

## 9. OTHER ADJUSTMENTS

### 9.1 Nursing & Residential Homes

Two separate UK-wide surveys were carried out to analyse the relative workload generated by patients in nursing and residential homes. One was directed to nursing and residential homes to estimate frequency of consultations, and the other to GPs to estimate time spent on nursing/ residential consultations.

Overall, patients in nursing and residential homes generate more workload than patients of similar characteristics who are not, partly due to the travel time involved. The workload factor derived from this source applied to patients in nursing and residential homes on each GP's list is 1.43. A separate report on these surveys noted that all countries had been covered adequately. An option would have been to use NI data only to derive a workload factor for nursing and residential homes. However, although NI was well represented in the surveys, the data would not be sufficiently robust on its own to derive an adjustment.

Therefore since Northern Ireland is well represented in these surveys and there was no better alternative, it seemed most appropriate to apply the UK adjustment in NI.

**The Working Group recommends that the UK adjustment for nursing and residential homes should be adopted within the NI workload formula for allocating the global sum of GMS funding to GP practices.**

### 9.2 List Turnover

Areas with high list turnover often have higher workloads, as newly registered patients tend to have more consultations in their first year of registration.

Analysis of the GPRD indicated that average time in consultation was 40-50% higher for patients in the first year of registration than other patients. This has been attributed to the fact that new patients often present with an illness and consequently place a higher demand on GP's workload than existing patients. Therefore, the resulting workload factor to be applied to all new registrations will be 1.46. In calculating the adjustment within the global sum, new registrations will be defined using registration payments from the payments database, that is, payment when a health check-up takes place. New patients are supposed to

receive an initial medical check-up. The Working Group were content that this was the most appropriate data source as this reflects workload (as opposed to number of new patients registered which does not reflect workload).

**The Working Group recommends that the UK adjustment for new registrations should be adopted within the NI workload formula for allocating the global sum of GMS funding to GP practices.**

### **9.3 Staff Market Forces Factor**

This component reflects the geographical variation in staff costs that practices will incur. The Market Forces Factor (MFF) adjustment will be used to compensate for this. The MFF is based on the latest 3 years of the New Earnings Survey Panel Dataset. Analysis is carried out to isolate the impact of geographical area on costs, controlling for the effect of other factors such as age, gender, industry and occupation. This element of the formula has been given a weighting of 48%, as this is the average proportion of the global sum accounted for by practice staff costs. The equivalent earnings dataset for Northern Ireland was not amenable to similar analysis. Therefore, the MFF for Northern Ireland outside Belfast was taken as the average between Scotland and Wales, outside Edinburgh and Cardiff respectively, a value of 0.885. The MFF for Belfast was taken to be the average between Edinburgh and Cardiff, a value of 0.91.

The NI provision in the Contract only allows us to move from the status quo of the GMS Contract if we can provide evidence to demonstrate that a NI alternative removes or reduces any equality impacts. In the case of market forces we have no evidence in NI to disprove the weightings set out by the UK negotiators and therefore these weightings will have to be applied in N Ireland until such times as we can produce an evidence-based NI alternative. At this point we would be in a position to equality assess the UK MFF adjustment.

**The Working Group accepts that the UK adjustment for staff market forces will have to be adopted within the NI workload formula, until such times as evidence provides a NI alternative.**

## **10. Combining the Adjustments at Practice Level**

- 10.1 Each of the adjustments will generate a separate practice index, comparing the practice score on the adjustment to the NI average. The indices are then simultaneously applied to the practice list. This will produce the practice-weighted population. The application of the indices to all practices will produce an overall notional population, which differs from the actual registered population. Weighted populations are adjusted so as to total the registered population – a process known as normalisation. Each GP practice will then receive their relative share of the overall NI global sum.
- 10.2 Indicative GP practice allocations have been calculated using registered GP lists as at 1 October 2003. These will be made available to each HSS Board to allow discussions to take place with each GP practice regarding their global sum funding. Final allocations will then be produced in February 2004 using registered GP lists at 1 January 2004, pending the outcome of the public consultation exercise.

