

Primary Medical Services: Quality and Outcomes Framework

Quality Assurance Assessment Programme
National Overview June 2007

National Overview Report ~ *June 2007*

**Primary Medical Services:
Quality and Outcomes Framework
Quality Assurance Assessment Programme**

A quality assurance framework was developed by NHS Quality Improvement Scotland to support NHS Boards to establish robust systems and processes in relation to the Primary Medical Services Quality and Outcomes Framework (QOF) review process, and to monitor Board performance against the core standards. This report presents an overview of the findings from across Scotland covering 2005/06 and complements the local NHS Board reports. Best practice recommendations are given to further promote the systematic and consistent delivery of QOF review programmes by NHS Boards in Scotland.

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Introduction and Acknowledgements

NHS Quality Improvement Scotland (NHS QIS) was set up by the Scottish Parliament in 2003 to take the lead on improving the quality of care and treatment delivered by NHSScotland. This is achieved by setting standards and monitoring performance, and by providing NHSScotland with advice, guidance and support on effective clinical practice and service improvements.

About this report

An NHS QIS monitoring tool for Primary Medical Services: Quality and Outcomes Framework (QOF) Quality Assurance was published in January 2006 following pilot testing in two NHS Board areas during the autumn of 2005. The aim of using the monitoring tool is to evaluate the systems and processes NHS Boards have in place to ensure the effective delivery of their QOF review programmes. Each NHS Board¹ was requested to provide a summary of performance covering 2005/06 together with relevant supporting documentary evidence. The NHS QIS evaluation was based on a detailed review of the NHS Board self-assessment submissions. Face to face visits were also undertaken in four NHS Board areas.

Local NHS Board reports detailing the findings of the evaluation were published in December 2006 on the NHS QIS website: www.nhshealthquality.org. Action plans summarising the NHS Board response to the recommendations given in their local report will also be published on the website, where made available to NHS QIS.

This national overview report summarises our findings from across Scotland, describing the arrangements that NHS Boards have in place to assure the delivery of their QOF review programmes. The overview report focuses on best practice and highlights potential areas of improvement for the service.

Acknowledgements

The work of the NHS QIS QOF Quality Assurance (3Q) Reference Group in developing the standards and providing a strategic overview of the project is gratefully acknowledged. Membership of the 3Q Reference Group is detailed in Appendix 1.

The valuable contribution of Colin Brown, Senior Manager, Programme Development, NHS QIS, as a member of the national GMS Quality/Winter Groups is much appreciated.

The highly constructive comments and support provided by members of the national General Medical Services (GMS) Quality Working Group was also very important throughout the project.

The hard work of the NHS Boards in preparing their self assessment and participation in review visits (where applicable) is also appreciated. Particular thanks are also due to the NHS Board GMS Clinical Leads and QOF Co-ordinators for their commitment to the project.

¹ During 2005/06 there were 15 territorial NHS Boards. Following the dissolution of NHS Argyll & Clyde on 31 March 2006 there are now 14 territorial NHS Boards. Administrative boundaries of NHS Greater Glasgow and NHS Highland altered to allow them to take over the responsibility for managing the delivery of health services.

Contents

Executive Summary	5
1 Setting the scene	6
2 Summary of findings	8
2.1 Core standards	8
2.2 Overall rating	9
2.3 Best practice	12
2.3.1 Overall delivery against core standards	12
2.3.2 Best practice points highlighted in individual NHS Board areas	18
3 Benefits realisation	21
Appendix 1: NHS QIS QOF QA (3Q) Reference Group	23
Appendix 2: NHS Boards reviewed/QOF Co-ordinator contacts	24
Appendix 3: NHS Board ratings against core standards	25
Appendix 4: Glossary	26

Executive Summary

This national overview report summarises the quality assurance (QA) exercise undertaken by NHS Quality Improvement Scotland (NHS QIS) to evaluate NHS Board achievements against the national standards for delivery of the Primary Medical Services Quality & Outcomes Framework (QOF) review process during 2005/06.

Section 1 of the report outlines the contractual context for the QOF review process and the development of the NHS QIS QOF QA project.

Section 2 outlines the key outcomes of the exercise. An overview is given of NHS Board performance against the QOF QA standards during 2005/06, focusing on examples of best practice. The local NHS Board reports are available for download from the NHS QIS website: www.nhshealthquality.org. It is fully expected that NHS Boards will review their report and address the recommendations through local corporate/clinical governance arrangements. NHS Board responses will be published on the website to complement the local reports, where they are submitted to NHS QIS.

