





Primary Care in the United Kingdom

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Primary Care Background

- United Kingdom four separate healthcare systems
- England
 - 152 Primary Care Trusts
- A financial allocation direct from central government
- PCTs
 - Commissioning of services
 - Provision of services
 - Public Health role







Where is Salford?









Salford

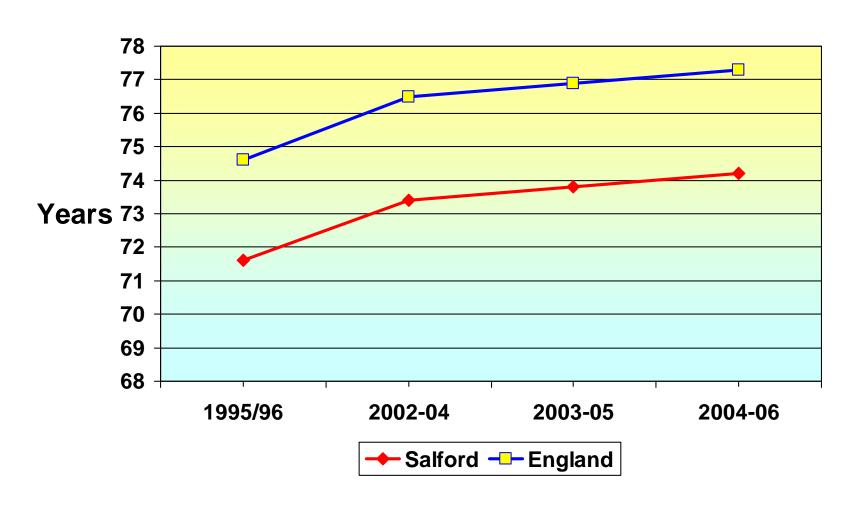
- 230,000 population
- A post industrial city
- 35% of ward areas are in the 10% most deprived in the country
- PCT co-terminous with local government







Salford – Male Life Expectancy

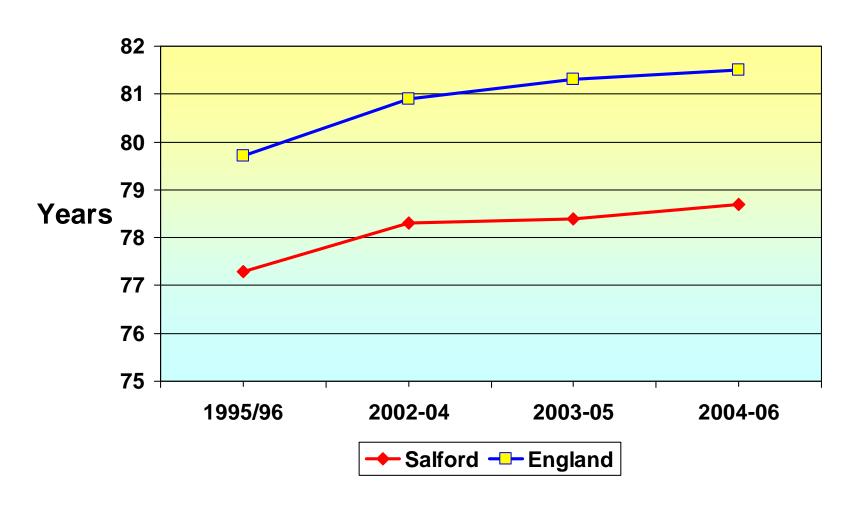








Salford – Female Life Expectancy









Salford – A Few Health Statistics Standardised Mortality Ratios (SMRs)

Heart Disease & stroke in under 65s – 151

- Stroke 137
- Cancers
 - Colon 126
 - Lung 180
 - Oesophagus 153
 - Stomach 132
- Anti-depressants 1/3 above national average









Primary Care in Salford

- 53 GP Practices
- 155 doctors
- Practices
 - Separate organisations
 - Partnerships or sole traders
- Contractual relationship with the PCT as commissioner







Features of the GMS Contract

- Core contract based on population size
- Performance based component
 - -3 domains
 - Clinical
 - Organisational
 - Patient experience
- Specific funding for additional services
 - National
 - Local







Quality & Outcomes Framework (QOF) Clinical Indicators

Secondary prevention of coronary heart disease

Cardiovascular disease – primary prevention

Heart failure

Stroke and Transient Ischaemic Attack

Hypertension

Diabetes mellitus

Chronic obstructive pulmonary disease

Epilepsy

Hypothyroid

Cancer

Palliative care

Mental health

Asthma

Dementia

Depression

Chronic kidney disease

Atrial fibrillation

Obesity

Learning disabilities

Smoking







Quality & Outcomes Framework (QOF) clinical domain examples

- Percentage of patients with coronary heart disease in whom the last blood pressure reading is 150/90 or less
- Percentage of patients with coronary heart disease whose last measured total cholesterol is 5mm/l or less
- Percentage of patients with hypertension in whom the last blood pressure reading is 150/90 or less
- Percentage of patients with diabetes in whom the last blood pressure reading is 145/85 or less
- Percentage of patients with diabetes in whom the last HbA1c is 7.5 or less