## 11. Conclusions

- 11.1 This report details an equality impact assessment of the UK GP Contract Workload Allocation formula, which is to be used to allocate the global sum funding stream of the new GMS Contract. The NI GMS Formula Working Group were tasked with testing each element of the formula against NI equality legislation and to recommend evidence based refinements where deemed necessary to avoid or minimise adverse impact across any of the nine equality dimensions.
- 11.2 For the three main elements of the formula (age/gender, additional need and rurality), the NI GMS Working Group have devised NI-specific versions, using NI data and either modelling in-house or by commissioning research.
- 11.3 Equality assessment of the age/gender element has demonstrated differential impacts in some of the equality dimensions when using either the UK or NI curve. These impacts are justifiable given the nature of the age/gender workload curve, however, the differentials are larger when using the NI curve. The NI workload curve is steeper and therefore places higher weight on the elderly population. The Working Group consider this to be more appropriate and as the NI curve is based on NI-specific data, this is the more equitable distribution of resources in NI. **The NI GMS Working Group recommend that the NI curve be adopted as the age/gender adjustment within the global sum workload allocation formula.**
- 11.4 Equality assessment of the additional needs element has again demonstrated justifiable differential impacts across some of the equality dimensions when using either the UK or NI indices. The differentials are again larger when using the NI index, that is, skewing extra resources to a larger number of people who have additional need arising from deprivation, morbidity and socio-economic circumstances. This better promotes equality. The Working Group consider this

to be more appropriate and as the NI index is based on NI data, this is the more equitable distribution of resources in NI. **The NI GMS Working Group recommend that the NI additional needs index be adopted as the additional need adjustment within the global sum workload allocation formula.**

11.5 Equality assessment of the rurality element has again demonstrated justifiable impacts across some of the equality dimensions when using either the UK or NI indices. However, in all categories within equality dimensions, overall more people gain under the NI rurality index in terms of skewing resources towards rural areas, to allow GPs to provide the same level of service as an urban GP. The NI index spreads the resources across more GP practices and therefore better promotes equality of opportunity for all equality dimensions. Furthermore as the NI index is based on NI data, this would suggest this is the more equitable distribution of resources for NI. The NI index also incorporates an adjustment for economies of scale, which the Working Group deemed necessary to account for costs, which must be incurred irrespective of practice size. **The NI GMS Working Group recommends that the NI rurality index should include an adjustment for economies of scale and that the NI rurality index be adopted within the global sum workload allocation formula.**

11.6 NI was adequately represented in the UK research to arrive at an adjustment to reflect workload generated by patients in nursing and residential homes. **The NI GMS Working Group recommends that the UK adjustment for nursing and residential homes be adopted within NI.**

11.7 A NI data source was not available to estimate the workload generated by newly registered patients. However, the NI GMS Working Group was content with the UK data source and method used to derive the additional workload factor. **The**

**NI GMS Working Group recommends that the UK adjustment for new registrations be adopted within NI.**

11.8 A NI data source was not available to derive a staff market forces factor. At this time, there is no better alternative than that devised by the UK Team. **The NI GMS Working Group recommends that the UK adjustment for staff market forces be adopted within NI pending specific NI research in this area.**

11.9 Based on this equality impact assessment, the final NI workload allocation formula will therefore consist of the following elements:

- A NI-specific age/gender workload curve
- A UK adjustment for nursing and residential homes
- A UK adjustment for list turnover
- A NI-specific additional needs index
- A UK staff market forces factor
- A NI-specific rurality index (incorporating a NI-specific economies of scale adjustment)

**Data Sources for the Equality Dimensions**

<b>Equality Dimension</b>	<b>Data Source</b>	<b>Level of Analysis</b>
Men and Women	NI Census 2001 Small Area Statistics	Electoral ward
Persons of Different Ages	NI Census 2001 Small Area Statistics	Electoral ward
Persons of Different Marital Status	NI Census 2001 Small Area Statistics	Electoral ward
Persons with Different Religious Beliefs	NI Census 2001 Small Area Statistics	Electoral ward
Persons with/without a Disability	NI Census 2001 Small Area Statistics  In receipt of benefits at February 2002 Department of Social Development	Electoral ward  Electoral Ward
Persons from Different Racial Backgrounds	NI Census 2001 Small Area Statistics	Electoral ward
Persons with/without Dependant Children	NI Census 2001 Small Area Statistics	Electoral ward
Persons of Different Political Beliefs	First Preference Votes Cast in the June 2001 Local Council Elections for Seats Won	Local Government District
Persons of Different Sexual Orientation	No data available	No analysis undertaken

**Note for the rurality modelling, equality data was attributed from electoral ward or Local Government District level to GP practice level**