Section 3 summarises NHS Board perceptions of 'benefits realisation' associated with QOF outcome and practice visit programme data. This data can be used to inform development of the local NHS Board Primary Care Modernisation Strategy, particularly in relation to the potential impact on single system working and service redesign.

Key Outcomes -

The standard NHS QIS rating scale was used:

- 3 = fully developed, implemented and regularly monitored
- 2 = fully developed and implemented throughout the service
- 1 = under development or developed but not fully implemented
- 0 = nothing in place, system or process has not yet been developed

Each of the 14 NHS Boards demonstrated achievement against the 15 core standards comprising the NHS QIS QOF QA Framework, giving a total of 210 individual scores.

- **89.5%** (188) standards were met at **Level 3 or Level 2** (substantially or fully met)
- **10.5%** (22) standards were met at **Level 1 or Level 0** (requiring further development)

49.0% (103) standards were met at Level 3
40.5% (85) standards were met at level 2
10.0% (21) standards were met at Level 1
0.5% (1) standard was met at Level 0

- **The mean overall percentage score was 80% (range 62-98%), confirming the NHS QIS assessment that the QOF Review programme was generally well delivered by NHS Boards across Scotland during 2005/06.**

The information included in the local and national overview reports allows NHS Boards to monitor their improvement year on year and benchmark their performance against similar NHS Board areas. Detailed information is presented on achievement against each of the core standards, highlighting particular strengths and challenges in overall delivery against specific areas of the quality assurance framework.

1. Setting the scene

Primary Medical Services Quality & Outcomes Framework

The Primary Medical Services (Scotland) Act 2004 introduced the concept of the Quality and Outcomes Framework (QOF) as a voluntary contractual requirement for participating GP practices. The QOF provides a significant financial incentive to demonstrate achievement against a wide range of clinical and organisational quality standards. Performance measures reflect the quality of care delivered to patients with chronic conditions such as coronary heart disease, hypertension, asthma and diabetes. Organisational standards include, for example, clinical records and staff training. Other clinical services such as cervical screening and child health surveillance are also covered, together with a focus on patient experience. Investment associated with QOF payments in 2005/06 was approximately £137 million across Scotland.

Monitoring arrangements for the QOF include a requirement for Boards to undertake a programme of supportive 'QOF review visits' to their practices. The specification for the QOF review process is defined in guidance issued each year by the national GMS Quality Working Group, which reports to the Scottish Executive Health Department General Medical Services (GMS) Pay Modernisation Directorate. The subgroup tasked with producing QOF review guidance is known as the 'Winter Group' (Chaired by Dr Mike Winter, Associate Medical Director NHS Lothian Primary Care Organisation). The Winter 2 guidance is available via the Pay Modernisation website: www.paymodernisation.scot.nhs.uk/gms/quality/docs/WinterII-Final.doc

NHS QIS QOF Quality Assurance (3Q) Programme Development

In partnership with the Quality Working Group, NHS Quality Improvement Scotland (NHS QIS) devised a self-assessment framework for NHS Boards to monitor their own performance against the Winter standards and undertook an external quality assessment programme. An NHS Board Primary Medical Services Contracts Manager was seconded to NHS QIS on a 1 day per week basis to manage the QOF QA assessment programme (July 2006 - January 2007).

Aims & Objectives -

- Develop an NHS Board self-assessment framework in partnership with the national GMS Quality Working Group; the evaluation exercise was designed to provide external assurance to NHS Scotland that all NHS Boards are consistently and systematically delivering a QOF review programme in line with the relevant national standards and to support local quality improvement initiatives
- Review NHS Board self-assessment ratings and supporting core evidence
- Produce 15 individual NHS Board reports providing an assessment of performance against the national QOF review (Winter) standards, together with a national overview report focusing on best practice
- Develop NHS QIS website section to highlight best practice

NHS QIS QOF QA Reference Group

The NHS QIS QOF QA (3Q) Reference Group comprised a number of stakeholders representing NHSScotland, NHS QIS, Audit Scotland, the Scottish General Practitioners Committee (SGPC), and the Royal College of General Practitioners (RCGP). The primary role of the group was to advise on the development of appropriate standards based on the national (Winter Group) guidance and review the content, format and consistency of the local and national reports. Membership of the 3Q Reference Group is detailed in Appendix 1.

