The new GMS contract explained

Focus on….

Quality Payments

This guidance note is the second in a series focusing on the quality and outcomes framework in the new GMS contract and has been produced by the General Practitioners Committee to help GPs and Local Medical Committees. The guidance will be updated where necessary as progress is made during 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 commonly asked questions and answers which can also be found at the website address.

Although there may be some differences in process in each of the four countries of the UK, the principles of this guidance apply to all.

This guidance note follows on from the first one on quality which gave a general overview and introduction to the quality and outcomes framework. Practices may find it useful to read the two in conjunction.

Translating points into rewards

Points will be the currency used to distribute the aspiration and achievement payments within the framework and have been allocated, weighted according to workload, costs and importance, to each of the indicators.

- All work converts to points
- There are 1000 quality points available across the four domains (clinical, organisational, additional services and patient experience), plus an additional 50 "bonus" points for maintaining improved "access" as recognised by the four UK governments
- Each point has a monetary value
- Software is being developed to support the quality framework and calculate a practice's points
- Practice IT systems will be upgraded where necessary to enable participation in the quality and outcomes framework
- Practices need to refer to the tables as set out in the contract document for the maximum points available in each domain (pages 20-22) and in the supporting documentation for the number of points available for each indicator
- In 2004/05, each point will be worth £75 per practice with an average registered list size and average disease prevalence
- In 2005/06, this figure will rise to £120
- Quality payments will be based on registered lists and within the clinical domain they will be related to disease prevalence. Practices will therefore be rewarded according to workload and their success in achieving the indicators in any given clinical area.

The Carr-Hill formula will not apply to quality payments and disease prevalence will be introduced into the framework as a basis for weighting quality payments for the clinical domains from 2004/05.

Urgent work is currently being carried out to finalise the arrangements for implementing disease prevalence. Further information will be given in a future update.

Types of payments:

i) Quality preparation
ii) Quality information preparation directed enhanced service
iii) Quality aspiration
iv) Quality achievement
v) Holistic
vi) Quality practice
vii) Access bonus

There are two different types of payments available for quality preparation. These are:

i) Quality Preparation Payments

- All practices will receive quality preparation payments for two years to help them prepare for the quality framework and to resource other necessary arrangements such as extra training or staffing. It is up to practices exactly how they use this money
- Practices will receive the quality preparation payment of £9000 per average practice in 2003/04
- Practices will receive £3250 per average practice in 2004/05
- There will be no payment in 2005/06
- Practices will be free to use these payments as they wish but may wish to consider using them to collect initial data to establish their current position in the framework and to assist them in determining the level of achievement to which they will aspire in the following year
- These payments will be paid as a capitation payment supplement based on registered lists and be paid as a lump sum
- These payments should have been paid to GPs by the end of October 2003
- For 2004/05 it has been confirmed that a lump sum will be paid at the beginning of the financial year.

ii) Quality Information Preparation Directed Enhanced Service

- Separate from the preparation payments mentioned above, which all practices will receive, there is a **directed enhanced service** for summarising medical records as part of the preparations for the introduction of the quality and outcomes framework
- This will be a time-limited enhanced service and offered for two years – 2003/04 and 2004/05
- Money will be available to all practices to undertake this work
- The benchmark payment to practices will be between £1000 and £5000 per average practice – practices with fewer or more patients will receive a percentage reduction or increase
- This money is additional to funding which will be available to all practices for general quality preparation and to continuing provision for the maintenance of records through the framework
- It is accepted that these payments will not cover the full cost of summarising notes, particularly in practices which may have previously undertaken little or no summarisation of their records
- Practices should be aware that in the quality and outcomes framework itself, there are 25 points available if the practice has up-to-date clinical summaries in at least 60% of patient records, and 8 points if the practice has up-to-date clinical summaries in at least 80% of patient records**.**

We are currently clarifying with the Departments of Health/NHS Confederation exactly how these payments will be implemented. Further updates will be given.

iii) Quality Aspiration Payments

- These payments will be a third of the predicted total points for quality (the other two thirds will be paid on achievement as measured at the end of the year and will be paid as a lump sum in April)
- Aspiration payments will be paid monthly in advance alongside the global sum
- From 2004/05 practices need to discuss and then agree with their PCO which quality standards and to which point values they will aspire to within the framework
- Practices are free to aim as high as they wish as long as they can demonstrate a reasonable chance of achievement to their PCO
- If aspiration is reasonable, the PCO will have no grounds to refuse to pay for this level of aspiration but there will be an appeal mechanism if a practice disagrees with a PCO's decision
- Aspiration payments will help to meet additional infrastructure costs associated with delivering higher quality
- Given that we are now using disease prevalence rather than the allocation formula, we are currently discussing with the Departments of Health/NHS Confederation on how these payments will operate.