TABLE 1: AGE/GENDER EQUALITY ASSESSMENT

Equality Dimensions	Effect of NI Age/Gender Cost Curve on Ward Shares Gain/No Change	Difference Within Dimensions	Effect of C-H Age/Gender Cost Curve on Ward Shares Gain/No Change	Difference Within Dimensions	Difference Between C-H and NI
All persons	47.23%		45.89%		1.34%
Males	46.40%	}	45.09%	}	0.06%
Females	48.01%		46.64%		
Children	41.29%	}	40.80%	}	0.59%
Adults Other Than Elderly People	46.41%		44.58%		
Elderly People	58.82%		57.74%		
Single	47.59%	}	45.24%	}	1.02%
Married	48.05%		46.72%		
Separated/Divorced/Widowed	55.83%		54.84%		
White	47.21%	}	45.89%	}	3.73%
Black & Minority Ethnic (other than Irish Traveller)	51.70%		46.65%		
Irish Traveller	30.38%		33.02%		
Catholic1	31.86%	}	32.03%	}	2.58%
Protestant and Other Christian	59.28%		56.87%		
Other religions and philosophies	55.12%		49.38%		
DLA+AA	49.51%	}	49.51%	}	-1.53%
Not Claiming DLA or AA	46.90%		45.36%		
Persons with limiting long-term illness	51.06%	}	50.42%	}	-0.88%
Persons without limiting long-term illness	46.25%		44.73%		
Unionist	50.00%	}	49.66%	}	5.63%
Nationalist	22.76%		28.05%		
Other	58.75%		54.74%		
With Dependant Children	43.08%	}	42.33%	}	1.46%
Without Dependant Children	56.34%		54.12%		

Moving from the use of Carr-Hill to NI age/gender weights, brings the following changes:

Overall 271 wards (47% of wards) gain - up to a maximum gain of 0.06%

311 wards (53%) lose - maximum loss of -0.01%

**TABLE 2: ADDITIONAL NEEDS EQUALITY ASSESSMENT**

Equality Dimensions	Effect of NI Additional Needs Index on Ward Shares Gain/No Change	Difference Within Dimensions	Effect of Carr-Hill Additional Needs Index on Ward Shares Gain/No Change	Difference Within Dimensions	Difference Between C-H and NI
All persons	40.56%		40.73%		-0.18%
Males	40.02%	} -1.04%	40.19%	} -1.07%	-0.03%
Females	41.06%		41.25%		
Children	42.90%	} 3.14%	42.43%	} 1.26%	-1.87%
Adults Other Than Elderly People	39.68%		39.78%		
Elderly People	39.77%		41.16%		
Single	43.99%	} -9.59%	44.18%	} -9.27%	0.32%
Married	34.41%		34.91%		
Separated/Divorced/Widowed	48.83%		49.25%		
White	40.57%	} 6.09%	40.75%	} 5.80%	-0.29%
Black & Minority Ethnic (other than Irish Traveller)	34.48%		34.95%		
Irish Traveller	69.62%		68.68%		
Catholic1	52.44%	} 21.23%	50.82%	} 17.94%	-3.28%
Protestant and Other Christian	31.22%		32.88%		
Other religions and philosophies	34.07%		33.54%		
None	32.81%		33.04%		
DLA+AA	53.02%	} -14.26%	53.51%	} -14.63%	-0.36%
Not Claiming DLA or AA	38.76%		38.89%		
Persons with limiting long-term illness	48.55%	} -10.04%	48.73%	} -10.05%	-0.01%
Persons without limiting long-term illness	38.51%		38.69%		
Unionist	33.51%	} 28.30%	33.51%	} 28.30%	0.00%
Nationalist	61.81%		61.81%		
Other	28.03%		28.03%		
With Dependant Children	42.24%	} 0.57%	41.87%	} -0.60%	-1.17%
Without Dependant Children	41.67%		42.47%		

Overall moving from the use of the Carr-Hill to an NI additional needs index, brings the following changes:

234 wards (40%) gain - maximum gain of +0.15%

348 wards (60%) lose - loss of as much as -0.07%

**TABLE 3: RURALITY EQUALITY ASSESSMENT**

Equality Dimensions	Effect of NI Rural Index on Practice Shares Gain/No Change	Difference Within Dimensions	Effect of C-H Rural Index on Practice Shares Gain/No Change	Difference Within Dimensions	Difference Between C-H and NI
All persons	50.74%		44.78%		5.97%
Males	51.64%	} 1.74%	45.74%	} 1.88%	0.13%
Females	49.90%		43.87%		
Children	52.54%	} 3.56%	46.53%	} 4.35%	0.78%
Adults Other Than Elderly People	50.33%		44.57%		
Elderly People	48.98%		42.18%		
Single (never married)	46.94%	} 7.73%	41.04%	} 7.91%	0.18%
Married	54.67%		48.96%		
Separated/Wid/Div	44.85%		37.94%		
White	50.87%	} 16.00%	44.90%	} 15.70%	-0.30%
Black & Monirity Ethnic (other than Irish Traveller)	34.87%		29.20%		
Irish Traveller	61.96%		54.05%		
Catholic1	55.28%	} 7.47%	49.42%	} 7.74%	0.27%
Protestant and Other Christian	47.81%		41.68%		
Other religions and philosophies	32.29%		27.38%		
None	37.17%		32.33%		
DLA+AA	47.86%	} 3.33%	41.08%	} 4.28%	0.95%
Not Claiming DLA/AA	51.19%		45.35%		
Persons with limiting long-term illness	48.25%	} 3.14%	41.55%	} 4.07%	0.93%
Persons without limiting long-term illness	51.39%		45.62%		
Unionist	53.19%	} 7.96%	46.30%	} 9.87%	1.91%
Nationalist	61.15%		56.17%		
Other	38.88%		36.51%		
With Dependant Children	51.74%	} 5.14%	45.81%	} 5.63%	0.48%
Without Dependant Children	46.60%		40.19%		