NHS QIS QOF QA Standards

Based on the Winter guidance for the QOF review process, 15 core standards were developed covering 3 main areas: strategic overview, implementation and practice support. Achievement was evaluated against the standard NHS QIS rating scale. NHS Boards reviewed their own performance via a self assessment submission and this was externally validated by the NHS QIS team. The use of a simple quantitative rating scale provides useful percentage scoring, allowing NHS Boards to readily monitor their own progress year on year in relation to each standard, and also to benchmark their overall performance against similar health boards. The qualitative aspect of the report is considered to be of more direct relevance to NHS Boards and a concise textual assessment of delivery against each of the standards was given. Best practice areas were highlighted and recommendations for potential improvement given where appropriate. NHS Boards were also given the opportunity to provide action plans in response to the recommendations to complement their local NHS QIS QOF QA report.

NHS Board Self-Assessment / NHS QIS Evaluation Process

The self assessment tool was piloted by NHS Grampian and NHS Lanarkshire during the autumn of 2005. The tool was revised in the light of feedback received and issued to the service in January 2006, for submission by 30 April 2006. The self assessment was supported by a range of relevant written evidence, allowing a robust evaluation of programme delivery. Following an initial assessment of all submissions and, as part of the agreed methodology for the project, 4 Boards were subsequently invited to participate in face to face visits - NHS Borders, NHS Dumfries & Galloway, NHS Orkney and NHS Tayside. These additional visits were extremely helpful in allowing the NHS QIS team the opportunity to discuss aspects of programme delivery and best practice areas in greater depth.

The evaluation process was highly iterative, allowing the NHS QIS reviewer and NHS Board QOF Co-ordinators the opportunity to further discuss specific local circumstances impacting on the achievement against specific standards and to clarify points of factual accuracy. Draft report(s) were sent to the NHS Board QOF Co-ordinators and revisions to the scoring or textual comments made on the basis of supporting evidence. The final version of the reports were agreed with the respective NHS Board GMS Clinical Lead and, following formal sign off, issued to the NHS Board Chief Executive.

It is appreciated that whilst the core standards are equally applicable to all NHS Boards, it is necessary to allow for appreciable differences between NHS Board areas eg recommendations often reflect best practice ideas which require adequate project management capacity.

2. Summary of findings

2.1 Core standards

15 core standards were devised to reflect specific recommendations given in the national (Winter Group) guidance for the NHS Board QOF review process in Scotland.

Overview -

- B01 Board QOF Review Group established with clearly defined role, remit and membership
- B02 Board QOF Review Group links to PCO/CHP GMS implementation structures
- B03 Agreement between QOF Review Group and GP-sub re visit arrangements
- B04 Process for Board to action clinical, financial and staff governance issues
- B05 QOF review summary report available for NHS Board/CHP management teams

Implementation -

- B06 Reviewer recruitment process is equitable, open and transparent
- B07 Reviewers provided with supporting information and regularly updated
- B08 Multidisciplinary reviewer teams comprise GP, PM, PCO manager
- B09 Visit specification covers achievements, aspirations, examples of best practice
- B10 Visits informed by analysis of QMAS data, prevalence, exceptions variance etc
- B11 System in place to ensure quality assured QOF visit reports

Practice Support -

- B12 Practice teams provided with local guidance re interpretation of 'Winter' requirements
- B13 Timetable covering clinical/organisational areas agreed with the practice
- B14 Process in place to inform/update practice teams on specific QOF issues
- B15 Process to allow practices to comment on report and give suggested improvements

2.2 Overall rating

NHS QIS rated scores based on a review of the NHS Board documentary evidence and iterative feedback process indicates that the majority of the core standards are being delivered effectively with some scope for improvement or further development for all NHS Boards in specific areas.

NHS QIS rating scale, reflecting the level of achievement against each standard:

- 3 = standard fully developed, implemented throughout the service and regularly monitored
- 2 = standard fully developed and implemented
- 1 = standard under development or developed but not fully implemented
- 0 = standard not in place; system or process has not yet been developed

Each of the 14 NHS Boards provided evidence to demonstrate performance against the 15 core standards (giving a total of 210 individual scores). The NHS QIS rated achievement levels were as follows:

