

The new GMS contract explained

Focus on.... QMAS

GPC

General Practitioners
Committee

This guidance note has been produced by the General Practitioners Committee to help GPs and Local Medical Committees understand QMAS and is part of a series of guidance notes on the new contract. The guidance will be updated as progress is made throughout the implementation discussions and negotiations. We would advise all GPs to read the contract document and supporting documentation, available on the BMA website at www.bma.org.uk. The GPC has produced a list of frequently asked questions and answers which can also be found at the website address.

QMAS

QMAS (Quality and Outcomes Framework Management and Analysis System) is software that has been developed for the new GMS contract so that practices can assess their achievement under the new contract and contribute to the calculation of national disease prevalence. QMAS will provide a link to the Exeter payment system to enable quality payments to be made.

A version of QMAS will be implemented in Scotland and Northern Ireland. In Wales, MSDs Contract Manager will be used (see paragraph below).

How does it work?

QMAS consists of several components delivered by the National Programme for IT (NPFIT).

The 'practice end system' has been provided by GP clinical system suppliers. Practice end systems have been accredited by NPFIT following a thorough testing process against a database of 25,000 fictitious patients to gain GMS certification. If the answers produced were not accurate and reliable, the system was not accredited.

The central system, delivered by BT, will collect the clinical and non-clinical achievement data, calculate the points/pounds and prevalence and display the results.

How will my data be uploaded onto QMAS?

Once QMAS is installed it will run automatically for the Quality and Outcomes Framework clinical indicators and a subset of the organisational indicators. Quality and Outcomes Framework clinical point scores will be extracted automatically. When first run retrospective reports on each month, dating back to April 2004, will be extracted and sent to the central QMAS system. This will establish the practices QMAS "track record" to date. Thereafter, a monthly report will be sent automatically. However, practices can access QMAS and run reports to assess their performance whenever they wish. PCOs will see a monthly report, but not any ad hoc reports run by the practice.

Data relating to most of the organisational indicators cannot be automatically extracted¹. All practices will need to enter organisation data manually using QMAS web-forms by visiting the QMAS website (www.qmas.nhs.uk). This, for security reasons, is only accessible via nhs net, not via the world wide web.

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Prevalence

QMAS will calculate practice achievement. However, what you are paid will depend on others. This is because of prevalence, which was factored into the new contract to allow quality rewards to reflect the differing workloads required to achieve quality points. For example a practice based at a university is likely to have few patients with coronary heart disease. It would therefore be much easier for them to achieve maximum quality points in this domain compared to a practice with a large number of pensioners. A prevalence adjustment factor is therefore applied to ensure a more equitable distribution of rewards between practices. Prevalence will be calculated each month, but the prevalence upon which achievement payments will be based is that calculated on data up to and including 14th February each year.

Prevalence estimations might fluctuate quite significantly over the coming months as more practices use QMAS and submit their clinical reports, this will eventually settle down. This is because the calculations are dependent on data received from other practices, not just your own.

Your results will also alter as your data expires. For example, BP 4 measures the percentage of patients with hypertension in whom there is a record of the blood pressure in the past 9 months. Whilst you may have a 100% achievement in this indicator in one month, this will change over the year as the 9 months limit expires for individual patients. This is demonstrated when you change QMAS to run 'how am I driving reports' rather than the default report. However, in this view it will show no achievement for the nine month indicators for the first three months of the year, and no achievement for the six month indicators for the first half of the year.

Final Reports

QMAS will generate the final report, which will determine your quality payment. In order to do this prevalence factors have to be set for that payment year. The NHS Confederation and GPC have agreed that the prevalence factors that exist on the 14th February 2005 will be used as the prevalence factors in calculating each year's payments. This is known as National Prevalence Day, 14th February 2004.

The calculation of the prevalence factors that applied on the 14th February 2005 will not take place until 31st March 2005. The data is collected for automated practices on the 15th March allowing practices to bring all data up to date. Manual practices have six weeks to contribute their prevalence data to the national calculations. 31st March 2005 is called National achievement day. On 31st March 2005 QMAS will "look back" to all the data supplied to it and calculate the prevalence that existed on the 14th February. Achievements will then be adjusted and payments calculated. The final prevalence-adjusted figures will therefore not be available until 1st April 2005.

What data will leave my practice?

No patient identifiable data will leave practices via QMAS. Only numbers (numerators and denominators) will be submitted to QMAS.

¹ Except for the organisational indicators relating to blood pressure, smoking and cervical screening.

Non-computerised practices and manual practices

Non-computerised and manual² practices will need to contact their PCO which will enter data on their behalf and supply the various reports and outputs to the practice.

Wales

Practices in Wales will use MSD's Contract Manager instead of QMAS to allow practices to assess their performance and calculate prevalence. Three prevalence calculations are taken in Wales:

- 1st August 2004
- 1st October 2004
- 1st February 2004

LMCs: Suggested action

- Encourage practices to log on to QMAS
- Find out the contact details of the two PCT QMAS User Administrators, who practices can refer to for advice
- Advise practices that the prevalence data, at present, may not provide an accurate indicator of future prevalence and should be used with caution over the coming months
- Refer practices to their GP clinical system suppliers if they have questions regarding accuracy of data
- If practices have other Quality and Outcomes Framework software that is giving conflicting results they should discuss this with their software supplier. This may well be due either to coding errors or to different types of reports being run.

Enquiries and Information

Further information on prevalence is available in the joint letter of 30th May 2003 from Dr John Chisholm and Mike Farrar:

<http://www.bma.org.uk/ap.nsf/Content/jtletter300503+> and in the 'Delivering Investment in General Practice – Implementing the new contract' (page 54)

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4070242&chk=tokzna

Further information about QMAS is available on the NPfIT website at:

<http://www.npfit.nhs.uk/programmes/qmas/>

The QMAS training website is available at www.qmastraining.nhs.uk

The rules, logical queries and algorithms that QMAS uses to work out which data qualifies for Quality and Outcome points can be downloaded from <http://www.bma.org.uk/ap.nsf/Content/NewReadCodes>

Please send enquiries and/or information about information management and technology to the GPC office at: rmerrett@bma.org.uk

2 Manual practices are defined as those practices without a GMS certified GP clinical system or NHSnet connection.

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