

## Agenda Item 8

**Report to:** Health Overview and Scrutiny Committee  
**Regarding:** Primary medical services (General Practice)  
**Date:** 11<sup>th</sup> June 2008  
**By:** Darren Grayson, Chief Executive, Brighton & Hove City PCT

### **Purpose:**

The HOSC requested a report regarding how the PCT commissions and monitors services provided by primary medical services (GPs) in the City.

### **Background:**

The PCT has responsibility to commission primary medical services to meet the needs of its local population. This has historically been from independent groups of general practitioners working together in partnership with other GPs or on their own. PCTs can now however commission these services from a wider range of providers including :

- Voluntary sector
- Commercial sector
- Other health practitioners (nurses, pharmacists)

Primary medical services are provided for the following patients:

- Registered patients.  
All UK residents are entitled to be registered with a GP practice. Patients can usually consult any GP or Practice Nurse within that practice, but cannot consult a GP outside that practice unless they pay privately.
- Temporary patients.  
If you are unable to visit your own GP because you are on holiday or if you are yet to register with a GP you can be seen as a temporary patient.
- Immediate or necessary treatment.  
If you fall down near a surgery or walk into a surgery because you are having a heart attack you can be seen by a GP in that practice.

The PCT has a separate contract with South East Health, a not for profit company, to provide services 'out of hours' i.e. from 6.30pm to 8.00am Monday to Friday and all day at the weekends and Bank Holidays.

### **Primary Medical Service contracts in Brighton and Hove:**

The PCT has contracts with 47 practices across the City. Each practice has a list of registered patients, and list sizes in Brighton and Hove vary from 776 to 15,896. Full details are in appendix 1. The national bench mark is 1,800 patients for each GP. In Brighton and Hove the average list size per GP varies but is closer to 2,000 patients, so above the national average.

The latest research in consultation rates shows an increase in consultation rates in General Practice in England. The average consultation rate per patient per year has risen from 3.9 in 1995 to 5.3 in 2006. Consultation rates vary significantly according to age and sex and the highest rates for both males and females were in the 85 to 89 year age band with 12.9 consultations for males and 12.5 for females in this age band. Consultation rates for females tended to be higher than for males in general except for the extremes of age i.e. the very young and the elderly<sup>1</sup>.

Services are provided by practice teams including a range of clinical and non clinical staff:

Clinical staff include:

- General practitioners
- Practice nurses including treatment room nurses and nurse practitioners
- Health care assistants
- Counsellors
- Other professionals such as podiatrists, phlebotomists, physiotherapists

Non-clinical staff include:

- Practice managers
- Accountants/book keepers
- Receptionists
- Secretaries/ administrators
- Note summarisers and coders

The PCT has a contract with each practice for the provision of primary medical services and there are four types of contracts available to use:

#### **1. General Medical Services (GMS).**

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<sup>1</sup> QResearch (2007) *Trends in Consultation Rates in General Practice 1995 to 2006: Analysis of the QRESARCH database*

The current GMS contract was introduced in 2004 and is a nationally negotiated contract. The contract is negotiated by NHS Employers (on behalf of the NHS) and the General Practitioners' Committee on behalf of GPs. The majority of practices across the county work under this contract and in Brighton and Hove 40 practices have a GMS contract.

2. Personal Medical Services (PMS).  
The PMS contract is a locally negotiated contract (based on standard terms and conditions) but provides more flexibility. This can be useful for developing services to meet a particular need, for example homeless patients. Practices working under a PMS contract have a "right of return" to a GMS contract. In Brighton and Hove there are 6 practices working under a PMS contract, which is significantly lower than the national picture.
3. Alternative Providers of Medical Services (APMS).  
These contracts provide a vehicle for the commercial, voluntary sector, not for profit or other NHS organisations to provide primary medical services. In Brighton and Hove there is one APMS contract, providing services under a temporary contract that was required at short notice due to the sudden termination of a single handed GMS contract.
4. PCT Medical Services (PCTMS)  
This is a contractual option for PCT's to provide primary medical services themselves. This option has been used in the past in Brighton and Hove as a temporary solution to an emergency situation but as a commissioning only PCT, this contractual arrangement is not part of the PCT's strategic approach to commissioning primary medical services. There are currently no practices in Brighton and Hove operating under this type of contract.