Quality & Outcomes Framework (QOF) Organisational Domain

- Records and information
- Information for patients
- Education and training
- Practice management
- Medicines management







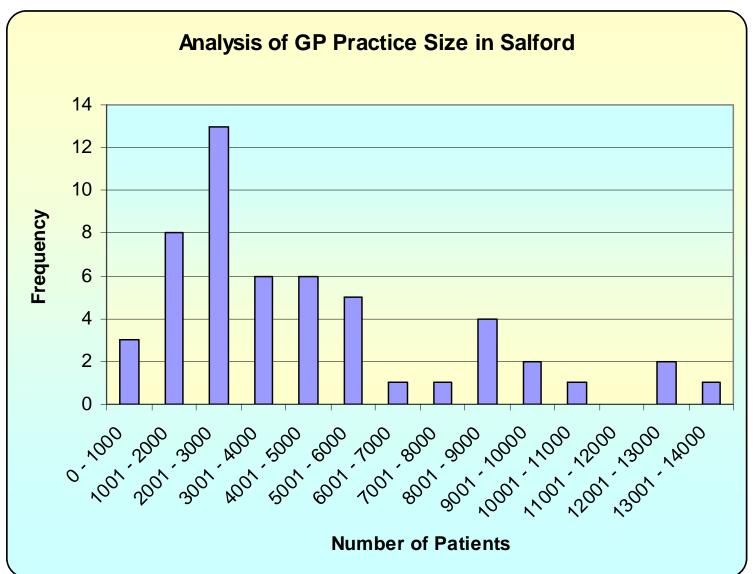
Quality & Outcomes Framework (QOF) Patient Experience Domain

- Length of Consultation
- Access to a Primary Care Professional within 24 hours
- Access to a GP within 48 hours





