

Indicator	Query	Response	Date
Cervical Smear CS1	What are the rules on exception reporting for achievement under CS1, cervical screening?	As all Boards are now moving onto a central call/ recall system for cervical screening (only Lothian to complete transition), the interval for call recall is set by the National Screening Programme (NSP). This involves one invitation and two reminders PER SCREENING CYCLE, ie 3 years. Practices are not asked to exception report these patients manually for the NSP. For other exceptions to call/ recall, practices are asked to check a list each month and return reasons to NSP. Exception reporting coding, including those refusing 3 invitations, in QMAS is set up to be extant for 5 years - English practices therefore are only exception reporting every 5 years. It has been agreed that Scottish practices therefore do not need to send out extra letters to their defaulting patients over and above those sent through the screening programme. Practice achievement against CS1 requirements is sent to QMAS by the NSP based on coverage at 1 January of that financial year. This has been accepted as within the terms of the QOF by SEHD and SGPC in April 2007 and supersedes previous guidance.	June 2007
CS1	What happens if a patient is unfit mentally or physically to come for a smear and has defaulted on a number of occasions? Is there a letter that their carer can sign on their behalf or is there another option?	In this case, the patient can be exception reported under the criteria stated on page 3 in the Blue Book: "patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances e.g. terminal illness, extreme frailty" or "where a patient has a supervening condition which makes treatment of their condition inappropriate e.g. screening." These are clinical judgements which would not necessitate a signature from the patient or the carer. However, people with learning disabilities should not be automatically excluded on these grounds and all efforts should be made to accommodate them as appropriate.	June 2007
Diabetes DM20	Some diabetic patients have poor Hba1c despite insulin and oral hypoglycaemics. Others are on oral therapy and not suitable for insulin. Usually the secondary care clinics have stopped altering therapy to get better control as previous changes have not resulted in improvement and/or caused problems. Can they be exception reported as on maximum therapy?	Yes, it would be appropriate to exception code as on maximum therapy.	June 2007

<p>Epilepsy 8</p>	<p>Can a patient be exception reported under Epilepsy 8 on the grounds that their Epilepsy is secondary to a brain injury?</p>	<p>This is addressed in the new Guidance for exception coding published by the Scottish Executive, see:-</p> <p>http://www.sehd.scot.nhs.uk/pca/PCA2006(M)15.pdf</p> <p>This states within the principles of exception coding that:-</p> <ul style="list-style-type: none"> • The decision to exception report must be based on clinical judgement with clear and auditable reasons coded or entered in free text on the patient record • There should be no blanket exceptions: the relevant issues with each patient should be considered by the clinician at each level of the clinical indicator set. <p>The Contract guidance makes it clear that the population for this Indicator is defined as patients age 18 and above, with a diagnostic code for Epilepsy whatever the cause AND who have received anti-epileptic medication in the last 6 months. These patients should still be reviewed therefore it would seem sensible that they remain in the Epilepsy population. Should they be on maximum anti-epileptic medication but not meet the 'fit-free in the last 12 months' indicator they could be specifically exception coded from this indicator using 8BL3. (Patient on maximal tolerated anticonvulsant therapy). The principles of considering each patient individually and ensuring the recording of reasons for exception coding should apply.</p>	<p>28.12.06</p>
<p>Exception Reporting</p>	<p>What is the guidance on exception reporting patients who are housebound?</p>	<p>Practices should refer to the exception reporting guidance issued in December 2006. http://www.paymodernisation.scot.nhs.uk/gms/quality/docs/Exception%20Coding%20-%20PCA2006(M)15.pdf</p> <p>This emphasises at paragraph 2.1 the principles to follow in deciding to exception report a patient. In particular that there should be no blanket exception reporting, that patients should be treated on an individual case by case basis and that practices have a duty of care to all their patients.</p> <p>Therefore, there is no overall rule for housebound patients- they should not be exception reported on this basis alone. The criteria for exception reporting in the QOF guidance (and para 3.2 of the exception reporting guidance) must be used to decide whether or not a particular patient can be exception reported for a particular indicator or indicator set. Practices must make every effort to provide appropriate care to</p>	<p>12/11/08</p>

		housebound patients.	
DEP3	<p>A patient is assessed under Dep2 using PHQ9 and is prescribed anti-depressants. They return after 2 weeks saying they are much better and intend stopping medication.</p> <p>This is too soon for a second PHQ9 under the indicator Dep3. It is deemed clinically inappropriate to call them back for further assessment at 5-12 weeks (they are well known to the GP).</p> <p>Given they have been re-assessed after diagnosis, should they be exception reported as not clinically suitable for Dep3?</p> <p>A secondary question is, if they are invited for followup by letter, in this scenario where they have been seen after the initial diagnosis, do they need 3 letters before they can be exception reported on the grounds of not attending?</p>	<p>This patient has improved 2-3 weeks after initial diagnosis but the indicator Dep3 requires an assessment between 5 and 12 weeks after diagnosis. Without assessing the patient, there is no way of knowing if this improvement has been maintained. The rationale for the indicator is that 5-12 weeks is a good interval to assess sustained improvement and/ or non-improvement and that PHQ9 scores help to make this assessment.</p> <p>In this case, the patient has not had a second PHQ9 questionnaire, even at 2 weeks and contact has not been made after 5 weeks.</p> <p>To fulfil the indicator requirement, the practice should attempt to assess the patient between 5 and 12 weeks after diagnosis. A PHQ9 could be sent by post for completion or a telephone call could be made.</p> <p>If the patient does not respond, under these circumstances where a second visit has already been made after diagnosis, the patient might be deemed clinically unsuitable for further followup and exception reported on those grounds (criterion B). Exception reporting on the grounds of DNA (criterion A) requires 3 invitations.</p> <p>The difficulties in fulfilling this indicator in common clinical scenarios have been raised at UK level.</p>	22.09.09