Grŵp lechyd a Gwasanaethau Cymdeithasol Health and Social Services Group



Our ref/Ein cyf: ATISN 10591

15 August 2016

Dear,

ATISN 10591: GP Surgery Capitation and Other Fees

Thank you for your request to the Welsh Government for information under the Freedom of Information Act 2000, received on 20 July. You requested copies of the following information:

- The amount a GP surgery receives for each patient registered.
- The amount a GP surgery receives for each temporary patient.
- A list of any other categories of patients that attract additional fees.
- The amount a GP surgery receives for each patient in each of these additional categories.
- Whether the amounts above are reduced if patients cannot see a GP because of workload pressures and are directed instead to a nurse practitioner.
- Whether GP practices are paid to give injections and, if so, which ones and the amount paid per injection other than the cost of the drug.
- An easy-read document listing details of allowances paid to a GP surgery.
- The amount of mileage allowance received by GPs, if any.



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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

Following a search of our paper and electronic records, I am able to provide the following information. I have also provided an additional summary sheet at Annex A, to help provide the information in context.

The Statement of Financial Entitlement

All information relating to the funding of General Medical Services (excluding enhanced services) can be found in the Statement of Financial Entitlements (SFE). A consolidated version that includes recent amendments can be found here:

http://www.wales.nhs.uk/sites3/Documents/480/20160713%20-%20GMS%20SFE%20Directions%20Consolidated%20at%20July%202016%20Final_pdf

1. How much does a GP Surgery receive for each patient registered with them?

£78.08 per weighted patient

Global Sum Payments, detailed in section 2 of the SFE document above are a contribution towards the contractor's costs in delivering essential and additional services, including its staff costs. Although the Global Sum Payment is notionally an annual amount, it is to be revised quarterly and a proportion paid monthly.

2. How much for each temporary patient?

The Temporary Patients Adjustment forms part of a contractor's Global Sum payment and has been detailed at annex C of the SFE document above.

3. Are there other categories of patients that attract additional fees? Such as elderly patients, diabetics, learning difficulties, expectant mothers etc.

The Quality and Outcomes framework (QOF) detailed at Annex D rewards contractors for the provision of quality care and helps to standardise improvements in the delivery of primary medical services. Contractor participation in QOF is voluntary.

Additional payments are also awarded to GP Practices that opt to provide services over and above the essential/additional services normally provided to patients via an Enhanced Service.

4. If so, can you list all categories and how much the GP is paid for each patient in that category?

Quality and Outcomes Framework

Please see annex D of the SFE document above.

Enhanced Services

The list and details of additional payments for enhanced services can be found at the links below:

Direct Enhanced Services

DES schemes include Access, Childhood Immunisation, Influenza and Pneumococcal Immunisation, Violent Patients, Minor Surgery, Severe Mental Illness and Learning Disabilities, Extended Hours Access, Asylum Seeker and Refugee,

Homeless, Care Homes and Diabetes Care Schemes. Details can be found at the following links:

The Primary Medical Services (Directed Enhanced Services) (Wales) Directions 2007

http://www.wales.nhs.uk/sites3/Documents/480/20150624%20-

%20Consolidated%20at%2024-06-2015%20-

%20The%20Primary%20Medical%20Services%20%28Directed%20Enhanced%20Services%29%20%28Wales%29%20Directions%202007%20Final%20CC%20signed 1.pdf

The Primary Medical Services (Directed Enhanced Services) (Wales) (No. 2) Directions 2009

http://www.wales.nhs.uk/sites3/Documents/480/20150624%20Consolidated%20at%2024-06-15%20-

<u>%20The%20Primary%20Medical%20Services%20%28Directed%20Enhanced%20Services%29%20%28Wales%29%20%28No%20%202%29%20Directions%202009%20%282%29%20Final.pdf</u>

National Enhanced Services

Details of all can be found at the following links:

Alcohol Misuse

http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgId=480&id=33484

Anti Coagulation Monitoring

http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgId=480&id=33476
Depression

http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgId=480&id=33488 Drug Misuse

http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgId=480&id=33485 Enhanced Care of the Homeless

http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgId=480&id=33478

Immediate Care and First Response Care

http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgId=480&id=33487 Intra-Partum Care

http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgId=480&id=33479 Intra-Uterine Device Fittings

http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgId=480&id=33480 Minor Injury Services

http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgId=480&id=33481

Multiple Sclerosis http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgId=480&id=33482

Near Patient Testing

http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgId=480&id=33486 Specialised Sexual Health Services

http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgId=480&id=33483

Local Enhanced Services

Rates for Local Enhanced Services are negotiated locally with the health board and may vary.

5. Are the fees reduced if patients cannot see a GP because of their workload and are directed to a Nurse Practitioner?

No, as almost all funding is practice based, which means that it is a payment to the practice rather than individual GP.

6. Are GP practices paid to give injections? If so which injections and how much per injection other than the cost of the drugs?