86% of all the health care needs of the population are managed by primary care. Looked at from the GP perspective of an average of 100 consecutive consultations, GPs will refer only 5 to hospital, mostly for routine surgery.<sup>2</sup>

Primary Medical Services includes the provision of:

- Essential services.  
This refers to the management of patients who are ill or believe themselves to be ill with conditions from which recovery is generally expected; the terminally ill and those suffering from a chronic disease (or diseases). All 47 contracts for primary medical services in Brighton and Hove include the provision of primary medical services.
- Additional services

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<sup>2</sup> *A Dozen Facts about General Practice/Primary Care (2004)*

These include services such as child health surveillance, contraception or minor surgery and are services that you would usually expect to be provided in any GP practice. All 47 contracts include the provision of one or more additional services. The vast majority of practices provide all additional services. Where a practice does not provide an additional service then the PCT commissions the service for that patient list from another provider: e.g. another GP practice or community service provider such as South Downs Trust.

- **Enhanced services.**  
These services are defined as:
  - Essential or Additional Services provided to a higher specified standard.
  - Services not provided through essential or additional services for example more specialised services or services at the primary/secondary interface.

The PCT commissions 47 different enhanced services across a range of services from prevention of Cardio-vascular disease to HIV, substance misuse and diabetic care. The number of enhanced services provided by each GP practice varies and ranges from between 10 to 30 per practice. The PCT spends £4.5 million annually commissioning enhanced services.

### **Access and Responsiveness in Primary Care:**

A national patient survey was undertaken in 2007 to measure the responsiveness of primary medical services. The overall results, both nationally and locally are generally positive. Most people are satisfied with the performance of their practice.

Approximately 4% of the Brighton and Hove population (12,113 patients) completed the survey. Summary results for the four key indicators are contained in table 1 below.

**Table 1: Summary Results**

	<b>Brighton &amp; Hove City PCT</b>	<b>South East Coast SHA</b>	<b>England</b>
<b>Satisfactions with telephone Access</b>	88%	88%	86%
<b>48 Hour Access to GP:</b> ability to get an appointment with a GP within 48 hours	89%	88%	86%
<b>Advanced Booking:</b> ability to book an appointment more than 2 days ahead	74%	74%	75%
<b>Ability to get an appointment with a specific GP</b>	89%	89%	88%

Results for 2008 will be publically available towards the end of June.

From 1 June 2008, the PCT has commissioned a new extended hours local enhanced service as a mechanism for patients to access routine primary medical care services outside core hours i.e. before 8.00am or after 6.30pm in the weekdays or at the weekends. In response to patient demand, the Department of Health has set each PCT a target of 50% of practices providing extended hours by December 2008. At 1 June, the PCT had approved applications from 29/47 (62%) of all practices in Brighton and Hove.

## **Contract Monitoring Arrangements**

The PCT is in the process of developing practice “score-cards” which bring together in a single reporting system the information held about practices in Brighton & Hove.

Currently the PCT monitors the services provided by practices in a range of ways:

- Quality outcome framework (QOF)

The QOF is a national system that rewards practices for achieving high quality standards. It is a voluntary system that all practices in Brighton and Hove participate in with financial rewards proportionate to performance against the quality standards. There are a total of 1,000 points available through the QOF and each point is worth £124.60 to an average practice. The PCT has an assurance system in place to verify the QOF points and all practices submit written evidence each year and in addition one third of GP practices are subject to an inspection visit each year.

The targets cover the main areas of practice:

- Clinical

The GP assessor will look at anonymous patient records to ensure that the levels of work being claimed for are reflected in the work done with patients. This covers a range of clinical areas such as stroke, coronary heart disease, cancer, epilepsy. The assessors also look at statistics available on the practice’s computer system to assess whether the prevalence rates for a particular disease area matches that of surrounding areas.

- Organisational

This includes a review of how the practice keeps patient records; how up to date the records are; education and training activities carried out by the practice; whether patients are given information about specific schemes to promote health (smoking cessation advice or referral); medicines management; infection control and equipment maintenance; good employment practice and other indicators of safe practice.

- Additional Services Domain

Some services are voluntary and practices can choose whether to offer them (e.g. contraception advice; child health surveillance). If a practice is claiming to offer these, the assessors must ensure that the service is of a reasonable quality and that this service is being offered.

- Patient experience

In order to get points for this, practices have to carry out a patient survey (based on preset questions) and produce a two year action plan which takes into account issues raised by patients.

After their visit, assessors provide a report setting out recommendations for future action. A sample of practices will be visited by auditors to ensure that the general standard of assessment is accurate.

The PCT anticipates spending £5.4 million in 2008-09 on QOF payments to Brighton and Hove practices.

In addition to the comprehensive QOF monitoring process the PCT also monitors primary medical service contracts in the following ways:

- Detailed audit and evaluation for each enhanced service
- Infection control inspections
- Patient satisfaction surveys