Overall moving from the use of the Carr-Hill rural adjustment to a NI rural index, brings the following changes:  
 135 practices (40%) gain - the majority of these by 0.01%  
 88 practices (26%) see little change  
 118 practices (37%) lose - 89 of these by 0.02% or less

## Area and Individual Level Variables For Additional Needs Modelling

Description	Source	NIHWBS	
		N	Mean
<i>Supply</i>			
GP access centroid	DHSSPS	4233	0.00013
<i>Multiple Deprivation</i>			
Index of Multiple Deprivation score	NISRA	4233	22.083
Income domain score	NISRA	4233	28.068
Employment domain score	NISRA	4233	12.604
Health domain score	NISRA	4233	0.047
Education domain score	NISRA	4233	-0.023
Access domain score	NISRA	4233	-0.030
Social & Environment domain score	NISRA	4233	-0.007
Housing domain score	NISRA	4233	0.262
<i>Mortality</i>			
Standardised Mortality Ratio, all ages	DHSSPS	4233	102.176
Standardised Mortality Ratio, 0-64	DHSSPS	4233	100.668
Standardised Mortality Ratio, 0-74	DHSSPS	4233	100.630
<i>Individual Data</i>			
Limiting long term illness	HWBS	4221	0.276
Self-assessed general health (fair)	HWBS	4220	0.325
Self-assessed general health (not good)	HWBS	4220	0.169
Aged 75+ living alone	HWBS	4221	0.040
Pensionable age living alone	HWBS	4221	0.082
Single carer households	HWBS	4221	0.032
Unemployment	HWBS	4218	0.037
Permanent sickness	HWBS	4218	0.065
Job Seekers' Allowance	HWBS	4212	0.017
Income support claimant	HWBS	4212	0.129
Income support claimant, over 60 years	HWBS	4212	0.042

**Appendix D**  
**Summary Statistics for Rurality Dataset**

Variable Explanation	Variable Name	Expected Sign	Summary Statistics			
			Min	Max	SD	Mean
All payments which will be included in the global sum (excludes premises, IT, Enhanced Services and items to be paid as PCT administered funds).	Global Payments per patient		41.35	147.75	8.72	55.26
Registered unadjusted list size at June 2001	LISTJune01		1115	15543	2764	4939
Constrained registered list size at June 2001	DEFLIST		1119	14176	2692	4803
List discrepancy attributed by District Council Area	LISTINF		-0.09	0.06	0.03	0.00
Average list size 2001	AVGLIST		1117	15503	2752	4949
June 2001 List size scaled to Average List Size (measure of variation in list size)	SCLIST		0.94	1.42	0.02	1.00
Number of patients per WTE GP at June 2001	PTPERWTE		682	5986	502	1768
Number of residents per hectare	RESHEC	+ve	0.19	83.90	15.48	16.17
Percentage of the economically active population in agriculture	# AGRIC	+ve	0.00	0.25	0.06	0.05
Percentage of people living in EDs with a density less than 4 people per hectare	# DENSITY1	+ve	0.01	0.99	0.30	0.37
Percentage of people living in EDs with a density less than 0.5 people per hectare	# DENSITY2	+ve	0.00	0.87	0.20	0.18
Distance (Km) to urban centre of 5,000 or more people.	DIST5	+ve	1.22	32.90	5.65	7.16
Distance (Km) to urban centre of 10,000 or more people.	DIST10	+ve	1.22	66.55	11.42	10.95
Distance (Km) to urban centre of 20,000 or more people.	DIST20	+ve	1.23	109.89	21.56	19.34
Distance (Km) to urban centre of 50,000 or more people.	DIST50	+ve	1.27	109.97	24.90	29.03
Proportion of patients who live 3 or more miles away from their practice of registration	# RURAL3	+ve	0.00	0.80	0.20	0.25
Proportion of patients who live 5 or more miles away from their practice or registration	# RURAL5	+ve	0.00	0.71	0.16	0.18
Proportion of patients who live 8 or more miles away from their practice or registration	# RURAL8	+ve	0.00	0.47	0.08	0.06
Proportion of patients who live 10 or more miles away from their practice or registration	# RURAL10	+ve	0.00	0.33	0.05	0.03
Average distance to nearest A&E facility	AEDIST	+ve	856	42646	8606	11698
Average distance to nearest A&E facility and minor injuries unit	AEMIDIST	+ve	1677	35189	8421	10736
Average distance to nearest local hospital	LOCALDIS	+ve	2229	116246	21709	19235
Average distance to nearest GP Practice	GPDIST	+ve	881	12022	1510	3724

