 edition

**InsightSolutions**   
Healthcare IT Professionals

Welcome to our November edition of Insight-Ful - this month includes details on priorities for the administration of swine flu vaccines, effective ways to increase the recording of patient's ethnicity, details on how you can help to shape the new QMAS, hints & tips for accurate data retrieval in Emis LV and how to eliminate errors, as well as effective exception coding. This month, Insight are launching a new seminar - Maximising Practice Profits - which will run from January 2010 as well as new clinical system user guides - now available for administrators & system management and house-keeping.

## Priorities for Swine Flu

Further information is available on the DoH website - [http://www.dh.gov.uk/en/News/Recentstories/DH\\_104295](http://www.dh.gov.uk/en/News/Recentstories/DH_104295)

Below are the risk categories and their priority:



|    |  |
|----|--|
| 1. | Patients in hospital & hospital staff  |
| 1. | People aged over 6 months & under 65 years in current seasonal flu vaccine clinical at risk groups (approx 5 million)  |
| 2. | All pregnant women, subject to licensing conditions on trimesters (approx 0.5 million)   |
| 3. | Household contacts of people with compromised immune systems eg. People in close contact with patients on treatment for cancer (approx 0.5 million)  |
| 4. | People aged 65 and over in the current seasonal flu vaccine clinical at risk groups. This does not include otherwise healthy over 65's since they appear to have some natural immunity to the virus (approx 3.5 million) |

**MAXIMISING PRACTICE PROFITS SEMINAR**  
**NEW SEMINAR LAUNCHING IN JANUARY 2010 -**  
**SEE INSIDE FOR FURTHER DETAILS**

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# RECORDING PATIENT'S ETHNICITY

A common trend for many practices falling short appears around the areas of recording patient's ethnicity.

## Why is this important?

Evidence suggests that there are many links between ethnicity & health - some diagnoses are much more prevalent in certain ethnic groups. As a result of this, it is becoming increasingly important to collect information on patients ethnicity.

There are two areas which reward practices for recording ethnicity -

## QoF Records & Information

Targets all newly registered patients from April 2006 - threshold 100%

## Ethnicity Direct Enhanced Service (DES)

Targets your total practice population - thresholds March 2009 50% & March 2010 90% (2 year DES)

Many practices feel that the rewards for these outweigh the workload - however, this data is important and will become increasingly important in the future when commissioning services for patients. Read Codes that are applicable when recording this data include:

## How can you collect this data?

Below are a few ways in which you can increase your data collection in this area -

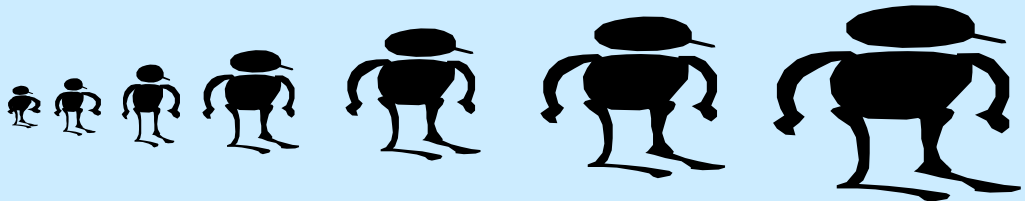
| V2 5 Byte        | CTv3             |
|------------------|------------------|
| 9i...% OR 9S...% | XaJQu% OR 9S...% |

- ◆ Add this simple question into everyone of your data entry templates - this will ensure that you ask every patient you see if it is evident that this information has not been recorded before
- ◆ Add the question onto your new patient questionnaires as well as any other questionnaires you may give to patients to opportunistically collect data
- ◆ Ask all patients who phone or drop into the practice, including patients collection repeat scripts
- ◆ Patients who are admitted to hospital are always asked this question - ask your local hospitals to include this information on correspondence that they send to the practice

Some practices have mentioned that they feel uncomfortable asking patients the question about their ethnicity - remember, patients can always decline to give you an answer and if they do, record it - all entries count towards achievement.

|                            | V2 5 byte | CTv3  |
|----------------------------|-----------|-------|
| Ethnic category not stated | 9iG.      | XaJRB |

Your achievements are based on asking the questions and recording data - you are not penalised in this instance if patients decline to answer.



