The nGMS Contract

What is the nGMS contract?
Why was there a need for the nGMS contract?
How does it differ from the old contract?
What are the benefits of the nGMS contract?
The “old contract”

Statement of Fees and Allowances

The GPs business bible

Payment based on volume
Why was there a need?

Old contract dated back to 1948
Revised in 1966
Revised in 1990
Out of date with modern life
Out of touch with delivery of general practice
What are the benefits?

- Rewards practices for quality of service
- Makes general practice more attractive
- Enables practices to control their workload
- Enables flexibility in delivery of services
- Investment in modern IT
- Investment in practice premises
What is the nGMS contract?

Defines GMS into categories of service

- Essential services
- Additional services
- Enhanced services
Essential Services

- Management of patients who are ill or believe themselves to be ill, with conditions from which recovery is generally expected, for the duration of that condition, including relevant health promotion advice and referral as appropriate, reflecting patient choice wherever practicable

- General management of patients who are terminally ill

- Management of chronic disease in the manner determined by the practice, in discussion with the patient
Additional Services

These cover

• cervical screening
• contraceptive services
• vaccinations and immunisations
• child health surveillance
• maternity services - excluding intra partum care
• minor surgery procedures for removal of warts verrucae and other skin lesions
Enhanced Services

3 types

- nationally directed (NES)
- nationally priced and benchmarked, but not directed (DES)
- developed locally (LES)
Payment

Practice are paid either
Global sum payment or
MPIG

In addition practices are able to earn financial reward for
the quality of care they provide
Quality and Outcomes Framework

Old contract SFA rewarded quantity not quality
< 4% of earnings from quality of care
QOF provides a significant level of investment into general practice
The contents of the QOF

Framework consists of 4 domains

• Clinical domain
• Organisational domain
• Additional services domain
• Patient experience domain
Clinical domain

Covers 10 disease areas:

- CHD
- Stroke and transient ischaemic attacks
- Hypertension
- Hyperthyroidism
- Diabetes
- Mental Health
- COPD
- Asthma
- Epilepsy
- Cancer
Organisational domain

5 areas:

• records and information
• communicating with patients
• education and training
• medicines management
• clinical and practice management
Additional Services domain

4 areas:

• cervical screening
• child health surveillance
• maternity services
• contraceptive services
Patient Experience domain

2 areas:

- patient survey
- consultation length
Quality and Outcomes Framework

3 payment elements to the QOF

• Preparation (QPREP)
• Aspiration
• Achievement
Quality and Outcomes Framework

Preparation

QPREP payments were made for 2003/04 at the end of October 2003

Final QPREP payment was made at the end of April 2004
Quality and Outcomes Framework

Aspiration

Aspiration payments provide monthly cashflow throughout the year and for 2004/05 are based on 1/3 of the contractors agreed aspiration target
Quality and Outcomes Framework

Achievement payments will be adjusted by Welsh national disease prevalence within the clinical domain.

The aim is to deliver a more equitable distribution of reward linked to workload.
Quality and Outcomes Framework

nGMS Contract Release software
Clinical Audit and Contract Manager
are central to our strategy for monitoring and calculating achievement under the QOF
The software has been rolled out to all 516 practices in Wales