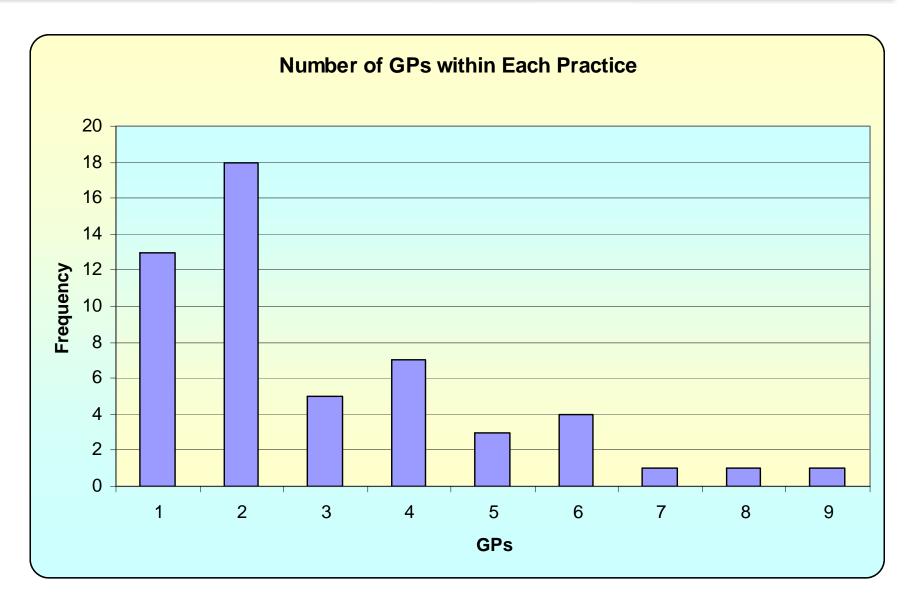








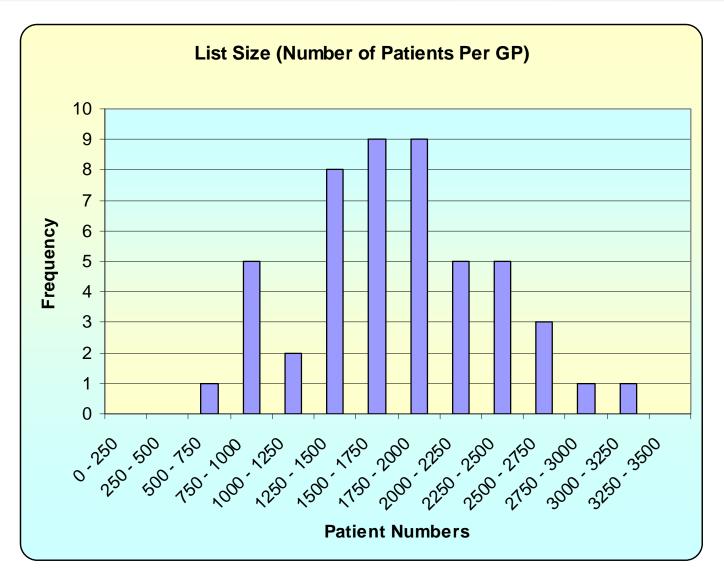








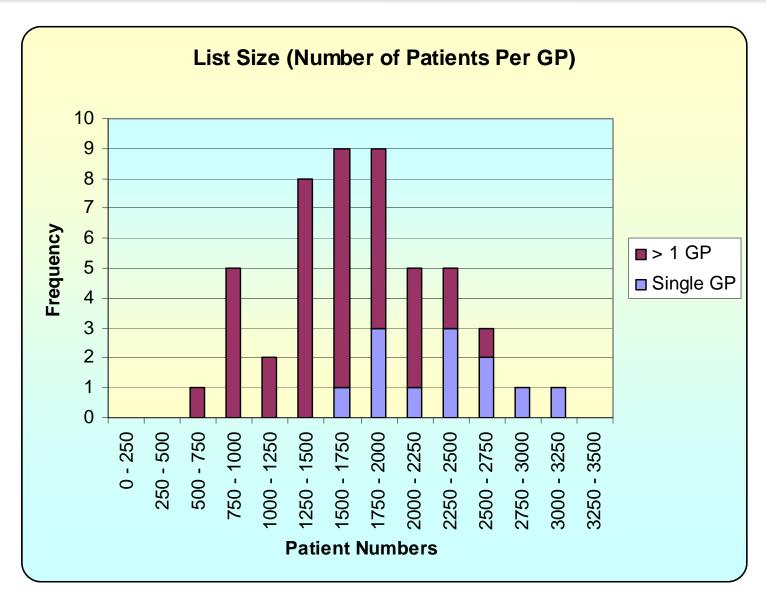


















QoF Points - Performance of Salford GPs

Domain	Maximum Available Points 2008/09	Points Achieved 2008/09	% Points Achieved 2008/09
Clinical	36,400	32,883	90.34%
Organisational	9,380	7,785	82.99%
Additional services	2,016	1,724	85.53%
Patient experience	8,204	6259	76.29%
Total	56,000	46,242	82.58%

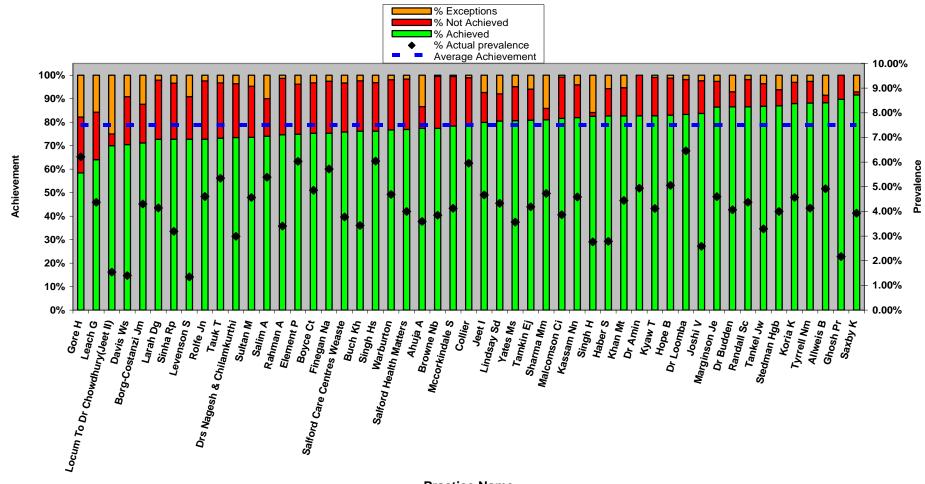






Coronary Heart Disease 8 2008/09

% of patients with Coronary Heart Disease whose last measured total cholesterol (measured in the previous 15 months) is 5 mmol/l or less.



