

Indicator	Query	Response	Date
COPD 1 and Asthma 1	Can a patient be on both COPD and Asthma Registers?	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. The link to the guidance is below. http://www.sehd.scot.nhs.uk/pca/PCA2006(M)13.pdf Previous guidance may have given a different view but this follows expert advice and is agreed by the Health Departments and BMA.	9 January 2007
COPD 1 and 9	The FEV1 is set at 70% for a diagnosis of COPD for the new contract, whereas the BTS and GOLD guidelines is 80%. The rationale for this is explained in the QOF guidance. How would you recommend we code those patients with symptoms suspicious of COPD but with a FEV1 between 70-80%.	There is clearly some ambiguity between the different advice for the diagnosis of COPD. The QOF guidance states 'The FEV1 is set at 70% although the GOLD and BTS guidelines state 80%. The rationale is that a significant number of patients with an FEV1 less than 80% predicted may have minimal symptoms. the use of 70% enables clinicians to concentrate on symptomatic COPD.' For patients with FEV1 between 70-80% it should be a clinical decision whether they should be coded as definite COPD and they will then appear in the COPD register. If however there is some uncertainty about the diagnosis they could be coded with symptom codes (eg. R0609 ([D]Wheezing), R062.([D]Cough)etc) with later re-assessment for deterioration in their FEV1. This query will be brought to the attention of the UK QOF sub-plenary group for their consideration as to whether the guidance needs modifying. <i>The UK Group response did not lead to any change in the above advice.</i>	June 2007
COPD 9	The COPD Register includes all patients diagnosed with COPD but the Guidance suggests that this should only be undertaken between 3 months before and 12 months after the diagnosis being made. Is this correct?	The Business Rulesets have been changed since May 2006 such that spirometry performed any time after diagnosis is eligible towards achievement of the Indicator. This supersedes the 2006 Guidance Note.	June 2007
COPD 1	If a patient is placed on the COPD register and subsequently the diagnosis is not confirmed by the spirometry results, how should that patient be coded? Is there a "COPD resolved"	The rationale for indicator COPD 9 is to ensure that patients on the COPD register have clinically confirmed significant COPD. There are similar indicators for Stroke, CHD and heart failure. If the patient's spirometry does not confirm the clinical suspicion of COPD, the patient should be reviewed and the diagnosis revised as	16.01.08