

**GENERAL MEDICAL SERVICES (STATEMENT OF
FINANCIAL ENTITLEMENTS) AMENDMENT DIRECTIONS
(NORTHERN IRELAND) 2005.**

The Department of Health, Social Services and Public Safety^(a), in exercise of the powers conferred upon it by Article 57C and 107(6) of the Health and Social Services (Northern Ireland) Order 1972^(b), and of all other powers enabling it in that behalf, after consulting in accordance with Article 57C(4) of the Order with the bodies, appearing to it to be representative of persons to whose remuneration these directions relate and with the consent of the Department of Finance and Personnel gives the directions set out in this instrument.

Citation and commencement

1. – (1) These Directions may be cited as the General Medical Services (Statement of Financial Entitlements) Amendment Directions (Northern Ireland) 2005.

(2) These Directions are dated 31 March 2005 but shall have effect as from 1st April 2004.

Amendments to the Statement of Financial Entitlements for 2004/05 – NI

2. – (1) The directions given in the Statement of Financial Entitlements for 2004/05 – NI (“the SFE”) which were given on behalf of the Department of Health, Social Services and Public Safety on 31st March 2004, are amended as follows.

(2) In paragraph 2.3 of the SFE (which relates to the calculation of the contractor’s first Initial Global Sum Monthly Payment) -

(a) for “£84.994m” substitute “£85.284m”;and

(b) for “£92.092m” substitute “£92.382m”.

(3) For paragraph 5.37 of the SFE there shall be substituted,

“5.37 The parts of the Achievement Payment that relate to the clinical domain and the additional services domain are calculated in a different way from the parts relating to the other domains. As regards –

(a) the clinical domain: first a calculation needs to be made of an Adjusted Practice Disease Factor for each disease area, and this is then multiplied by £76 and by the contractor’s Achievement Points total in respect of the disease area to produce a cash amount for that disease area. Then the cash total in respect of all the individual disease areas in the domain are to be added together to give the cash total in respect

^(a) See S.I. 1999/283 (N.I. 1) – Article 3(6)

^(b) 1972 No. 1265 (N.I. 14). Article 57C was inserted by Article 4 of the Primary Medical Services (Northern Ireland) Order 2004.

of the domain. A fuller explanation of the calculation of Adjusted Practice Disease Factors is given in Annex G; and

- (b) the additional services domain, the Achievement Points total in respect of each additional service is to be assessed in accordance with the guidance in Annex F, and a calculation is to be made of the cash total in respect of that domain in the manner set out in the guidance.”
- (4) In section 12 of the SFE (Payments in respect of Extended Study Leave) the following paragraphs should be inserted,
- “12.1 The Department will make available in the 2004/05 financial year a sum within Board Administered Funds for distribution in the form of grants to GP performers providing unrestricted general medical services who wish to undertake extended study leave, educational clinical attachments or longer courses of postgraduate education than those provided under Article 44 of the Health and Personal Social Services (Northern Ireland) Order 1972.
 - 12.2 The grant should cover in full or in part travelling and subsistence expenses and the cost of providing deputies. The maximum grant will not exceed £1,450 and the maximum period of study leave will not normally exceed 3 months, except in the case of practitioners undertaking educational clinical attachments who will be required to attend 2 sessions per week for a period of one year.
 - 12.3 GP performers will be required to show, in advance, that adequate deputising arrangements have been made for the conduct of their practices during their proposed absence.
 - 12.4 An Extended Study Leave Committee, representative of the Northern Ireland Medical and Dental Training Agency, the Central Services Agency, the profession and the Department, shall be established by the Central Services Agency to consider applications from practitioners who wish to take advantage of this scheme. Thus Committee shall have wide discretion to consider and approve applications which need not be restricted to study within the United Kingdom or to specific courses provided by Universities or similar institutions. Applicants will be expected to show that their scheme of study is likely to be of benefit to them as general practitioners or to their colleagues in general practice.”
- (5) For paragraph 13.3 of the SFE (Service that is Reckonable Service) substitute,
- “13.3 Work shall be counted as Reckonable Service if –
- (a) it is clinical service as a doctor within the HPSS or service as a doctor in the public service health care system of another EEA Member State, including service in that system pre-Accession;
 - (b) it is clinical service as a doctor or service as a medical officer within the prison service or the civil administration (which includes the Home

Civil Service) of the United Kingdom, or within the prison service or the civil administration of another EEA Member State;

- (c) It is services as a medical officer –
 - (i) in the armed forces of an EEA Member State (including the United Kingdom) or providing clinical services to those forces in a civilian capacity,
 - (ii) in the armed forces under the Crown other than the United Kingdom armed forces or providing clinical services to those forces in a civilian capacity,if accepted by the Board or endorsed by the Department as Reckonable Service;
- (d) it is service with the Foreign and Commonwealth Office as a medical officer in a diplomatic mission abroad, if accepted by the Board or endorsed by the Department as Reckonable Service, or
- (e) it comprises up to a maximum of four years clinical service in a country or territory outside the United Kingdom –
 - (i) which followed that date of first registration of the GP provider in that country or territory, and
 - (ii) in circumstances where –
 - (aa) on 31st March 2003, that period of clinical was counted by a Board as a period of registration for the purposes of a calculation of the annual rate of the GP Provider’s Seniority Payment under the Red Book, and
 - (bb) that period of clinical service is not counted as reckonable service by virtue of any of the preceding sub-paragraphs in this paragraph.”