Practice Name

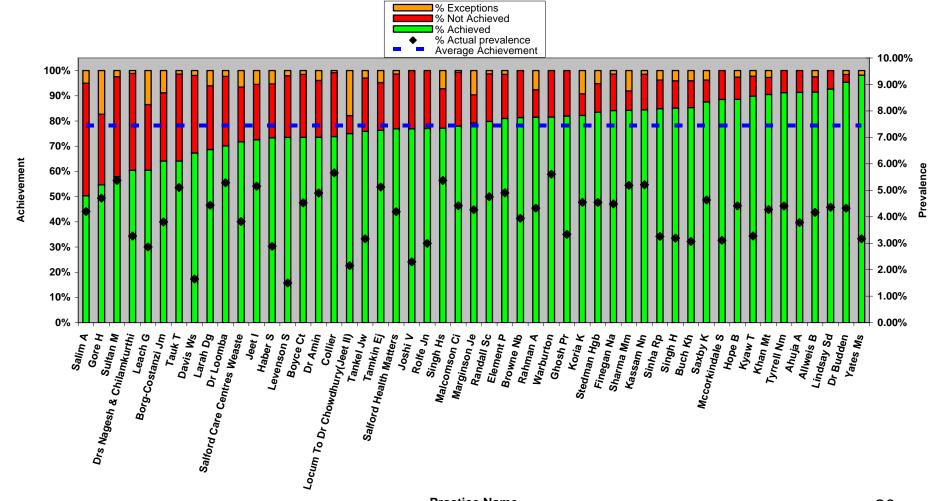






Diabetes Mellitus 12 2008/09

% of patients with Diabetes in whom the last blood pressure was 145/85 or less



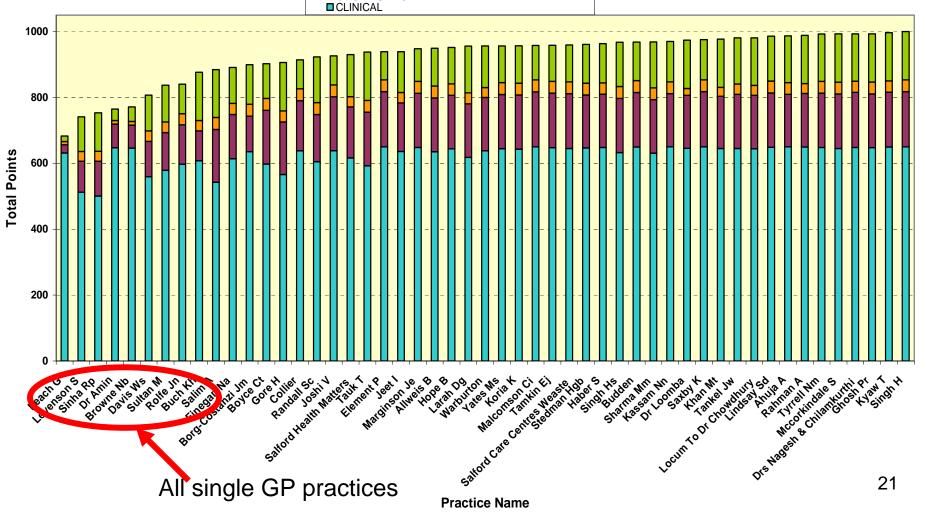






Salford PCT - Practice Points Achievement 2008/09

- PATIENT EXPERIENCE PATIENT EXPERIENCE
 ADDITIONAL SERVICES ADDITIONAL SERVICES
- ORGANISATIONAL









Enhanced Services

- Anti-Coagulation Services
- Drugs
- Active Case Management
- Near Patient Testing
- Access/Extended Hours
- Heart Failure Services
- Homeless Services
- •Minor Surgery
- Osteoporosis
- Cardio-Vascular Disease
- Smoking
- ■intrauterine contraceptive device (IUCD) Insertion
- ■IM&T

- Learning Disabilities
- HPV Vaccination
- Childhood Vaccination & Immunisations
- ■Safe Haven Service
- Influenza & Pneumococcal Immunisations
- •Alcohol Tier 1 (DES)
- Alcohol Tier 2 (LES)
- Gateway Programme
- Ethnicity
- Health Inequalities
- Practice Based Commissioning
- Choice & Booking







Other Contractual Arrangements

- Personal Medical Services Contracts (PMS)
 - Locally negotiated
 - Based on GMS Contract
- Equitable Access
 - Tendered Contract, open to competition
 - -3-5 year contracts







The GMS Contract – Key Points To Reflect On

- Based on need
- Clinical good practice incentives
- Flexibility in the way it can be delivered
- Encourages larger group practices
- Local tailoring via LESs







The GMS Contract – Key Points To Reflect On

- Contract in perpetuity
- Clinical quality must be a process of continuous improvement
- Negotiated with a powerful body
- Doctors as practice mgrs with salarieds
- The single hander "problem"
- Limited use of flexibilities







Suggested Areas of Improvement

- Targets should be more and more challenging
- Percentage of income within QoF should increase
- Patient choice should be encouraged
- Good practice / innovation in contract use should be encouraged