Level:	Number of standards:	NHS QIS rated achievement level:		
3	103	49.0%	Level 3 or 2 89.5%	Standards substantially or fully met
2	85	40.5%		
1	21	10.0%	Level 1 or 0 10.5%	Standards requiring further development
0	1	0.5%		

total: 210

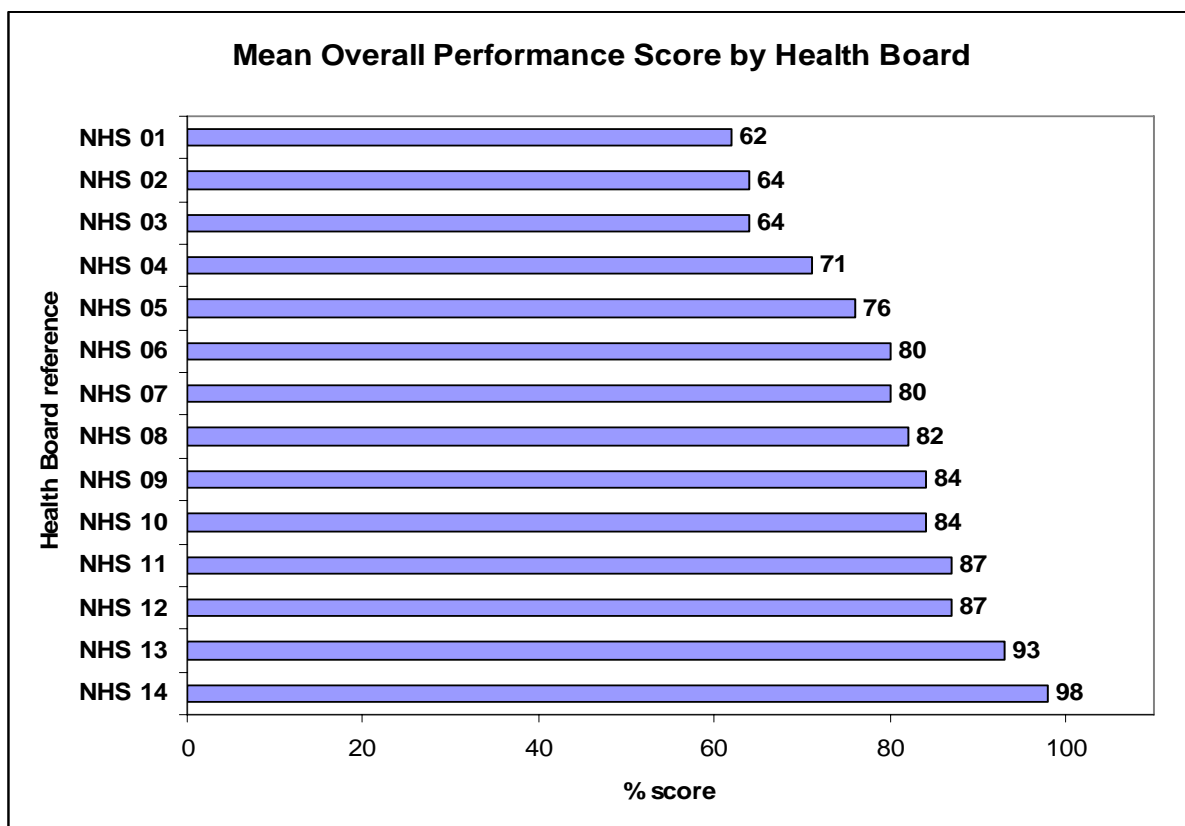
Further detail of the achievement by individual NHS Boards against each of the core standards is included as Appendix 3.

The **overall** percentage score for each NHS Board area confirms the NHS QIS assessment that the QOF review programme was generally well delivered across Scotland during 2005/06 - refer to Graph 1 overleaf. The mean overall rating was **80%** [range 62-98%].

Detailed information on the individual Board scores are available in the local reports published on the NHS QIS website (www.nhshealthquality.org). Performance against each of the 15 core standards is summarised in Graph 2 overleaf.

This data highlights particular strengths and challenges in overall delivery against specific areas of the quality assurance framework across Scotland. It allows NHS Boards to monitor their internal improvement year on year and also to benchmark their performance against similar NHS Board areas.

