

# The new GMS contract explained

## Focus on....

### The Quality & Outcomes Framework

This guidance note has been produced by the General Practitioners Committee to help GPs and Local Medical Committees with the quality & outcomes framework under the new GMS contract, and is the first of a series of guidance notes focussing on quality. The guidance will be updated, where necessary 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](http://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 intends to provide a general overview of the quality & outcomes framework and advises practices what they should be doing now in order to embark on the framework. Future guidance will be issued covering other aspects of the framework including quality payments, exception reporting and monitoring and reviewing arrangements.

#### Before you begin

Before embarking on the quality framework, practices should bear in mind the following:

- Each practice will be at different points within the framework
- Many practices will already be doing many of the standards found within the framework – for many practices the main difference in the framework will be how they record and retrieve the data for that activity
- It is voluntary – it will be up to practices to decide for themselves how much of the quality & outcomes framework they want to take on– all work converts to points and there are no “targets”
- Practices can choose which parts of the quality framework they undertake (clinical, organisational, additional and patient experience) and the number of points they wish to achieve
- Practices will be more fairly rewarded for the care they provide to their patients
- High achievement against quality standards will bring substantial financial rewards
- Payments will be available to prepare practices for entering the quality framework in 2003/04
- Further explanation about the framework can be found in section 3 of the contract document in the section entitled Rewarding Quality and Outcomes.

#### Timetable

The framework commences on 1 April 2004 but practices can begin to prepare for the quality & outcomes framework now.

#### What practices need to know about the framework

The framework is split into four “domains”. These are:

##### 1. Clinical which consists of ten disease areas:

- i. Coronary heart disease (including left ventricular dysfunction)
- ii. Stroke and transient ischaemic attacks
- iii. Hypertension
- iv. Hypothyroidism
- v. Diabetes

- vi. Mental health
- vii. Chronic obstructive pulmonary disease (COPD)
- viii. Asthma
- iv. Epilepsy
- v. Cancer

Information on each clinical indicator can be found in the supporting documentation together with a description of its rationale, preferred coding (see later on in this guidance under Read codes) and reporting and verification.

**2. Organisational** which contains five areas: -

- i. Records and information about patients
- ii. Information for patients
- iii. Education and training
- iv. Medicines management
- v. Practice management

Information on each organisational indicator can be found in the supporting documentation together with useful guidance on how practices may go about meeting the requirements of the indicator.

**3. Additional services** which contains four areas: -

- i. Cervical screening
- ii. Child health surveillance
- iii. Maternity services
- iv. Contraceptive services

A range of organisational indicators will apply to these additional services and details can be found in the supporting documentation.

**4. Patient Experience** which contains two areas: -

- i. Patient survey
- ii. Consultation length

Many practices already use patient questionnaires. However, initially two questionnaires have been adapted and accredited for use in the framework. These are: -

- i. Improving Patient Questionnaire (IPQ)\* developed by Exeter University available at <http://latis.ex.ac.uk/cfep/ipq.htm>.
- ii. General Practice Assessment Questionnaire (GPAQ) developed by the National Primary Care Research and Development Centre in Manchester - <http://www.gpaq.info>.

Information on both can be found in the supporting documentation as well as at the above websites.

\*Practices should note that there is a charge involved in using the IPQ survey but this includes the necessary materials (questionnaires, envelopes, instructions), collating of survey forms, data entry, data analysis, printing of reports, and certificates of completion.

**Indicators**

Every domain has a set of “indicators” which relate to quality standards or guidelines that can be achieved within that domain. The indicators for each of the domains were developed by an expert group bearing in mind that indicators should be based on the best available evidence at the time and that data should be obtainable from existing practice clinical systems. The clinical indicators were largely drawn on existing National Guidelines and are referenced in the supporting documentation. The organisational indicators were derived from a number of schemes where indicators were currently in operation.

## **Quality points**

- All work converts to points
- Each point has a monetary value
- There are 1000 quality points available across the four domains, plus an additional 50 “bonus” points for maintaining improved “access” as recognised by governments
- 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 access to the quality & outcomes framework
- Quality points will be covered in more detail in future guidance.

