



Exception Reporting Policy

Document Details		
Title	Exception Reporting Policy	
Main points	Regarding the dealing with patients who may need exception reporting due to non-compliance or otherwise	
Who is the document aimed at?	All staff	
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No	Date	Amendment
1		
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Principles

- Exception reporting is a last resort when all reasonable actions have been taken.
- Care must be taken not to make patients invisible.
- There should never be more than 10% of patients exception reported from any one outcome indicator or disease register.

Guidance

Mental Health

No Patients may be excluded from the mental health register. Non-engagement with physical health checks for people with mental illness is the reason this is included in QOF.

Patients who decline smears need to sign a form of informed dissent. This should only be offered after discussion with a clinician.

Diabetes

Patients who are not resident in the country for a period of more than 3 months at the time of their reviews may be coded as unsuitable. Record should then be made of their return date such that their diabetes care can be condensed to the time period they are in the country.

Patients who decline further medication (for example injectable therapy) can be coded as informed dissent or maximum tolerated therapy. Patients on Insulin who have regular hypoglycaemic episodes preventing further insulin titration can be coded as Maximum tolerated therapy.

Patients who are elderly and frail for whom their target HBA1c has been agreed with a clinician to be higher than 59 may be coded as unsuitable.

Contra-indicated medication

Patients for whom medication such as aspirin or anticoagulation is contra-indicated, should be coded as such, citing the date and reason the decision was made.

Declined medication

Patients who decline medication specifically indicated in QOF outcome, for example bisphosphonates for osteoporosis should have it recorded as such in a consultation with a GP.

Non-attendance

Patients who do not attend to three attempts to arrange a review appointment may be exception coded. This should be minimally used and as a last resort.

Consideration should first be given to patient's literacy, contact details being up to date and the presence of any mental health condition which may impair their engagement. This type of coding should be a one-off and not repeated the following year.