Graph 1 -

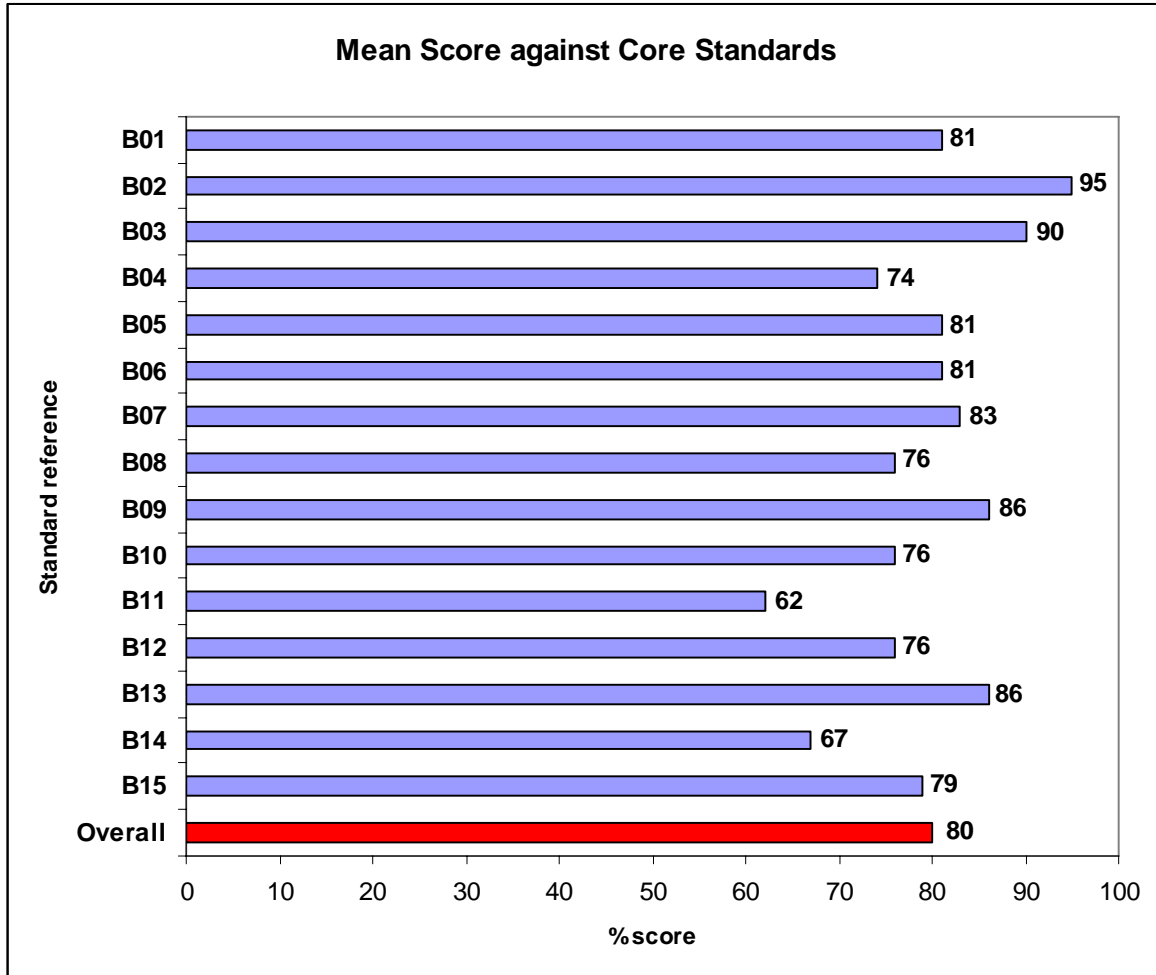


Key -

- 01 NHS Western Isles
- 02 NHS Borders
- 03 NHS Shetland
- 04 NHS Ayrshire & Arran
- 05 NHS Dumfries & Galloway
- 06 NHS Grampian
- 07 NHS Highland
- 08 NHS Forth Valley
- 09 NHS Argyll & Clyde
- 10 NHS Lanarkshire
- 11 NHS Greater Glasgow
- 12 NHS Fife
- 13 NHS Tayside
- 14 NHS Lothian

NHS Orkney did not undertake any quality and outcomes framework review visits during 2005/06 and have therefore not been included in the data for this national overview. NHS Orkney will submit a completed self-assessment and supporting evidence to NHS QIS for review in 2007.

Graph 2 -



2.3 Best practice

NHS QIS ratings and textual comments given in the individual NHS Board reports reflect the degree of assurance we have in relation to QOF review programme delivery across Scotland during 2005/06. NHS Boards delivered against each standard to varying degrees. A summary of best practice points derived from the local NHS Board reports is given below for the 15 core standards. The best practice points reflect the relative strength of the systems and processes developed and also the highly proactive approach of NHS Boards achieving a Level 3 rating.

NHS Boards delivering an exceptional level of performance would be expected to encompass each of the best practice points noted against the individual core standards.