iv) Quality Achievement Payments

- Practices will receive payment from their PCOs by demonstrating which quality standards and to what levels they are achieved within the framework. They will not be required to demonstrate this beyond producing the results table generated by their software and, on occasion, showing the PCO what they have been doing during a practice visit by the PCO
- Achievement for 2004/05 will be measured at the end of the year
- There will be no cap on quality – if practices do better than they expect, they will receive the full achievement payment regardless of the number of points to which they aspired
- In a similar way, achievement payments will be reduced if practices do not perform as well as expected
- Repayments will be avoided unless practices achieve less than a third of their points to which they aspired. In that situation, overpayment will be deducted from the aspiration payment for the following year
- Computer software will be provided in 2003/04 to all practices to enable them to calculate at any point in time, the points they are achieving
- Achievement for each indicator in the clinical areas (except for the indicators about the possession of disease registers) is assessed by a percentage as shown in the supporting documentation
- Achievement for each indicator in the other three domains (organisational, additional services (except cervical screening coverage) and patient experience is based on a yes/no determination. The full number of points per indicator will be awarded for achieving each one
- The calculation for the number of points achieved for a clinical indicator is the practice's achievement divided by the maximum available for that indicator multiplied by the total points available for that indicator, multiplied by the practice prevalence divided by the national prevalence and adjusted for list size

- Please note that you will not have to perform these calculations as computer software will do it for you!

The details given are from the Contract document "Investing in General Practice". Discussions are continuing in respect of optimising cash flow arrangements and therefore some details may be subject to change. Further updates will be provided.

v) Holistic Payment

- Practices will be entitled to a "holistic payment" if they are able to achieve standards in **at least eight of the ten clinical areas**
- The holistic care payment aims to recognise, encourage and reward breadth of achievement by a practice across the range of different clinical areas
- It is worth 100 points
- The scale of the holistic care payment is calculated by considering the proportion of points achieved in each of the 10 clinical areas
- The proportion of points achieved for the third lowest clinical area determines the proportion scored of the total holistic care points available
- The example below shows a practice that has achieved half of the total number of points available in five clinical areas, a third in two, a quarter in another and nothing in the remaining two.
- The practice is therefore eligible for one quarter of the total holistic care payment, i.e. 25 points (one quarter of 100 points).

CHD	Stroke	Cancer	Hypothyroidism	Diabetes	Hyper-tension	Mental Health	**Asthma**	COPD	Epilepsy
Half	Half	Half	Half	Half	Third	Third	**Quarter**	None	None
60.5	15.5	6	4	49.5	35	13.66	**18**	0	0

vi) Quality Practice Payment

- Practices will be entitled to a quality practice payment if they can demonstrate achievement across the **organisational**, **additional services and patient experience** domains. This payment rewards breadth of achievement and is thus similar in intention to the holistic payment which rewards breadth in the clinical areas.
- It is worth 30 points
- The quality practice payment is calculated in the same way as the holistic payment. The proportion of points achieved in the lowest of the three areas determines the proportion scored of the total points available for the quality practice payment.

vii) Access Bonus Payment

- Practices are entitled to 50 bonus points if they can demonstrate improved access whilst maintaining quality
- Practices need to be able to achieve the access target as defined in their nation

- In England this is similar to the access standards as expressed in the NHS Plan for England
- There is no direct link to the four domains.

Exception Reporting

- Practices' entitlement to quality payments will be calculated through a quality scorecard which assigns up to 1000 points for achievements and 50 points for maintaining improved access

- The scorecard arrangement will be kept under review

- Practices will be able to exclude certain categories of patients from the calculation of performance on an indicator-by-indicator basis (see below and also page 22, paragraph 3.30 in the contract document and section 8 of the supporting documentation)

- If a patient is excluded from a certain indicator, the practice can still receive payment for that patient on other indicators

- Patients who can be exception-reported include:

  i) patients who have been recorded as refusing to attend for review and who have been invited on at least three occasions during the preceding twelve months

  ii) patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances e.g. terminal illness, extreme frailty

  iii) patients newly diagnosed within the practice or who have recently registered with the practice, who should have measurements made within three months and delivery of clinical standards within nine months e.g. blood pressure or cholesterol measurements within target levels

  iv) patients who are on maximum tolerated doses of medication whose levels remain sub-optimal

  v) patients for whom prescribing a medication is not clinically appropriate e.g. those who have an allergy, or another contraindication or have experienced an adverse reaction

  vi) where a patient has not tolerated medication

  vii) where a patient does not agree to investigation or treatment (informed dissent), and this has been recorded in his or her medical records

  viii) where the patient has a supervening condition which makes treatment of his or her condition inappropriate e.g. cholesterol reduction where the patient has liver disease

  ix) where an investigative service or secondary care service is unavailable.

- Software is being developed to help practices calculate points earned as well as help with exception reporting.

- A full and revised set of Read codes including codes for exception reporting is available on the GPC website.

What LMCs should be doing

- Sharing with practices and their PCOs this and other guidance notes on the different aspects of the new contract
- Ensuring that every practice has arranged an update of its software with the PCO
- Becoming familiar with the criteria for exception reporting
- Helping individual practices which are in dispute with the PCO over their exception reporting

- Providing guidance to practices where this is necessary
- Informing the Strategic Health Authority (or equivalent) of continued difficulties of interpretation that have not been resolved locally and payment disputes.

Enquiries and information

Please send enquiries on the quality & outcomes framework to the GPC office at:

Info.gpc@bma.org.uk

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