Summary Statistics						
Variable Explanation	Variable Name	Expected Sign	Min	Max	SD	Mean
Percentage of the population who are males	%Males		0.46	0.53	0.01	0.49
Percentage of the population who are males aged 0-4	0-4		0.02	0.06	0.01	0.04
Percentage of the population who are males aged 5-14	5-14		0.05	0.13	0.01	0.08
Percentage of the population who are males aged 15-24	15-24		0.07	0.12	0.01	0.08
Percentage of the population who are males aged 25-44	25-44		0.11	0.17	0.01	0.14
Percentage of the population who are males aged 45-59	45-59		0.05	0.09	0.01	0.07
Percentage of the population who are males aged 60-64	60-64		0.01	0.03	0.00	0.02
Percentage of the population who are males aged 65-74	65-74		0.01	0.05	0.01	0.03
Percentage of the population who are males aged 75+	75+		0.01	0.04	0.00	0.02
Percentage of the population who are females	%Females		0.47	0.54	0.01	0.51
Percentage of the population who are females aged 0-4	0-4		0.02	0.06	0.01	0.04
Percentage of the population who are females aged 5-14	5-14		0.05	0.12	0.01	0.08
Percentage of the population who are females aged 15-24	15-24		0.06	0.09	0.01	0.08
Percentage of the population who are females aged 25-44	25-44		0.11	0.18	0.01	0.14
Percentage of the population who are females aged 45-59	45-59		0.05	0.10	0.01	0.08
Percentage of the population who are females aged 60-64	60-64		0.01	0.04	0.00	0.02
Percentage of the population who are females aged 65-74	65-74		0.02	0.07	0.01	0.04
Percentage of the population who are females aged 75+	75+		0.01	0.07	0.01	0.03
Percentage of Households that are Owner-Occupied	HHOWNOCC	-ve	0.30	0.90	0.10	0.63
Percentage of people in private rented accomodation	# PRIVRENT	-ve	0.01	0.19	0.02	0.04
Percentage of people in houses lacking bath/shower and inside wc	# NOBATH	+ve	0.00	0.08	0.01	0.02
Percentage of people in households lacking central heating	# NOHEAT	+ve	0.03	0.33	0.05	0.15
Percentage of people in households lacking a car	NOCAR	+ve	0.08	0.69	0.12	0.26
Percentage of people in households without access to 2 cars	NO2CARS	+ve	0.47	0.95	0.09	0.74
Percentage of people in overcrowded housing >1.5 per room	OVERCROWD	+ve	0.44	0.81	0.08	0.64
Percentage of people over 16 who are single/widowed or divorced	MARSTAT	+ve	0.29	0.56	0.04	0.42
Percentage of households with 3 or more children	# HH3+CHILDREN	+ve	0.05	0.28	0.05	0.13
Percentage of people of working age permamnently sick	# PERMSICK	+ve	0.02	0.08	0.01	0.05
Percentage of pensioners living alone	ELDALONE	+ve	0.22	0.41	0.04	0.30
Percentage of over 75s living alone	ALONE75	+ve	0.24	0.52	0.05	0.41
Percentage of people in the 'professional', 'managerial' or 'skilled non-manual' social classes	PROFSKIL	-ve	0.12	0.58	0.08	0.33
Percentage of people in the 'manual', 'partly skilled' or 'unskilled' social classes	MANUAL	+ve	0.15	0.50	0.05	0.37
Percentage of adult population with some qualifications	# QUALIF	-ve	0.03	0.34	0.04	0.08
Percentage of dependents in single carer households	SINGCAR	+ve	0.01	0.51	0.10	0.15
Percentage of people in lone parent households	# LONPAR	+ve	0.01	0.16	0.03	0.04
Percentage of children in lone parent households	CLONPAR	+ve	0.02	0.32	0.06	0.11
Percentage of household that consist of economically inactive lone parents (as a % of all	# LONINAC	+ve	0.01	0.14	0.02	0.03
Percentage of lone parent households that are economically inactive (as a % of all lone parent	HLOININAC	+ve	0.32	0.90	0.09	0.61
Percentage of children in lone parent hholds where the parent is not earning (as a % of all	CHLONINAC	+ve	0.35	0.93	0.10	0.63