Yes. Practices are paid to carry out childhood vaccinations as part of Additional Services as well as a number of other vaccinations. Vaccinations are either included within the SFE (see Section 7 to 10 of the SFE document above) or separately as an enhanced service. Other vaccinations include the rotavirus vaccine, pneumococcal HIB/Men C booster vaccine and shingles vaccine.

The standard rate that GPs can claim is £9.80 per injection. However, for certain childhood immunisations GPs receive a target payment – Section 7 of the SFE document above refers.

7. Where can I find an easy read document listing details of allowances paid to a GP surgery?

We do not hold an easy read document.

8. What mileage allowance do GP'S receive, if any?

As independent contractors; GPs must fund their travel expenses from practice funds and are not reimbursed separately.

If you are dissatisfied with the Welsh Government's handling of your request, you can ask for an internal review within 40 working days of the date of this response. Requests for an internal review should be addressed to the Welsh Government's Freedom of Information Officer at: Information Rights Unit, Welsh Government, Cathays Park, Cardiff, CF10 3NQ or email:

FreedomOfInformationOfficer@wales.gsi.gov.uk

Please remember to quote the ATISN reference number above.

You also have the right to complain to the Information Commissioner, who can be contacted at:

Information Commissioner's Office Wycliffe House Water Lane Wilmslow Cheshire SK9 5AF However, please note that the Commissioner will not normally investigate a complaint until it has been through our own internal review process.

Yours sincerely,

Summary

The current General Medical Services contract was introduced on 1 April 2004.

Almost all funding is practice based, which means that it is a payment to the practice rather than individual GPs. Funding is allocated based on weighted patient populations rather than number of doctors.

Funding streams

The funding a practice receives is broken down into the following income streams:

- Gobal Sum and Minimum Practice Income Guarantee (MPIG)
- Quality and Outcomes Framework
- Enhanced Services
- · Local Health Board -administered funds, including seniority
- Premises
- Dispensing/personal administration of drugs

Global sum and MPIG

Typically, at least half of the money that a practice receives is in the form of a 'global sum'. The exact amount a practice receives is calculated based on the workload from each of its patients. For example, the global sum takes into account age and gender of patients, levels of morbidity and mortality in the local area, the number of registered patients in nursing and residential homes (who have a higher workload), patient list turnover (newer patients tend to need more services than longer-established ones) and a market forces factor which reflects staff costs locally.

With the introduction of the global sum payment in 2004, it became apparent that some practices would experience a drop in income. To ensure this didn't happen, a correction factor was applied to the global sum to restore income in such instances to at least 2003 levels. The resulting amount became known as the Minimum Practice Income Guarantee (MPIG).

Where a practice has ceased providing out-of-hours care or additional services, a deduction is made from the global sum. The global sum amount is reviewed quarterly to account for changes to the practice's patient population.

Commencing 2015/16, it is proposed that Minimum Practice Income Guarantee (MPIG) payments, totalling approximately £14m, will be redistributed on a formula weighted needs basis, equally, over a seven-year period.

The Quality and Outcomes Framework (QOF)

The Quality and Outcomes Framework (QOF) was introduced as part of the 2004 GP contract. It currently offers practices points if they deliver proven high quality on a range of services. These points attract financial resources into the practice. The majority of the points relate to evidence-based clinical interventions proved to benefit patients with illnesses such as diabetes, asthma and other long-term conditions.

A GP practice receives money for quality in two ways. The practice will agree in advance with the Local Health Board (LHB) the number of QOF points they are aiming for that year. A monthly payment equal to the value of 70% of these points is

made to the practice. Remaining payments are made once the practice has actually achieved the points.

Enhanced Services

GP Practices can also opt to provide services over and above the essential/additional services normally provided to patients. These services are known as Enhanced Services and are delivered to a higher specified standard. There are three types of enhanced service:

Directed Enhanced Service (DES) – Health Boards must ensure that this service is provided for the population, e.g. child immunisation programme. These services are commissioned according to a national specification and price. Although practices are not contractually obliged to provide these services which include *flu* and **childhood** immunisations, most GP practices have continued to provide these services since the new contract in 2004. Where approximate LHB commission these services.

National Enhanced Service (NES) – Services commissioned to meet patient needs with national specifications, e.g. specialised services for multiple sclerosis.

Local Enhanced Service (LES) – Locally developed services designed to meet local health needs. Rates for these services are negotiated locally with the LHB and may vary.

Seniority payments

Some GPs receive seniority payments which reward experience and are based on the GP's number of years of reckonable service to the NHS. Seniority payments are the responsibility of the LHB.

Premises Payments

The amount of premises funding that a practice may receive varies, but will largely depend on individual agreements reached between the practice and LHB within the framework of the Premises Directions; and will depend upon the value of the premises as determined by the District Valuer.

Dispensing

In Wales, doctors receive an enhanced professional fee for each item they dispense. The proportion of dispensing doctors' income derived from dispensing medicines varies from practice to practice and is largely dependent on the size of the dispensing list.