(6) In paragraph 13.21(c) of the SFE (conditions attached to payment of Quarterly Seniority Payments), for “sub-paragraph (a)” substitute “sub-paragraph (b)”.

(7) 13.23 of the SFE (which relates to the sanctions to be imposed if the conditions attached to payment of Quarterly Seniority Payments are breached), for “13.21(c)” substitute “13.21(d)”.

(8) After paragraph 22.6 of the SFE (which relates to monthly deductions in respect of superannuation contributions), insert the following paragraph –

“22.6A Employer’s superannuation contributions in respect of payments for specific purposes which are paid after the start of the financial year will, for practical reasons, need to be handled slightly differently. In such cases, the Board and the contractor may agree that the payment is to be made net of employer’s superannuation

contributions. In the absence of such an agreement, the default position is that a reasonable proportion of the total amount of those contributions will need to be deducted from the remaining Payable GSMPs that are due to the contractor before the end of the financial year.”

(9) In Part 2 of Annex A of the SFE (glossary – definitions) –

(a) after the definition of “GP provider” insert the following definition -

““GP Registrar” has the same meaning as in regulation 2 of the Performers List Regulations.”;

(10) In Section 2 of Annex E of the SFE (Quality and Outcomes Framework – Clinical Indicators) –

(a) in part 1 (general format), at the end of the final paragraph, which begins “for each indicator”, add “These have been replaced by the Logical Query Indicator Specification and the Dataset and Business Rules.”;

(a) after part 1.1 (rationale) insert the following part –

“1.2 Use of Read Codes

The Logical Query Indicator Specification and the Dataset and Business Rules that support the reporting requirements of the Quality and Outcomes Framework in each home country are based entirely on Read codes (4 byte, Version 2 and Clinical Terms Version 3) and associated dates. Read codes are an NHS standard. Practices using proprietary coding systems and/or local/practice specific codes need to be advised that these codes will not be recognised within QOF reporting. Practices utilising such systems should develop strategies to ensure that they are utilising appropriate Read codes in advance of producing their achievement report.”;

(b) renumber the other part 1.2 (reporting and verification) part 1.3;

(c) in part 1.3, at the end of the second paragraph, which begins “It is hoped” for <http://www.bma.org.uk/ap.nsf/Content/newreadcodes> substitute http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/Commissioning/CommissioningArticle/fs/en?CONTENT_ID=4078648&chk=nP7W%2Bs;

(d) in part 2 (exception reporting), at the end of the final paragraph, which begins “Practices should report”, replace from “An IT solution is” to “were exception reported” with “Exception codes have been added to systems by suppliers. Practices will not be expected to report why individual patients were exception-reported.”;

- (e) in the part headed “Summary of all Clinical Indicators” –
 - (i) in the first table, which is headed “Secondary Prevention in Coronary Heart Disease (CHD)”-
 - (aa) in the first column, in the entry for Indicator CHD 3, for “need be recorded only once” substitute “should be recorded at least once since diagnosis”, and
 - (bb) in the third column, opposite the entry in the first column for Indicator CHD 4, for “25-70%” substitute “25-90%”,
 - (ii) in the second table, which is headed “Stroke and Transient Ischaemic Attacks”, in the first column, in the entry for Indicator STROKE 3, for “who have a record of smoking status in the last” substitute “whose notes record smoking status in the past”,
 - (iii) in the third table, which is headed “Hypertension”, in the first column, in the entry for Indicator BP 2, after “at least once” add “since diagnosis”,
 - (iv) in the fourth table, which is headed “Diabetes Mellitus (Diabetes)”, in the first column, in the entry for Indicator DM 3, for “in whom there is a record of smoking status in the previous 15 months, except those who have never smoked where smoking status should be recorded once” substitute “whose notes record smoking status in the past 15 months, except those who have never smoked where smoking status should be recorded at least once since diagnosis”,
 - (v) in the fifth table, which is headed “Chronic Obstructive Pulmonary Disease (COPD)”, in the first column, in the entry for Indicator COPD 4, for “in whom there is a record of smoking status in the past 15 months” substitute “whose notes record smoking status in the past 15 months, except those who have never smoked where smoking status should be recorded at least once since diagnosis”, and
 - (vi) in the tenth table, which is headed “Asthma”, in the first column, in the entry for Indicator ASTHMA 4, after “at least once” add “since diagnosis”;
- (f) in the part headed “Details of the rationale for indicators, and proposed methods of data collection and monitoring” in the table at the start of that part, which is headed “Secondary Prevention in Coronary Heart Disease (CHD)” –