Variable Explanation	Variable Name	Expected Sign	Summary Statistics			
			Min	Max	SD	Mean
Percentage of all people claiming Income Support	ICSALL	+ve	0.04	0.64	0.10	0.15
Percentage of all people aged between 16 and 64 claiming Income Support	ICS1664	+ve	0.04	0.86	0.13	0.16
Percentage of all people aged 65 and over claiming Income Support	ICS65	+ve	0.12	1.84	0.21	0.43
Percentage of people claiming Disability Living Allowance	DLA	+ve	0.03	0.49	0.08	0.11
Percentage of people claiming Attendance Allowance	# AA	+ve	0.02	0.14	0.03	0.06
Percentage of people claiming Incapacity Benefit	# INCBEN	+ve	0.03	0.25	0.04	0.08
Percentage of people claiming income based Job Seekers Allowance	# JSAIB	+ve	0.01	0.15	0.02	0.03
Percentage of all persons claiming unemployment benefit	# UNEMPALL	+ve	0.02	0.12	0.02	0.05
Percentage of all people of working age claiming unemployment benefit	# UNEMPWA	+ve	0.02	0.12	0.02	0.05
Percentage of people claiming unemployment benefit for more than 12 months	# UNEMP12	+ve	0.01	0.07	0.01	0.02
Percentage of all people participating in New Deal	# NEWDEAL	+ve	0.00	0.01	0.00	0.01
Percentage of the population Roman Catholic	# %Catholic	+ve	0.02	0.91	0.26	0.39
Percentage of households that have dependents	DEPEN	+ve	0.36	0.73	0.06	0.58
Standardised Mortality Ratio, all ages	SMRALL	+ve	0.71	1.35	0.10	0.99
Standardised Mortality Ratio, under 65	SMRU65	+ve	0.52	1.41	0.17	1.00
Standardised Mortality Ratio, under 75	SMRU75	+ve	0.63	1.48	0.14	1.00
Percentage of persons aged 5 years of age and under	# UNDER5	+ve	0.05	0.13	0.01	0.08
Age/Gender adjusted rate of limiting long-term illness in people over 75 years old	LLTI75	+ve	0.69	1.30	0.11	1.00
Age/Gender adjusted rate of limiting long-term illness in people under 75 years old	LLTIU75	+ve	0.69	1.44	0.15	1.01
Percentage of births that are less than 2,500g	# PCLBW	+ve	0.02	0.09	0.01	0.06

#### Dichotomous Variables

Variable Explanation	Variable Name	Expected Sign	Group	No.	Mean of DV	SE of DV
Dummy variable for Eastern HSSB	EAST	Amb	0	203	55.702	0.704
			1	140	54.619	0.535
Dummy variable for Northern HSSB	NORTH	Amb	0	268	55.077	0.393
			1	75	55.913	1.640
Dummy variable for Southern HSSB	SOUTH	Amb	0	270	55.601	0.567
			1	73	53.997	0.689
Dummy variable for Western HSSB	WEST	Amb	0	288	54.798	0.529
			1	55	57.677	0.915
Dispensing practice	DISPEN	+ve	0	322	55.054	0.488
			1	21	58.413	1.703
Training practice	TRAIN	-ve	0	277	55.346	0.558
			1	66	54.897	0.719
Practice has Branch Surgeries	BRNSUR	+ve	0	273	55.537	0.571
			1	70	54.181	0.592

Notes: All variables have been logged transformed  
# represents log(100-variable)

**CHAIR**

Mr I McMaster      Assistant Director of GMS Contract

**Eastern HSS Board Representatives**

Dr S Adair          Director of Primary Care

Mr C McCloskey    Assistant Director of Finance

Ms D Raine         Administrative Officer, GP Unit

**Northern HSS Board Representatives**

Mrs J Barkley      Assistant Director (Primary Care Delivery)

Mr I Armstrong     Head of Financial Management, Family Practitioner Services

**Southern HSS Board Representatives**

Mr E Ritson         Director of Primary Care

Mr S McKeever     Director of Resources and Contracting

Ms C Anderson     Project Accountant

**Western HSS Board Representatives**

Mr E Gallagher     Director of Primary Care

Mr P Ballentine     Senior Accountant

Mr P Brolly         Senior Accountant (Family Practitioner Services)