## **Preparing for the framework**

There are a number of ways practices can begin to prepare for the quality & outcomes framework. Financial support is available in advance through:

- The quality information preparation directed enhanced service – available to all practices
- Quality preparation payments – available to all practices

## **Quality Information Preparation**

- There is a directed enhanced service for summarising medical records for essential and additional services as part of the preparations for the introduction of the framework
- This will be a time-limited enhanced service which will be offered for two years and thereby completed by the end of March 2005
- The benchmark payment will be between £1000 and £5000 per average practice (population around 5500) – practices with less or more patients will receive a percentage reduction/increase, depending on the need for the activity
- Further details of this can be found in the Focus on...Enhanced Services guidance
- As this money is only available for two years it is important that practices get on with this now. If work is properly recorded on computer then this will help them reach the quality indicators. Therefore time and money devoted to this area is an efficient investment
- PCOs should make this money available to practices at the earliest possible date to empower practices to obtain higher quality points and therefore more resources to invest in and improve patient care
- Precise details on how the payments for the quality information preparation will operate are currently under discussion. Clarification is being sought as a matter of urgency from the Departments of Health/NHS Confederation and will be provided in future guidance.

## **Quality Preparation Payment**

- This is paid to all practices and is different to the quality information preparation directed enhanced service payment
- All practices will receive quality preparation payments for two years to help practices 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 with a list size of around 5,500 patients in 2003/04 (approximately 5.5% of practice income)
- Practices will receive £3250 per average practice in 2004/05
- PCOs should be writing to all practices telling them how much preparation money they are entitled to and when payments will be made.

- The GPC view is that the quality preparation payments should be paid as a lump sum as early as practicable in 2003/04. The NHS Confederation has said that making quarterly payments (half in September 2003, a quarter in December 2003 and a quarter in March 2004) will allow the use of existing payment mechanisms which would prevent further delay in practices receiving the payments. For 2004/05, it has been confirmed that a lump sum will be made to practices at the beginning of the financial year. Confirmation of the arrangements for 2003/04 will be given in future guidance.

### **Things to think about now**

There will be a lot of work needed in getting all the information together for the quality payments. However, the rewards are large too. The whole practice will need to:

- decide which parts of the quality framework it wants to do
- consider whether it needs someone from within the practice team to lead the work on the framework and the issues which arise and whether this work is additional to or instead of their other duties
- consider whether they need to train staff, including GPs, to look out for missing data as well as to look at any changes in clinical workload required by the framework
- consider whether GPs will want to do this work themselves and consider whether practices employ additional staff or re-deploy existing staff in order to maximise their quality payments
- consider who will be inputting the information required in the framework and how the information will be collected
- demonstrate it has systems in place to maintain a disease register and a recall system as these will be required for the clinical indicators
- ensure it understands how their IT system software is changing to respond to the needs of the new contract information requirements, to allow appropriate collection of data.

### **Read codes**

We are aware that a number of the Read codes printed in the supporting documentation are incorrect. Further Read codes are being developed for the purposes of the contract and guidance on these will be published in October 2003. In the meantime, a “query specification for the quality and outcomes framework” has been produced and is available on the website. Although this has been developed mainly for use by GP system suppliers, some practices may wish to write their own queries. Until the definitive and more user-friendly codes are available, practices and their support staff are advised to try to use consistent coding for the indicators.

In Scotland, updated versions of the contract codes along with explanatory notes are available on the Scottish Clinical Information Management in Primary Care (SCIMP) website at <http://ceppc.org/scimp>. These are being updated on an on-going basis and rechecking the website regularly is recommended.

