PAY FOR PERFORMANCE

EXPERIENCE OF PRIMARY CARE PHYSICIANS IN ENGLAND

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TODAY'S PRESENTATION

- General Practice in the UK
- A quick history
- What the doctors wanted
- What the government wanted
- How it's going

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GENERAL PRACTICE IN THE UK

Traditional

- Personal care
- Co-ordination of care
- Continuity of care
- Longitudinal care
- GPs as "gatekeepers"
- Independent contractors

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QUICK HISTORY

- May 2001 – relations at all time low, profession demand a new contract
- July 2001 – employers' representatives appointed to negotiate a new contract
- April 2002 – Framework agreement
- June 2003 – BMA referendum 80% 'YES'
- April 2004 – full implementation
- April 2005 onwards – continuing review
- Dec 2005 – completed first review

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WHAT DOCTORS WANTED

- BMA's National Survey of GP's (2001):
  - 82% suffer excessive work-related stress
  - 48% plan to retire before the age of 60
  - 66% have low morale
  - 28% seek to leave general practice.
  - 96% think too much being asked of them; unsustainable workload the cause of low morale and recruitment problems
- End of the John Wayne clause
- GP's demanded a remedy!
- 86% voted to "consider resignation"

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WHAT GOVERNMENT WANTED

A VISION FOR PRIMARY CARE

- Universal, fast and convenient access
- Informed patients
- Extended choice of high quality, evidence based services
- Modern primary care settings
- Suitably trained and qualified professionals

"*Right care to right patient at right time by right person: safely, conveniently and to a high standard*"

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SO WHERE DID WE GO?

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SPENDING 1997 - 2008

Year terms	Spend £bn	% increase	%real increase
97/98	34.7	5.1	1.9
98/99	36.6	5.6	2.8
99/00	40.2	8.9	6.4
00/01	44.2	9.8	7.4
01/02	49.4	11.9	9.3
02/03	55.8	8.8	6.1
03/04	61.3	10.0	7.5
04/05	67.4	10.0	7.5
05/06	74.4	10.3	7.6
06/07	81.8	10.0	7.3
07/08	90.2	10.2	7.5

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INVESTMENT AND REFORM

- NHS Plan 2000
- Knights and Knaves, Pawns and Queens
- Three phases of system reform
  - Benign producerism
  - Hierarchical challenge
  - Localist incentives

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WHAT WAS AGREED

- Primary Care Organisations (PCOs) duty to provide primary medical services
- Four contracting routes: national, local and private sector contracts, and direct employment
- Locally agreed, practice-based, contracts
- Unprecedented levels of new investment for primary care - £1.8 billion over 3 years guaranteed (a 36% increase!)

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NEED RELEVANT INFORMATION

SOME ACRONYMS

- Quality Outcome Framework (QOF)
- Quality Management Analysis System (QMAS)
- Quality Practice Information Database (QPID)
- DBA

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NEW GMS CONTRACT

- Greater flexibility and freedom
- Responsibility (and funding) for out-of-hours services transfers from GPs to the PCO
- Essential, additional and enhanced services
- Quality incentive system – the **Quality & Outcomes Framework** (**where points = £'s**)

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NEW GMS CONTRACT - REWARD

- Dependent on quality and range of services
- Funding for essential and additional services delivered by patient needs formula
- Quality to deliver 30% of average income
- All NHS Income pensionable
- Guarantee of increased investment

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QUALITY AND OUTCOME FRAMEWORK

- The QOF is voluntary
- PCOs can vary it in non-GMS practices
- Non-computerised practices at a distinct disadvantage
- Day-to-day delivery falls more on practice nurses, other healthcare staff/practice managers

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STRUCTURE OF THE QOF

7 Domains covering

- Clinical - 550 points over 10 disease areas
- Additional services - 36 points
- Holistic care - 100 points
- Organisational - 184 points
- Patient experience - 100 points
- Quality practice - 30 points
- Access bonus - 50 points

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QOF ACHIEVEMENT MEASURES (04-05 CHD DATA)

- 71% of patients with 5mmol/l or less cholesterol
- 90% of patients taking aspirin, alternative anti-platelet, or anti-coagulant
- 63.3 % of patients receiving a beta blocker
- 86.8 % of patients have a record of flu immunisation

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QOF ACHIEVEMENT BENEFITS

- Cholesterol reduction could prevent 15 events for those with CHD, 7 events for those with stroke and 7 events for those with diabetes
- Blood pressure control for hypertension could prevent 15 cardiovascular events
- Further benefits in patients with high blood pressure, CHD, stroke or diabetes.
- "… significant health gains could result from changes in clinical practice to achieve the GP contract targets"

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ALLOCATING REWARD

- Total cost of QOF over £1bn
- QOF = a maximum 1050 points,
- 1 point = £78 in 04/05 rising to £128 in 05/06
- Adjustment is based on practice's disease prevalence measured against national average
- Separate calculation for each disease area and therefore this adjusts pounds per point available for each disease area

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WE HAD A CLEAR STRATEGY

HOW SUCCESSFUL?

- A relatively smooth implementation
- Two of the payment mechanisms central to new GMS are not working as they should:
  - practices are scoring very highly against the Quality and Outcomes Framework (achieving some 91% nationally of the possible maximum payment
  - almost all practices (over 90%) currently receive the income guarantee – which protects against consequences of a formula driven allocation system

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HOW SUCCESSFUL?