**General Practice Representatives**

Dr E Deeny          General Practitioner, Western HSS Board

Dr B Sweeney        General Practitioner, Western HSS Board

**Department of Health, Social Services & Public Safety Representatives**

Mr R Duffin                      GMS Contract, DHSSPS

**Analytical Support**

Mr M Mayock                    Information & Analysis Directorate, DHSSPS

Mrs P Murray                   Information & Analysis Directorate, DHSSPS

Miss A Dunwoody               Information & Analysis Directorate, DHSSPS

**Secretariat**

Ms C Flynn                      GMS Contract, DHSSPS

CONSULTATION LIST

Accord Catholic Marriage Counselling Service  
Action Cancer  
Action Mental Health  
Action MS  
Action on Elder Abuse  
Adopt  
Afro-Asian Residents Group NI  
Age Concern  
Age Sector Reference Group (ASRG)  
AIDS Helpline  
Al-Anon Family Group  
Alcohol Awareness for Youth  
Al-Nisa Association  
Alzheimer's Society  
Amalgamated Transport & General Workers Union  
Archbishop of Armagh and Primate of All Ireland  
Arthritis Care NI  
Arthritis Research Campaign  
Association for Spina Bifida & Hydrocephalus  
Association of Crossroads Care Attendants Schemes  
Association of Directors of Social Services  
Association of Healthcare Human Resource Management (AHHRM)  
Association of Independent Advice Centres  
Association of Local Authorities in Northern Ireland  
Association of Practice Nurses  
Association of Trust Directors of Social Work

Barnardo's  
Belfast Baha'i Community  
Belfast Brook Advisory Centre  
Belfast Hebrew Congregation  
Belfast Solicitors Association  
Belfast Travellers Education & Development Group  
Board of Social Witness of the Presbyterian Church in Ireland  
British Association of Social Workers (NI)  
British Deaf Association (NI)  
British Dental Association  
British Geriatric Society (NI)  
British Medical Association (NI)  
British Psychology Society NI Branch  
British Red Cross  
Bryson House

Cancer Relief – Macmillan Fund  
Cara Friend  
CARE  
Carers National Association (NI)  
CBI: NI Branch  
Central Services Agency for HPSS  
Child Accident Prevention Trust  
Child Care (NI)  
Child Poverty Action Group  
Children’s Law Centre  
Chinese Welfare Association  
Church of Ireland Board for Social Responsibility  
Civic Forum  
Clerk of Petty Sessions  
Coalition on Sexual Orientation  
Commission for Racial Equality for Northern Ireland  
Committee for the Administration of Justice (CAJ)  
Community Addictions Team  
Community Development & Health Network  
Community Evaluation (NI)  
Community Practitioners and Health Visitors Association  
Community Relations Training & Learning Consortium  
Community Work Education & Training Network  
Confederation of Community Groups  
Co-operation Ireland  
Corrymeela Community  
Council for the Advancement of Communication with Deaf People  
Council for the Homeless  
Council of Social Responsibility  
Councils: City, District and Borough  
Counteract  
Craigavon Asian Women’s Centre  
Craigavon Chinese Community Association  
Craigavon Vietnamese Club  
Cruse Bereavement Care

Departmental Solicitors Department  
Derry Travellers Support Group  
Derry Well Women  
Diabetes UK  
Director General: NI Court Service  
Disability Action  
Down & Connor Family Ministry  
Downs Syndrome Association  
Dunlewey Substance Advice Centre

East Belfast Community Development Agency  
Education and Library Boards

Employers Forum on Disability  
Equality 2000  
Equality Commission for NI  
Equality Officer OFMDFM  
Equality Unit (DHSSPS)  
European Infertility Network Ltd  
Extern Association  
Extra Care

Falls Community Council  
Family Care Society  
Family Planning Association NI  
Federation of Small Businesses  
Fermanagh Women's Network  
First Key (NI)  
Food Standards Agency  
Former Members of the Legislative Assembly  
Forum for Action on Substance Abuse  
Forum for Community Work Education (NI)  
Foundry Regeneration Trust  
Four Seasons Healthcare  
Foyle Friend  
Free Presbyterian Church of Ulster

Gay & Lesbian Youth Northern Ireland  
General Consumer Council for NI  
General Practitioners Committee of the BMA (NI)  
Gingerbread Northern Ireland  
GMB Union  
Guild of Healthcare Pharmacists

Health and Social Services Boards  
Health and Social Services Councils  
Health and Social Services Trusts  
Health Promotion Agency  
Help the Aged  
Home Start (NI)

Include Youth  
Indian Community Centre  
Institute of Public Health  
Irish Congress of Trade Unions (NI Committee)  
Issue

Japan Society of NI

Judge Curran

La Societa Italiana Irlanda Del Nord  
Law Centre (NI)  
Law Reform Advisory Committee  
Lesbian Line  
Life (NI)  
Local Medical Committees