## Clinical System User Guides

As a follow-up to our basic locum clinical system guide, Insight have now developed the following guides:

- ◆ **Basic User Guide - Clinicians & Locums**
- ◆ **Basic User Guide - Administrators**
- ◆ **Clinical System Management & General House-keeping Guide**

For an order form, email [gemma@insightsol.co.uk](mailto:gemma@insightsol.co.uk)



## Help shape the new QMAS

The Department of Health and NHS Connecting for Health are currently considering replacing the Quality Management Analysis System (QMAS) with a new, more flexible, calculating and reporting system. We are looking to extend the payments supported beyond QoF to the following:

- ◆ The Quality Outcomes Framework (national QoF)\* Quality indicators recommended by NICE that are not negotiated into the national QoF
- ◆ Most Directed Enhanced Services (DESS)
- ◆ Local Enhanced Services (LESs) that work in the same way as the other payments

We are hoping that this will make it easier to complete and review returns for the above and release time savings as a result.

We are currently looking at the how the calculating and reporting system will need to work and are asking for the views of frontline staff such as GPs, Practice Managers and PCT staff. This consultation will be reviewed by representative groups such as the BMA's General Practitioners Committee and the Royal College of GPs.

Several suggestions for the new system have been made which we would like to test with more people before developing them in greater detail and deciding to invest in a new system. We have created an online survey so that as many people as possible can have an opportunity to comment on the suggestions and influence the final specification of the new system.

<http://www.survey.connectingforhealth.nhs.uk/qmassurvey>

A section of this survey asks about the amount of time you spend on certain activities. To help you to answer these questions, before starting the survey please consider how much time you spend collecting and collating information, and completing or managing returns for QoF and Enhanced Services.

Take part in the survey, which is open until 9th November 2009. Responses to the questions will be published shortly after, with a formal response following later.

*NHS Connecting for Health and  
Department of Health*



\* \* New for 2010 \* \*

## Maximising Practice Profits

With the recession biting at our heels and changes to prevalence seriously compromising your income, Insight have developed a new seminar to ensure that you are maximising your income. This session covers the following areas:

- ◆ QoF
  - ◆ Hints & Tips and best practice
- ◆ Prevalence
- ◆ Enhanced services (DES & LES)
- ◆ Managing practice list sizes
- ◆ Maximising NHS income
- ◆ Maximising non-NHS income
- ◆ Workload efficiency

This seminar will give you masses of hints & tips to help improve services to patients & increase profits.

These seminars will be running in various locations throughout January & February 2010 - the perfect time for you to ensure your last quarter of the financial year is as productive as possible. To influence where these sessions take place, register your interest by emailing [gemma@insightsol.co.uk](mailto:gemma@insightsol.co.uk)



# Hints & Tips

## Are you losing out due to incorrect search results?



### EMIS LV

A useful point to bear in mind when creating searches in EMIS LV is that your search results will only display the number of patients and not the number of instances that have occurred. This may effect your practice income as you may not be claiming for some of the services you have provided to your patients. For example if you have a patient who has attended only for two minor surgery sessions or two swine flu vaccinations within a given period of time, they will only be counted once within your search results, as EMIS LV only counts the number of patients and not the instances that have occurred. An easy solution to get around this problem would be to create a Report within the Searches module and export the data to Excel where it can be manipulated or to use the Audit module within EMIS LV.

## Exception Reporting for QoF

New data has been released by the NHS Information Centre around the rates for exception reporting. The overall reporting rate for 2008/09 was 4.87%, this represents a fall of 0.39% compared to 2007/08 (5.26%). This may well be as a result of more patients attending for reviews - there will still be some patients who have been excepted for the last 4 QoF years, however, they have had medication reviews carried out. Be aware if you have any patients that fall into this category, it is something that QoF assessors are on the look out for.

Exception rates continue to vary across indicators, ranging from 0% to 59.52%. In addition, the rate for outcome measures was higher in 2008/09 that for process measures (6.88% compared with 1.70%).

Recording of exception codes continue to be high on the agenda at QoF assessments - resulting in practices being penalised for incorrect use. They are there for a reason and should be used; they ensure that you have offered a standard a care and it completes the patient's medical record, it is part of their medical history. However, they should never be used as an alternative to data quality, so if someone is on a register who shouldn't be, you need to identify why they are on the register and correct it (usually, they have been coded incorrectly). It is also common for practices to use a high level exception (such as patient unsuitable) because there is no single indicator exception code - for example, there are codes for MRI declined but not for MRI not suitable. The maximum thresholds are set at 90% for reasons such as this. For further training on-site, or to host an Effective use of Exception Coding Seminar, please contact Gemma on 01527 557407 or email [gemma@insightsol.co.uk](mailto:gemma@insightsol.co.uk)