

Agenda Item 17

TO: West Gloucestershire PCT

FROM: Jill Holt, Assistant Director Of Primary Care

DATE: 20th November 2003

SUBJECT: PREPARATION PAYMENTS FOR PRACTICES FOR NOTES SUMMARISING UNDER THE NEW GENERAL MEDICAL SERVICES CONTRACT

1.0 BACKGROUND

- 1.1 In the new General Medical Services contract, GPs can "opt-in" to provide a range of extra services, called Enhanced Services (examples include providing minor surgery services, specialised care of patients with depression, achieving a high level of childhood immunisations, meeting the PCT Star Ratings Target of providing 24/48 hour access to a GP or other primary healthcare professional). There are 3 types of Enhanced Services: Directed Enhanced Services (DES) and National Enhanced Services (NES) which PCTs are required to commission, using a national service specification and pre-determined pricing and Local Enhanced Services (LES) which PCTs commission based on local need and pricing is agreed locally.
- 1.2 The subject of Direct Enhanced Services (DES) payments has been debated recently at the Local Medical Committee (LMC) and by the West Gloucestershire PCT Resource Allocation Group (RAG). The LMC have stated that the DES which deals with Quality Information Preparation "should have top priority" (LMC Newsletter October 03).
- 1.3 One of the key drivers of the new GMS Contract is improving the quality of services given to patients. To support this, there is a Quality and Outcomes Framework (Q&O), part of which sets targets for the quality of services provided to patients with a range of illnesses. Practices are financially rewarded for achieving these targets. Practices need to aim for 100% of patients' notes summarised in order to deliver against the Q&O and to be able to audit their services. Within the contract, there is a clearly defined protocol that practices need to follow and an expectation that practices will review their patients' notes summarising arrangements annually. The Quality Information Preparation DES relates to payments that can be made to practices for patients' notes summarising. It is a two-year time limited DES which ends in March 2005 (is payable therefore for years 03/04 and 04/05).
- 1.4 With the contract, the Quality Information Preparation DES has a benchmarked price for 2003/4 given as between £1000 and £5000 per average practice (defined as a practice with a list size of 5,500 population).

2.0 LOCAL POSITION

- 2.1 In 2002/3, West Gloucestershire PCT allocated a total of £15,000 non-recurring for notes summarising & this was divided by practices based on list size. Practices have made varying degrees of progress towards 100% notes summarised but last year's payment was made irrespective of progress as it was felt that practices that had already invested from their own resources should not be penalised.
- 2.2 The LMC have encouraged PCTs to adopt a county wide approach to this DES payment, however the differing financial positions of the PCTs may mitigate against a unified approach. At this stage the board is asked to endorse a set of principles set out in the Recommendations below, which may be discussed with the LMC, local GPs and our PCT colleagues.
- 2.3 The table below shows the financial implications of adopting the benchmark price at both the lower and the upper limits in relation to West Gloucestershire PCT list sizes. At this stage we have included PMS practices as it is clear that they will also be expected to achieve the Q&O framework targets, albeit through local contract.

Benchmark price per average practice (5500 population)	Cost to PCT 2003/4 (based on average practice population)	Cost to PCT 2003/4 (based on average practice population)
£1,000	£40,297	0.18 pence/patient
£5,000	£203,726	0.91 pence/patient

These calculations are based on list sizes at 1st October 2003. Total registered population for West Gloucestershire PCT = 223,875 and registered population with GMS practices = 124,774

3.0 OTHER DES & IMPACT OF FUNDING DECISIONS

- 3.1 The PCT has allocated 250k recurrently in 2003/4 for primary care development although this money is currently held back due to the overspend on prescribing. If we were to pay the upper limit of the benchmark price to practices, this would absorb nearly all of the money for this year. If, however, we select to pay the lower end of the benchmark at £1000 per average practice, there will still be sufficient funds to commit to the other key priority DES which is Access to General Medical Services (as mentioned earlier, this the 48 hour access to a GP or 24 hour access to another Primary Healthcare Professional, such as a Practice Nurse). It is important to the PCT that practices achieve the 24/48 hour access targets as this is one of the measures in Trust Star Ratings.

4.0 RECOMMENDATIONS

Given the challenge to the PCT of meeting the NHS Plan targets for December 2004, we are recommending to the Board that :

- 1) They endorse the principle that the lower benchmark price be used for the Quality Information Preparation DES
- 2) They endorse the principle of using the remainder of Primary Care development money for 2003/4 to fund the Access to General Medical Services DES (a paper will be written for the next Board meeting on this).