Manufacturing Science and Finance Union  
Marie Curie Cancer Care  
Mencap  
Mental Health Commission  
Moderator of the Presbyterian Church of Ireland  
Multicultural Group (Windsor Women's Centre)  
Multi-Cultural Resource Centre  
Multiple Sclerosis Society (NI)

National Board for Nursing, Midwifery and Health Visiting for NI  
National Deaf Children's Society  
National Society for the Prevention of Cruelty to Children  
Newry & Mourne Women  
Newtownabbey Senior Citizens Forum  
Nexus Institute for NI  
NI Anti-Poverty Network  
NI Association for Mental Health  
NI Association of Citizens Advice Bureaus  
NI Board of Chartered Society of Physiotherapy  
NI Chamber of Commerce and Industry  
NI Chamber of Trade  
NI Chest, Heart & Stroke Association  
NI Citizens Advice Bureau  
NI Council for Ethnic Minorities  
NI Council for Voluntary Action  
NI Council on Alcohol  
NI Economic Council  
NI Government Departments  
NI Hospice  
NI Human Rights Commission  
NI Mother & Baby Action  
NI MPs and MEPs  
NI Newpin  
NI Optometric Society  
NI Practice & Education Council for Nursing & Midwifery  
NI Practice Managers Association  
NI Resident Magistrate's Association  
NI Social Care Council

NI Spokespersons in the House of Lords and House of Commons  
NI Statistics and Research Agency  
NI Women's Aid Federation  
NI Women's European Platform  
Northern Ireland Public Service Alliance (NIPSA)  
North West Community Network  
North West Ethnic Communities Association  
North West Forum of People with Disabilities  
Northern Ireland African Cultural Centre  
Northern Ireland Association for the Care & Resettlement of Offenders (NIACRO)  
Northern Ireland Child Minding Association (NICMA)  
Northern Ireland Council for Postgraduate Medical & Dental Education  
Northern Ireland Filipino Association  
Northern Ireland Foster Care Association (NIFCA)  
Northern Ireland Gay Rights Association  
Northern Ireland Office (Human Rights and Equality Unit)  
Northern Ireland Political Parties  
Northern Ireland Pre-School Playgroups Association (NIPPA)  
Northern Ireland Social Care Council  
Northern Ireland Youth Forum

Omagh Ethnic Support Group  
Omagh Women's Area Network

Pakistani Community Association  
Parents & Professionals & Autism (PAPA)  
Pharmaceutical Contractor's Committee (NI)  
Pharmaceutical Society of Northern Ireland  
Physically Handicapped & Able-Bodied (PHAB)  
Playboard  
POBAL Umbrella Organisation  
PRAXIS Mental Health  
President of the Baptist Church of Ireland  
President of the Methodist Church in Ireland  
Press for Change  
Public Sector Support Services Forum (PSSSF)  
Putting Children First

Queen's University Belfast: School of Law  
Queerspace

Rape Crisis & Sexual Abuse Centre  
Registered Nursing Homes Association  
Relate  
Remember our Child  
Royal College of General Practitioners (NI)

Royal College of Midwives  
Royal College of Nursing  
Royal College of Nursing Treatment Room and Practice Nurses Forum  
Royal College of Obstetrics & Gynaecologists  
Royal College of Psychiatry  
Royal National Institute for Deaf People (RNID)  
Royal National Institute for the Blind (RNIB)  
Royal Society for the Prevention of Accidents (ROSPA)  
Rural Community Network  
Rural Development Council

Salvation Army District Office  
Save the Children Fund  
Sense (National Deaf-Blind and Rubella Association)  
Shelter  
Sikh Cultural Centre  
Simon Community  
Social Care Association (NI)  
Society of St Vincent de Paul  
SOLACE  
Sperrin Lakeland Senior Citizens Consortium  
Statutory Advisory Committees to DHSSPS

The Blind Centre for Northern Ireland  
The Cedar Foundation  
The Community Relations Council  
The Equality Forum (NI)  
The Executive Council of the Inn of Court of NI  
The Fire Authority for Northern Ireland  
The General Consumer Council  
The Guide Dogs for the Blind Association  
The Irish Council of Churches  
The Law Society of NI  
The Most Reverend The Lord Archbishop of Armagh  
The Office of Law Reform  
The Ombudsman  
The Women's Centre  
Threshold  
Traveller Movement (NI)  
Twins & Multiple Births Association (TAMBA)

Ulster Cancer Foundation  
Ulster Chemists Association  
Ulster Institute for the Deaf  
Ulster Quaker Service Community  
UNISON  
University of Ulster: Department of Law

Voice of Young People in Care (NI)  
Voluntary Services Belfast (VSB)

West Belfast Economic Forum  
Women's Information Group  
Women's Resource & Development Agency  
Women's Support Network

Young Help Trust  
Youth Council for NI