

Report for the Health Scrutiny Committee

New General Medical Services (nGMS) Contract 2004 - 2005

1. Introduction

The first full year of the New GMS Contract has just been completed and this briefing paper aims to give a short update of each of the key areas.

2. Out of Hours Care

One of the key elements of the new GMS contract was to allow GPs to opt out of providing out of hours care for their patients if they so wished. Along with nearly every practice in England and Wales, all of the 24 Herefordshire practices took up this option and, on the 1st November 2004, the PCT took over the legal responsibility for the out of hours care for all Herefordshire residents (i.e. from 6.00 p.m. – 8 a.m. Monday to Friday, all day Saturday and Sunday plus all bank/public holidays). We commissioned this service via a commercial company called Primecare. Primecare has been working in partnership with the PCT since September 2003 and has developed a very robust service. The PCT monitors activity on a daily basis and the contract is performance managed via a multi disciplinary steering group in line with the National Quality Standards for out of hours care which came into force in January this year.

3. Service provision – additional and enhanced services

Service provision within the contract is split into three defined service areas; essential, additional and enhanced services. All of the Herefordshire GP practices provide essential services plus the full range of additional services, directed enhanced services and some national enhanced services. Developments in service provision to meet the more local requirements of the Herefordshire population are ongoing in conjunction with the GP's and Local Medical Committee.

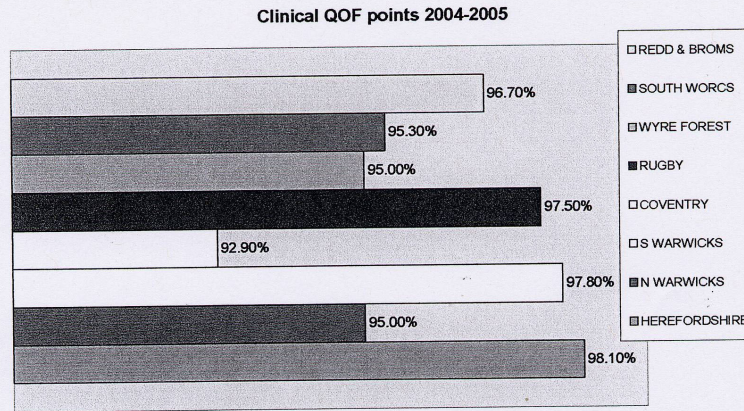
4. The Quality and Outcomes Framework (QOF).

The Quality and Outcomes Framework (QOF) is part of the nGMS contract, where all practices are monitored for the care they provide to patients with chronic diseases (such as diabetes and heart disease) against nationally set targets. This year the QOF was assessed by a joint process of annual review and a new IT web-based system called QMAS (Quality & Management Analysis System). All 24 Herefordshire practices have taken part in a practice specific annual review visit which involved Clinical, Managerial and Lay Assessment.

The PCT is able to access all practice's QMAS data remotely and this has allowed comparison between different practices, between an individual practice and the average, and between different sets of data at the same practice month on month.

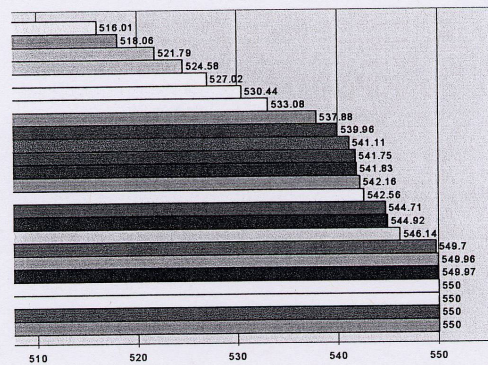
The QMAS data for March showed impressive end-of-year achievements. The Department of Health (DoH) predicted a national average aspiration of 777 points for the QOF. The Herefordshire average aspiration was 944 and the final average achievement was 1021 compared to the maximum possible points achievement of 1050 i.e. 97% of maximum possible. The average total QOF score nationally was 1015.

This data is particularly impressive when viewed alongside the average practice achievement across all PCTs within the (West Midlands South) Strategic Health Authority (SHA):



We can see that Herefordshire GPs achieved a higher clinical points score than any other PCT in this SHA. We await the national figures.

The following chart shows total clinical points practice by practice:
Clinical points end March 2005



With achievement scores ranging from 94% to 100%, all Herefordshire practices provided excellent and appropriate clinical care to their patients with long-term illness.

The quality and accuracy of clinical data held on GP computer systems has never been better and this quality should improve further with planned changes to existing IT systems, allowing patient-focussed primary care to improve also.

5. Primary Care Access and the new GMS contract

New GMS has allowed practices to work towards achieving access points within the Quality and Outcomes Framework (QOF) and through Direct Enhanced Services (DES). The QOF determines them to achieve 24/48hr patient access achieving 21 out of 24 points and is measured through the monthly Primary Care Access Survey (PCAS). Practices are allowed 3 failures but not all 3 being the same measure before payment will be affected.

The DES allows practices to gain extra points by demonstrating that they match patient demand with capacity of appointments offered and have contingency plans in place in the event of leave and sickness. This is adopting the methodology learnt through the Advanced Access initiative spread through the National Primary Care Development Team.

All Herefordshire practices are achieving the PCAS measures and are working within the DES requirements. Overall Hereford is achieving a high standard but there are some issues re: pre-booking appointments that a minority of practices need to address and work is on-going in these practices through training and education.

6. In summary

The nGMS contract has resulted in profound changes for both patients and primary care staff. With the change in OOH arrangements (which had previously caused significant stress and ill-health for some GPs), doctors and nurses in General Practice have risen to the challenge of providing Herefordshire patients with excellence in the care of chronic illness. Practices have made significant investments in new staff and new ways of working with patients to manage long-term conditions, which has resulted in Herefordshire residents receiving new standards in primary health care. As the QOF develops further, to include other conditions which cause significant ill health, Herefordshire GPs and all their staff are well placed to continue to offer first class care based around patient's individual needs.

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June 2005*