2.3.1 Overall delivery against core standards

NHS QIS rating scale:

- 0 = nothing in place, system or process has not yet been developed
- 1 = under development or developed but not fully implemented
- 2 = fully developed and implemented throughout the service
- 3 = fully developed, implemented and regularly monitored

B01	QOF Review Group	NHS QIS rating	Level / no. Boards -			
			3	2	1	0
		81%	8	4	2	0
Development of a robust infrastructure to manage and co-ordinate the QOF review process is essential to ensure the effective delivery of the practice visit programme. This core requirement was relatively well delivered in 2005/06, with the majority of NHS Boards meeting the standard at Level 3 or 2.						
best practice points -						
<ol style="list-style-type: none"> 1. The QOF Review Group has wide and appropriate membership to include eg NHS Board, CHP, LMC GP subcommittee, public health, nursing, pharmacy, and lay representation. 2. The role and terms of reference are clearly defined, documented and routinely updated. 3. The remit covers project management; a decision making reference facility; risk assessment of governance issues; collation of management reports. 4. Frequent (at least quarterly) meetings are held. 						

B02	Link to GMS infrastructure	NHS QIS rating	Level / no. Boards -			
			3	2	1	0
		95%	12	2	0	0
Directly relevant evidence was submitted by all NHS Boards to demonstrate that the local QOF Review Group had developed appropriate and effective links to their wider GMS implementation infrastructures.						
best practice points -						
<ol style="list-style-type: none"> 1. QOF Review Group infrastructure, role and remit is firmly embedded within the NHS Board/PCO/CHP GMS implementation framework. 2. Robust leadership and strong accountability arrangements are evident. 3. There are clear linkages across corporate, strategic and operational arrangements. 4. Lines of communication are well established and functional. 						

B03	LMC GP sub partnership	NHS QIS rating 90%	Level / no. Boards -			
			3	2	1	0
			12	1	0	1
<p>Effective engagement and support of the local LMC GP subcommittee is vital in ensuring the successful delivery of the QOF review programme. This standard was achieved by all NHS Boards - mainly at Level 3 - with scope for improvement evident in one NHS Board area.</p> <p>best practice points -</p> <ol style="list-style-type: none"> 1. The GP subcommittee is fully engaged in all aspects of the QOF review process, including key planning and implementation arrangements. 2. Well established communication, consultation and liaison arrangements are evident. 3. A GP subcommittee representative is included as a member of the QOF Review Group. 4. GP subcommittee involvement is fully integrated in QOF and wider PCO activities. 						

B04	Governance process	NHS QIS rating 74%	Level / no. Boards -			
			3	2	1	0
			5	7	2	0
<p>High achievement against this standard is of prime importance. A robust system is necessary to ensure that appropriate systems and processes are in place such that any material governance issues arising from the QOF/contract review visit programme are followed up by the relevant clinical, financial and corporate level groups. The majority of NHS Boards met the standard at Level 2 or 3 although only 5 (36%) were rated at Level 3, highlighting the scope for further development for the majority of NHS Boards in this area.</p> <p>best practice points -</p> <ol style="list-style-type: none"> 1. Strong accountability arrangements in relation to the QOF Review Group are in place. 2. Good communication and effective liaison with clinical/financial governance and relevant corporate level groups is evident. 3. Material governance issues are identified/actioned via a robust risk assessment process. 4. The governance controls in place are verified by internal management audit. 						

B05	Summary report	NHS QIS rating 81%	Level / no. Boards -			
			3	2	1	0
			8	4	2	0
<p>A comprehensive QOF/contract review report is essential to allow relevant information to be communicated to all stakeholders. A high degree of variability in terms of format and content was evident across Scotland during 2005/06 and there is scope for improvement in this area.</p> <p>best practice points -</p> <ol style="list-style-type: none"> 1. The QOF/contract review report covers contextual and process aspects, highlights best practice, risk assessment to action material governance issues, links with pre/post payment verification, internal audit reports, aspects of benefits realisation and financial implications for the Board. 2. A standard report template will be included in the Winter 3 guidance covering 2007/08. 						

B06	Recruitment process	NHS QIS rating 81%	Level / no. Boards -			
			3	2	1	0
			7	6	1	0
An equitable, open and transparent recruitment process for QOF reviewers was evident in most NHS Board areas. Recruitment systems and processes were found to be variable across Scotland, mainly reflecting the highly individual needs of the local NHS Boards.						
best practice points -						
<ol style="list-style-type: none"> 1. An appropriate number of reviewers are recruited to deliver the QOF visit programme. 2. The mix of disciplines, skills, knowledge and competencies within the review team. ensures that the review programme is delivered in a robust and sustainable way. 3. Reviewers with previous experience of practice accreditation are used as far as possible. 4. Reviewers are recruited on the basis of personal interviews/competency assessment. 						

