HOW TO SORT OUT YOUR QoF MENTAL HEALTH REGISTER

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This is intended to capture certain patients with severe mental health problems. It is known that those with SMI often do not prioritise their own physical health and their mental illness can distract professionals from dealing with physical issues. The rationale is that primary care professionals are best placed to assess and advise on these aspects of care.

MH QOF – MH8
Under QOF 06, there are now 3 different ways by which patients may end up on the MH8 register:
The presence of a “psychosis” Read code as defined by the MH ruleset, anywhere in the record. (see below)
The patient has been issued with a prescription for Lithium in the 6 months before each “Reference date” (1st April each year.)
The presence, anywhere in the record, of one of the two “defining” MH codes 9H6 or 9H8. (see below)

The basic register (MH8) is made up of patients who have the following codes: -

Schizophrenia Eu20
Schizotypal personality Eu21
Persistent delusional Disorder Eu22
Acute/Transient psychotic disorders Eu23
Induced delusional disorder Eu24
Schizoaffective disorders Eu25
Manic Episodes Eu30
Bipolar Disorder Eu31
Severe Depression with Psychosis Eu323

Schizotypal Personality E2122 Use Eu21
Non organic Psychosis E1 (and all subsets)

Also the following will put people on the register: -
On NSF MH Register 9H6
On Severe Mental Illness (SMI) Register 9H8

Excluded from the register are: -
Seasonal Affective Disorder E118
Rebound Mood Swings E11z1
Masked Depression E11z2
Agitated Depression E135
Infantile Autism E140 (use Eu840)

Removing patients from the MH8 Register

Once an approved code is added to the patient’s record, there is no easy way to remove the patient from the MH register.
The rationale is that any patient with a severe illness, even if controlled or in remission, has a significant chance of relapse and hence should have an annual review, rather like patients with certain cancers should.
There is a Read code that was introduced to remove patients from the MH register in the previous QOF *Removed from the SMI Register* 9H7

However this does NOT remove the patient from the MH8 register if the reason they are on the register is the presence of an approved SMI/psychosis Read code. It only removes the patient if the only reason they are on the register is due solely to the presence of a 9H6 or 9H8 Read code, which is a very unlikely situation as most patients will also have a SMI/psychosis code.

**MH QOF – A note about E1 codes**

Many practices are having problems with their MH8 registers as the patients’ records include an E1 code. The wording of these seems entirely appropriate and hence a correct diagnosis may have been made. However, all E1 codes are deemed by the original Read Code system as a form of psychosis and hence all patients with an E1 code will be caught in the MH8 register.

The E1 depression Read codes are roughly divided into a neurotic depression chapter and a psychotic depression chapter. So if a patient’s record includes any depression Read codes that come from the E1 psychotic depression chapter, they may now have inadvertently defined the patient as psychotic under QOF 06.

Many of these psychotic depression codes are not obvious, e.g.

- **Recurrent Depression**  E1137 use Eu332
- **Single Major depressive episode**  E112 use Eu322 or Eu323
- **Agitated Depression**  E111 use Eu322 or Eu323

There is no time window within which these psychosis codes must have been added, in order to trigger the psychosis definition. So codes added at any time in the past will all be picked up by QMAS.

It is recommended that you check the diagnosis and codes throughout the record. Remember even one E1 entry will be picked up.

**Scenario 1**
The patient has one of the SMI conditions that should put them on the register. Then either

Consider changing it to the equivalent Eu code as above. (Recommended), or
Leave it as an E1 code, and avoid the effort. It will be picked up by QMAS

**Scenario 2**
The patient has E1 codes in the record but should NOT be on the MH8 Register. Then change all E1 entries to an Eu code or other code (e.g. adjustment disorder codes) as appropriate. This will take them off the MH8 register by eliminating all the E1 codes.

Do not select one of the Eu codes that does put them on the MH8 register. Also to check that the 9H6 and 9H8 codes have been removed from the records as these will also put people on the MH8 Register.

There are only 5 E1 codes that can be used that would not put the patient on the MH8 Register (see above). For 4 of them there is not an appropriate Eu alternative.

**MH QOF and Manic Code**
Sometimes a doctor may see a patient with a single manic episode. Using the code Eu30 will put the patient on the MH8 register. GPs need to be sure this is their
intention, and that the patient should be reviewed annually from then on. If this isn’t the intention consider an alternative diagnosis code (e.g. mood swings etc). Patients with the Eu30 code already in their record need to be reassessed for accuracy and managed or re-coded accordingly.

A suggested solution to the MH register anomalies (thanks to Dr Simon Clay).

Produce a list of all those patients with historic codes for depression that will now put them into the MH register. To do this run a report, searching for patients with the following codes added ever:

E1... & all subordinate codes
Except the following 5:  E118 SAD,  E11z1 Rebound mood swings,  E11z2 Masked depression,  E140 to E140z Autism,  E135. Agitated depression,
2.  Eu204 [X] Post-Schizophrenic depression.

Then exclude those patients with a genuine reason to be in the list, perhaps by cross checking that list against last year’s list from your mental health register.

You will then be left with a list of patients, some of whom will have NO active psychotic problem & who should NOT be in the MH register, & some who actually DO have an active psychotic problem, but were “missed” from your previous register of patients with a Mental illness, & therefore were not within the MH register last year due to the practice having previously added 9H6 or 8 to their record.

A clinician is probably the only one who can differentiate these two groups, (though evidence of active antipsychotic medication being prescribed might be used as a screener).

Having derived a list of patients that should not apparently be in the list, you need to identify the code that’s putting them in there (remembering that they may have more than one code triggering insertion.

You then have 4 choices:

- Change the triggering code(s) to another one with a similar meaning in terms of depression but not within the Psychotic depression chapter.
- Add the exception Read code 9h91 “Mental Health: patient unsuitable” to relevant patients’ records to remove them from the MH register. (You will need to do this annually as this is an expiring Exception Read code, and so lasts for one year only.
- Leave their record alone, & do a mental health care plan on lots of patients who have no need for one.
- Don’t do anything much, leave a potentially incorrect entry & waive some or all of the points available for the indicators involved.