FOCUS ON QUALITY ACHIEVEMENT PAYMENTS

This guidance is a brief reminder to practices about the timetable, process and calculation method for achievement payments under the Quality and Outcomes Framework. It is a supplement to the fuller GPC guidance on these issues, *Focus on QMAS*, which is available on the BMA website

Timetable

- **14 February is National Prevalence Day.** A snapshot of the Practices' disease register sizes on this day will be used to calculate national disease prevalence. This is important because your quality achievement payments will be adjusted by a Disease Prevalence Factor (see below) that is based on national prevalence.

- **On 14 March**, GP clinical systems will automatically submit disease register sizes, based on the prevalence figures to QMAS. Practices can check that the prevalence data has been entered correctly from 14 February to 14 March 2005.

- **On 2 April,** QMAS calculates the practice's final clinical achievement payment based on the regular report submitted automatically at the end of March 2005. Non-clinical achievement is based on the most recent non-clinical data submission by the practice on QMAS.

- On the same day, the practice should examine the final achievement report on QMAS (Current and Forecast Achievement) and submit their Achievement Declaration.

The calculation of final payments

Final achievement payments are calculated as follows.

A full worked example is given in section 3.63 of the Department of Health guidance *Delivering Investment In General Practice*. The method is also set out in part 2 and annex F of *The Statement of Financial Entitlements*. It is briefly explained below.

- In the clinical domain, the pounds per point in each disease area are adjusted by a separate Adjusted Practice Disease Factor (APDF) for each area. (This factor is based on the prevalence of that disease amongst the practice population compared with national prevalence figures. All the practice's prevalence figures are subjected to a square root transformation. This compresses the range of prevalence distribution across practices and is done to protect those with the lowest prevalence, which would be at risk of financial disadvantage without this measure).

- In the additional services domain, the pounds per point are adjusted by the relative size of the contractor's target population.

- In the remaining domains (organisational and patient experience) the pounds per point are multiplied by the points scored, including points for the holistic care and quality practice payments and access bonus

- The points and pounds in all domains are added up to give a total raw achievement. For PMS practices, a points deduction is made (168 for 2004/05, 109 for 2005/06) to account for quality payments already in PMS baselines. The reasons for this deduction are explained in more detail in section 4.2 of the Department of Health guidance - *Sustaining Innovation Through New PMS Arrangements.*

- This figure (in pounds) is then adjusted by relative list size (i.e. multiplied by the Contractor Population Index).

- The practice's aspiration payment is then deducted from this to give a final net achievement for the year.

Disputes

If the practice or PCT does not agree with the practice's achievement value

If either the practice and/or the PCT disagree with the practice's achievement payment value then they will need to enter into a negotiation in order to agree on whether an adjustment to the payment value is appropriate.

In the first instance it will be necessary for the practice and/or the PCT to assemble evidence in support of the disagreement before entering into discussions with the other party. For example, if the value is incorrect due to discrepancies in the data held on the practice GP clinical system then the assembled evidence might take the form of a QMAS interim report (based on the whole of the previous year) submitted after the data on the GP clinical system has been corrected.

After assembling the evidence the practice and/or the PCT will need to contact the other party in order to review the evidence and negotiate an adjustment.

Adjustment where there is agreement following the PCT-practice review

Where agreement is reached, the PCT can adjust the practice's clinical/non-clinical achievement data. When this adjustment is made, then a new achievement report is generated that must go through the full approval process.

If, after negotiations, it is agreed that no adjustment is required, the process returns to the activity which triggered the need for the negotiation:

- If the practice disagreed with the payment then it will now need to agree its achievement payment report on QMAS and submit its 'Achievement Declaration'.
- If the PCT disagreed with payment then it will now need to approve the achievement payment report on QMAS and initiate actual payment.

Dispute Resolution where there is no agreement following the PCT-practice review

Where no agreement can be reached then it will be necessary to invoke local dispute resolution processes. If these do not resolve the situation then the formal dispute resolution processes should be initiated. A description of these processes can be found in the paragraphs 6.33 – 6.38 of the Department of Health December 2003 guidance 'Delivering Investment in General Practice – Implementing the new GMS contract'.

The detailed process for dispute resolution is also set out in the 2004 GMS and PMS regulations for each of the four countries. The procedure is essentially the same in each of the four countries.

LMCs: what can you do?

- The dispute resolution procedure is a complex and expensive procedure. Therefore LMCs should make every effort to encourage the practice to resolve disagreements with QOF achievement points locally with the PCT before referring the matter for dispute.