B07	Support for reviewers	NHS QIS rating 83%	Level / no. Boards -			
			3	2	1	0
			7	7	0	0
Providing adequate levels of support and updated information to QOF reviewers is of key importance. This standard was considered to be fully met by half the NHS Boards, with some scope for further improvement in the others.						
best practice points -						
<ol style="list-style-type: none"> 1. The QOF Review Group infrastructure is sufficiently developed to provide a high level of support to the review team. 2. A range of support materials and approaches are used, designed and delivered in a way that is accessible and supportive to reviewers from different backgrounds. 3. Frequent communication is established via email, newsletters and seminars as appropriate. 4. Annual reviewer appraisal is used to discuss positive/negative feedback, specific learning points and personal development opportunities. 						

B08	Multidisciplinary teams	NHS QIS rating 76%	Level / no. Boards -			
			3	2	1	0
			4	10	0	0
The Winter guidance specifies a minimum of a GP and Practice/PCO Manager. There is an expectation that Lay reviewers and other disciplines should also be involved as far as possible. Whilst all NHS Boards met this standard at Level 2/3, a minority were successful in significantly enhancing the scope of the review team during 2005/06.						
best practice points -						
<ol style="list-style-type: none"> 1. The review team is GP-led wherever possible to encourage peer support from practices. 2. An NHS Board/PCO Manager provides a useful addition to the team if the statutory and contractual review is covered as part of a combined visit. 3. Lay reviewers are used in a high proportion of visits (a target of 50% is recommended). 4. Practice/Community Nurses, Primary Care Pharmacists and AHPs are involved as resource and capacity permits. 						

B09	Visit specification	NHS QIS rating 86%	Level / no. Boards -			
			3	2	1	0
			8	6	0	0
All NHS Boards complied with the Winter guidance at Level 3 or 2 in adopting the standard visit specification covering practice achievements, current year aspirations, identifying best practice and potential areas for further development.						
best practice points -						
<ol style="list-style-type: none"> 1. The visit specification complies with the minimum requirements of the Winter guidance. 2. The RCGP QOF review visit template (standard or customised) is adopted. 3. The precise roles of individual team members and indicative timescales are clearly defined. 4. Consider enhancing the visit specification to provide additional flexibility eg linking QOF outcomes to demographic and prescribing data, use of secondary care referral and admissions data, SPARRA data etc. 						

B10	Supporting data analysis	NHS QIS rating 76%	Level / no. Boards -			
			3	2	1	0
			4	10	0	0
The Winter 2 guidance recommends that QOF review visits are supported by relevant data analysis eg QOF indicator outcomes, prevalence/exception reporting variance, patient survey information etc. Whilst all NHS Boards achieved this standard at Level 2 or 3, it was clear that some had developed more innovative ways to make the data more accessible to reviewers.						
best practice points -						
<ol style="list-style-type: none"> 1. A detailed data analysis summary for each visit is provided to support QOF review teams. 2. QOF outcome data presentation is easy to interpret focusing on relevant demographic factors and benchmarked disease prevalence and exception reporting variance. 3. Consider providing direct Board level QMAS access to QOF reviewers. 						

B11	QA process re reports	NHS QIS rating 62%	Level / no. Boards -			
			3	2	1	0
			2	8	4	0
Internal quality assurance processes are essential to ensure the accuracy and consistency of practice visit reports. The challenge in achieving this standard perhaps reflects specific capacity and organisational issues for the majority of NHS Board QOF Review Groups.						
best practice points -						
<ol style="list-style-type: none"> 1. A systematic report template is used covering the specific domains reviewed, best practice points, areas for potential development and allows for practice feedback. 2. A specific QA protocol is used to ensure the accuracy and consistency of visit reports. 3. Reports are reviewed by at least two members of the QOF Review Group before sign-off. 4. The report addresses practice concerns and indicates how these will be followed up. 						

B12	Practice guidance	NHS QIS rating 76%	Level / no. Boards -			
			3	2	1	0
			6	6	2	0
<p>Local interpretation of the Winter guidance is considered to be necessary to clarify the precise requirements and arrangements of the QOF review process. The majority of NHS Boards produced an appropriate level of information for their practices, with some scope for development in others.</p>						
<p>best practice points -</p> <ol style="list-style-type: none"> 1. A comprehensive briefing paper is produced for practices based on the current year Winter report, highlighting how the national guidance has been interpreted locally. 2. Practice teams are clear regarding their specific obligations under the QOF/contract review process. 3. The guidance is supplemented by presentations at relevant Practice Manager events eg Network & Learning, CHP groups. 4. Updates and in-year revisions to the practice guidance are widely communicated. 						

