

# NHS Scotland GMS Implementation

## WINTER WORKING GROUP

Tuesday 29 January 2008 – Springfield House, Stirling

**Present:** Dr Andy Kilpatrick (Interim Chair), Dr David Alexander, Steve Faulkner, Dr Nadine Harrison, Claire Sweeney, Dr Bill Taylor

**In attendance:** Jackie Coleman (*notes*)

**Apologies:** Fiona Duff

### 1. Welcome and Apologies

AK as the Interim Chair of the group welcomed everyone to the meeting. There was a brief discussion regarding the membership of the group and whether it was necessary to have a Director of Finance on the group.

### 2. Notes of meeting of 28 January 2007

The note of the meeting was accepted as an accurate record. It was noted that the matters arising are now out of date.

- There had been some feedback from PV that they were unhappy with the robustness of the QOF reviews revealing a lack of understanding of the purpose of the latter. Some liaison with PV would be helpful both in relation to the QOF reviews and QOF queries decisions. NH would look into obtaining a contact. **Action: NH**
- The issue of some Health Boards not signing off QOF visits in April was discussed and concerns around the robustness of the data was raised. There was general discussion around the processes being used in individual Health Boards i.e. NHS Glasgow & Clyde checking all core evidence before the end of March. NH agreed to take these issues back to Scottish Government for guidance. **Action: NH**
- A new process for QOF Queries is currently being formalised.

### 3. Potential Revisions to GMS Contract/QOF from April 2008

NH updated that the GMS contract at a UK level was in a state of flux. An offer was made to GPC in December which was rejected and GPC will poll their membership on how to move forward. It was thought this discussion would include potential changes to the QOF. It was noted that in Scotland day time access as well as extended hours was important. The principles of the QOF will remain the same and there would be no fundamental change to the clinical domain under the terms of the offer.

### 4. QOF Data Analyser Tool (QDA) and QOF Plus

#### QDA

SF updated on the development of the NHS QIS funded QOF Data Analyser Tool (formerly termed Practice Analyser Software) which helped to analyse QOF performance. The tool had been piloted in Lothian and some Tayside practices. An on-line version with 2006/07 data has now been made available to Health Boards. It has been agreed that within each Health Board a person will be nominated to be the password controller for the system. DA agreed to feed back details to SGPC re the new tool and advised that it was not mandatory that practices use the tool as part of the QOF review - they participated on a voluntary basis. However, it was anticipated from the reception so far that practices would welcome the tool as providing useful and interesting information.

It is anticipated that training on the tool will be fully integrated into the RCGP QOF Reviewer Training programme for 2008/09. DA reminded the group that reviewers must be aware of the limitations of the data and that the use of this data will require good training. If this training is to

be part of the QOF reviewer training programme, it will need to be agreed by all Boards. This should therefore be endorsed at the next Quality Improvement Group meeting on 14 March.

#### QOF Plus

SF agreed to write an appendix re QOF Plus. 20 QOF Plus visits have been carried out in Lothian so far. Susan Ross would be asked for an update on QOF Plus in Tayside where it was also being piloted. SF outlined that a QOF Plus visits can be carried out in 2 hours and could substitute for a QOF review visit if the practice agreed to do this. SF could indicate cross referencing between the QOF review and QOF Plus visits in his annex.

**Action: SF**

#### **5. Changes for 2008/9:**

- It was agreed that CS6 (audit of inadequate smears) could be taken out of core Grade A evidence
- It was agreed that reviewers should look at all the core Grade A evidence
- It was agreed that there would be some flexibility about the number of areas to be looked at - suggestion that reviewers should concentrate on 3-5 clinical areas with a minimum of 3 to allow for more in depth discussion on a smaller number; this aspect is subject to further discussion and agreement by the group
- Discussion took place about whether the lay reviewer would be better employed in reception when the clinical review was taking place. Pros and cons were raised. Bill would send an email to discuss these and reach a decision.
- SF would request information from Boards re the proportion of visits which included lay reviewers in 2007/08.

**Action: SF**

#### **6. Winter 4 guidance**

It was agreed that SF would circulate the last version of the Winter 3 guidance for the group to edit so that a final version could be agreed asap.

[SF Note: draft Winter 4 guidance document circulated to NH/DA/AK/BT on 15<sup>th</sup> Feb - group members to return individualised tracked change version for collation into a final draft document by early March. This will be shared with the wider Winter Group and forwarded to the Quality Improvement Group & SCGP for sign off by the end of March 08.]

#### **Next Meeting:**

Work will be undertaken virtually over the next couple of months.  
Date of next meeting TBC.