- Gross Investment Guarantee forecast to deliver an extra £700m investment (42% increase rather than planned 36%!)
- Evidence suggests that practices have overly capitalised on the new earning opportunities from the contract. **Additional pay for no additional service delivery cannot be justified.**

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CONTRACT REVIEW

- Contract was agreed on the basis that it would be re-priced from 2006/07
- A two-stage process (agreement for 2006/07 and then a deal for future years)
- Approach to re-pricing is to tackle:
  - matters relating to VFM
  - additional incentives to deliver priority improvements
  - incentives and arrangements that help deliver a patient led NHS

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06-07 RENEGOTIATION

- Delivers zero inflation on any price
- Brings in seven new clinical areas to drive up quality at no cost [through recycled points]
- Guarantees significant efficiencies in 2006/07 and in future years
- Secures support for Government priorities: commissioning, Choice and Booking, national IT systems, disease management, patient access
- Is set at a level equal to cost and hence includes minimal, if any, profit element for GPs
- Is affordable within existing planned resource growth

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ACHIEVEMENTS

- Patient benefits (consistency, quality, improved outcomes, evidence based practice – reduced heart attacks, acute asthma episodes etc)
- Targeted improvement in CHD, diabetes, smoking
- Increased productivity in the quality framework;
- Greater contestability and market reform
- Strengthened local accountability and sensitivity to local need – a new patient survey
- A clinical database, unparalleled in the rest of the world, from which practice based and PCT led commissioning decisions can be made.

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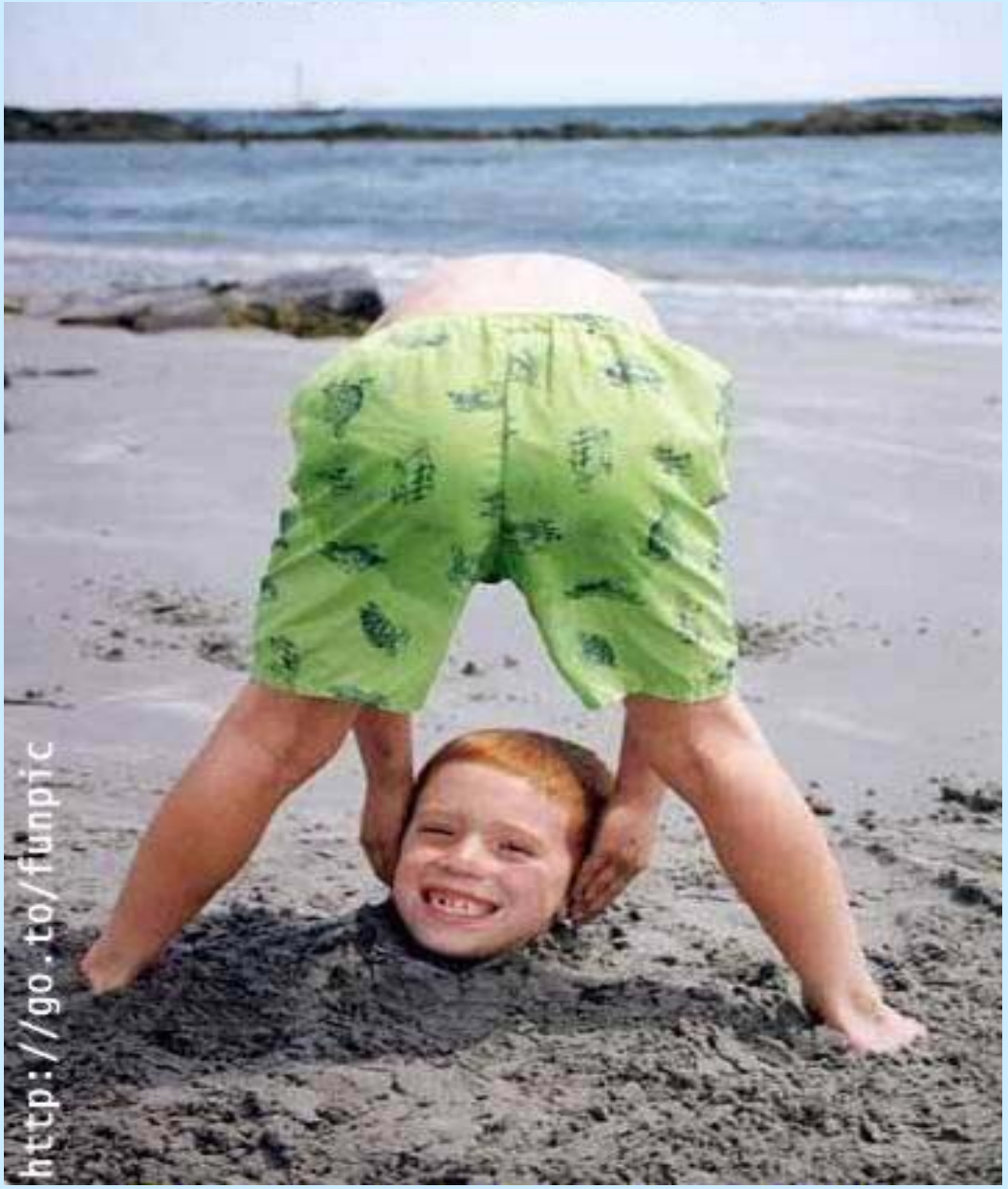
A MUCH MORE JOINED UP SYSTEM



THANK YOU