- (i) in the first column, in the entry for Indicator CHD3 for “need be recorded only once” substitute “should be recorded at least once since diagnosis”, and
- (iii) in the third columns, opposite the entry in the first column for Indicator CHD 4, for “25-70%” substitute “25-90%”;
- (g) in the box, which describes CHD Indicator 3, before part CHD 3.1 (rationale), for “need be recorded only once” substitute “should be recorded at least once since diagnosis”;
- (h) in the table in the part headed “Stroke and Transient Ischaemic Attacks (TIA)”, in the first column, in the entry for Indicator STROKE 3, for “who have a record of smoking status in the last” substitute “whose notes record smoking status in the past”,
- (i) in the box, which describes Indicator STROKE 3, before the part headed “Stroke 3.1 Rationale”, for “who have a record of smoking status in the last” substitute “whose notes record smoking status in the past”;
- (j) in the part headed “Stroke 9.1 Rationale” in the paragraph beginning “All patients who”, omit “or dipyridamole MR 200mg twice daily”;
- (k) in the part headed “Stroke 9.2 Reporting and Verification”, in the paragraph beginning “Practices should”, omit “,dipyridamole” and after “aspirin” add “updated in the last 15 Months”;
- (l) in the table headed “Hypertension” before part BP 1.1 (rationale), in the entry for Indicator BP2, after “at least once” add “since diagnosis”;
- (m) in the box, which describes Indicator BP 2, before part BP 2.1 (rationale), after “at least once” add “since diagnosis”;
- (n) in the table in the part headed “Diabetes Mellitus (Diabetes)”, in the first column, in the entry for Indicator DM 3, for “in whom there is a record of smoking status in the previous 15 months, except those who have never smoked where smoking status should be recorded once” substitute “whose notes record smoking status in the past 15 months, except those who have never smoked where smoking status should be recorded at least once since diagnosis”;
- (o) in the box, which describes Indicator DM 3, before part DM 3.1 (rationale), for “in whom there is a record of smoking status in the previous 15 months, except those who have never smoked where smoking status should be recorded once” substitute “whose notes record smoking status in the past 15 months, except those who have never smoked where smoking status should be recorded at least once since diagnosis”;

- (p) in the table in the part headed “Chronic Obstructive Pulmonary Disease (COPD)”, in the first column, in the entry for Indicator COPD 4, for “in whom there is a record of smoking status in the previous 15 months” substitute “whose notes record smoking status in the past 15 months, except those who have never smoked where smoking status should be recorded at least once since diagnosis”;
- (q) in the box, which describes Indicator COPD 4, before part COPD 4.1 (rationale), for “in whom there is a record of smoking status in the previous 15 months” substitute “whose notes record smoking status in the past 15 months, except those who have never smoked where smoking status should be recorded at least once since diagnosis”;
- (r) in the table in the part headed “Asthma”, in the first column, in the entry for Indicator ASTHMA 4, after “at least once” add “since diagnosis”; and
- (s) in the box, which describes Indicator ASTHMA 4, before the part headed “Asthma 4.1 Rationale”, after “at least once” add “since diagnosis”.

(11) In Section 3 of Annex E of the SFE (Quality and Outcomes Framework – Organisational Indicators), in the part headed “Organisational Indicators – Medicines Management (E)”, in the table at the start of that part, which is headed “Summary of Indicators” in the second column, opposite the entry in the first column for Medicines Indicator 3, for “on a lea Basis” substitute “on at least an annual basis”.

(12) In Section 4 of Annex E of the SFE (Quality and Outcomes Framework Patient Experience), in the first table in that section –

- (a) beneath the heading “**PE 1 Length of Consultations**” insert the sub-heading “**30 points**”;
- (a) beneath the heading “**PE 2 Patient Surveys (1)**” insert the sub-heading “**40 points**”;
- (b) beneath the heading “**PE 3 Patient Surveys (2)**” insert the sub-heading “**15 points**”; and
- (c) beneath the heading “**PE 4 Patient Surveys (3)**” insert the sub-heading “**15 points**”.

(13) In Section 4 of Annex E of the SFE (Quality and Outcomes Framework – Patient Experience), in part PE 2.1 (Practice guidance) for the paragraph from “The aim of” to “50 questionnaires back.” substitute –

“If surveys are carried out in the surgery, these should be conducted on consecutive patients. If carried out by post, adult patients should be randomly sampled.”.

(14) In the following provisions –

- (a) paragraphs F.4 and F.5 of Annex F of the SFE (calculation of Additional Services Achievement Points); and
- (b) paragraph G.4(c) of Annex G of the SFE (adjusted practice disease factor calculations),

for “£75”, at each place where it occurs, substitute “£76”.

(15) In paragraph G.4 of Annex G of the SFE (adjusted practice disease factor calculations) sub-paragraph “(e)” should read “(d)”

(16) In paragraph G.4(d) of Annex G of the SFE, for “£90” substitute “£91”.

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31st March 2005