### **Starting out**

Practices should remember that they do not have to achieve 1000 points immediately, and should consider tackling indicators that the practice could achieve fairly easily. Practices should consider each domain listed in the contract and supporting information documents and decide which areas they as a team would like to cover and then consider the following for every indicator:

- Does the practice already cover this particular indicator/quality standard?
- Does the practice want to continue or to start covering this indicator/quality standard?
- Practices will need to decide who and by what means information is recorded as required by the electronic standardised return and for the annual quality review visit, i.e. will it be recorded during the consultation by a doctor or nurse, or post-consultation by a clerk? Do clinical behaviour patterns and information gathering systems need to be changed? How will essential information in

letters from consultations outside the practice e.g. at a hospital outpatient or inpatient consultation be recorded? The processes needed will vary from practice to practice.

- Recording of the data will be vital and practices should make sure that data is recorded in a way that is easily retrievable i.e. not in free text on the computer. The use of templates can help to ensure the correct data is collected, as long as templates cover the indicators as outlined in the framework.
- At what level is the practice for each quality standard chosen? Data analysis will be needed for this. Practices will also need to decide how high they wish to aspire and discuss this with their PCO.
- The process of analysis for reporting and verification is covered in the supporting documentation.

### The role of LMCs

We recognise that many LMCs will already have considered what they can do to help and support practices so that embarking on the quality framework is not overwhelming, daunting or threatening. However, the following pointers may be of help:

- LMCs can help co-ordinate the circulation of “good practice” by encouraging sharing of information between practices - perhaps by sharing computer templates or visiting well-organised practices to see how they are going about tackling the framework
- This should be done in co-operation with PCOs as both LMCs and PCOs have a vested interest in achieving the quality indicators and raising quality standards
- LMCs in Scotland should consider discussing with LHCC chairmen and practices about options for LHCC-wide initiatives to help practices co-ordinate efforts to meet quality opportunities, for example, using some aspiration money to invest in staff working between practices in clinical and especially organisational areas
- Because the quality information preparation directed enhanced service has a wide benchmark price, LMCs will need to consider how they judge the needs of a practice in this area to help them negotiate with PCOs. LMCs can use the aims of the DES as outlined in the supporting documentation in this process.

### Example

Below is an example of one of the areas within the clinical domain – hypertension. As with the areas in the other domains, practices can choose whether they undertake all or some of the indicators relating to that particular area. However, for clinical areas, practices must have a register before embarking on the other indicators within that clinical area. For hypertension there are five indicators to choose from.

#### Hypertension

**The practice can produce a register of patients with established hypertension** (worth 9 points if a practice can produce a register)

*Done by retrieving information using Read codes or by doing a search for patients on anti-hypertensive medication. You do not have to have a register, only to be able to produce one if asked. This is to comply with the Data Protection Act. You will need this virtual register to measure your performance of the other indicators in this set.*

**The percentage of patients with hypertension whose notes record smoking status at least once** (worth 10 points depending on the percentage of patients recorded and where that percentage falls within the range of 25 - 90%)

*Need to consider how information on smoking status is to be recorded and retrieved. By nurse/doctor/receptionist? Is it recorded during the consultation or post-consultation and by whom?*

**The percentage of patients with hypertension who smoke, whose notes contain a record that smoking cessation advice or referral to a specialist service, if available, has been offered at least once** (worth 10 points depending on the percentage of patients recorded and where that percentage falls within the range of 25 - 90%)

*What is the practice's policy for offering such information? By what means is it offered and by whom? How will this be recorded in the records?*

**The percentage of patients with hypertension in whom there is a record of the blood pressure in the past 9 months** (worth 20 points depending on the percentage of patients recorded and where that percentage falls within the range of 25 - 90%)

*Practice will need to decide who will go through the patients' records to find those with blood pressure recorded within the past 9 months. Exception reporting will need to be considered.*

**The percentage of patients with hypertension in whom the last blood pressure (measured in the last 9 months) is 150/90 or less** (worth 56 points depending on the percentage of patients recorded and where that percentage falls within the range of 25 - 70%)

*As above, practice will need to decide who will go through the patients' records and record the ones whose blood pressure, measured in the last 9 months, is 150/90 or less.*

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### **Enquiries and information**

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

[twolf@bma.org.uk](mailto:twolf@bma.org.uk)

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