

Indicator	Query	Response	Date
ASTHMA 1 and COPD 1	Can a patient be on both COPD and Asthma Registers?	<p>This issue was resolved in the revised QOF from April 2006. The guidance on COPD1, paragraph 1.2 and ASTHMA1 paragraph 1.1 clearly states that patients can be on both the asthma and COPD registers. Patients with both conditions should be treated for each condition.</p> <p>The link to the guidance is below. http://www.sehd.scot.nhs.uk/pca/PCA2006(M)13.pdf</p> <p>Previous guidance may have given a different view but this follows expert advice and is agreed by the Health Departments and BMA.</p>	9.1.07
ASTHMA 8	<p>Could you explain the rulesets for ASTHMA 8?</p> <p>In particular, should children who have turned 8 years since 1 April 2006 now be included in the requirements for this indicator?</p>	<p>The denominator for this indicator is those patients diagnosed with asthma on or after 1 April 2006 who are aged 8 or over on 31 March of the relevant financial year, excluding those registered in the previous 3 months, and/or diagnosed in the previous 3 months, and/or exception reported for asthma in previous 15 months.</p> <p>Spirometry or Peak Flow assessment is required for these patients and will count if it is dated anytime from 3 months before the asthma diagnosis date. This does mean that Practices need to note patients previously diagnosed with asthma who turn 8 during the QOF year and arrange formal assessment of their previous diagnosis via Spirometry of Peak flow measurements.</p> <p>Whilst the date restriction remains as diagnosed after 1.4.06, each QOF year will bring in children diagnosed at a younger age who become 8 in the relevant financial year.</p>	04.11.09
ASTHMA 8	2 people who have had asthma for a number of years prior to registering with our practice but are coming us for marker AST8 measure of variability or reversibility required. Is there any	<p>As there is no time limit stated between diagnosis and carrying out testing the practice should consider repeating reversibility if appropriate. If the patient is stable on preventer therapy then the practice should enquire if patient recalls appropriate diagnostic testing and approx date and enter this information. If no evidence of previous reversibility practice can then choose to carry out testing as part of annual review. As this is likely to be rare occurrence if the practice choose not to carry out reversibility the upper limit of 80% should allow sufficient tolerance/flexibility for no detriment to QOF achievement</p>	22.04.11

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