B13	Visit timetable	NHS QIS rating 86%	Level / no. Boards -			
			3	2	1	0
			8	6	0	0
<p>All NHS Boards met this standard at Level 3 or 2. In general the standard RCGP QOF Reviewer visit timetable was used, although a number of NHS Boards customised this to improve the content and format of the practice visit.</p>						
<p>best practice points -</p> <ol style="list-style-type: none"> 1. A core framework for the planning and timetabling of visits is used; this may be standardised or allow for a degree of discretion by individual review teams. 2. The recommended RCGP visit template is used (standard or customised). 3. NHS Boards may choose to specify particular QOF domains for review at all practice visits and deploy review teams with the same members to maintain consistency. 4. NHS Boards may wish to consider the use of mandatory face to face pre-visit meetings wherever practicable to improve the quality and consistency of practice visits. 						

B14	Practice updates	NHS QIS rating 67%	Level / no. Boards -			
			3	2	1	0
			4	6	4	0
<p>The provision of updated information to practice teams throughout the year is a fundamental requirement in relation to effective QOF programme delivery. Although a number of NHS Boards excelled in this area, there was considered to be scope for improvement in all Board areas.</p>						
<p>best practice points -</p> <ol style="list-style-type: none"> 1. A comprehensive communication strategy for practices is developed and implemented. 2. Full use is made of all available methods including email, newsletters, conferences and presentations at Practice Manager events eg Network & Learning. 						

B15	Practice feedback	NHS QIS rating 79%	Level / no. Boards -			
			3	2	1	0
			8	3	3	0
<p>Practice feedback regarding the QOF review visit is essential in informing future improvements to the process. The majority of NHS Boards delivered well against this standard with a number using more innovative methods to gain reliable information.</p>						
<p>best practice points -</p> <ol style="list-style-type: none"> 1. A robust process is in place to capture reliable feedback from practices in relation to the QOF review process and visit. 2. Practice reports provide a facility for immediate feedback from the visit. 3. The RCGP questionnaire is used for all practice visits (standard or customised). 4. NHS Boards may wish to consider the use of Practice Manager interviews to obtain more candid feedback in relation to the administrative arrangements, reviewer competency, perception of added value from the visit etc. 						

2.3.2 Best practice points highlighted in individual NHS Board areas

Further details of specific best practice points are included in the local NHS Board reports. NHS Board QOF Co-ordinator contacts are listed in Appendix 2.

NHS Argyll & Clyde:

1. Full delivery of the QOF review programme during a very difficult year of transition for the Board in relation to dissolution/integration with NHS Highland and NHS Greater Glasgow.
2. Commendable achievement in covering QOF visits to all 96 practices during this time period.
3. Effective partnership working with GP sub in relation to QOF/GMS contract implementation.
4. Grouping of reviewers to allow adequate pre-visit meetings/preparation by review teams.

NHS Ayrshire & Arran:

1. Efficient delivery of the QOF review programme across 60 practices by the existing EQUIPT Team, supplemented by additional Practice Manager reviewers.
2. Good use of a QOF reviewer job description and highly focused recruitment process.
3. Small core QOF review team ensures high level of consistency between practice visits.
4. Use of locally developed IT searches to assist QOF review teams during the visit.
5. Development of the process in 2006/07 to include differential levels of supportive review appropriate to individual practices.

NHS Borders:

1. The ability of NHS Borders to deliver all its visits with limited resources and a tight timetable.
2. Recognition of the importance of collating and disseminating key messages.
3. Reflecting local circumstances in the development of the QOF review arrangements.
4. Having a small number of reviewers greatly enhanced consistency of approach and ease of communication.
5. Responding positively to the Internal Audit report.

NHS Dumfries & Galloway:

1. Effective delivery of the QOF review programme.
2. Small core reviewer team provides good internal consistency between practice visits.
3. Substantive development in the use of Lay reviewers.
4. Excellent potential to fully embed the QOF review process within the wider clinical governance framework using the local Clinical Governance Facilitators.

NHS Fife:

1. Effective delivery of the QOF review process across a relatively high number of practices.
2. Excellent working relationships with LMC GP subcommittee in implementing the programme.
3. Well established links to relevant Board governance structures.
4. Well developed communication system and links with practices via the GP subcommittee and Practice Managers' Association.
5. Systematic review of QOF process outcomes to inform potential improvements for 2006/07.

NHS Forth Valley:

1. GMS Performance Review Group effective at both strategic and operational level.
2. Effective links to wider GMS implementation, clinical and financial governance structures.
3. Extensive use of Lay reviewers - an exemplar Board in Scotland.
4. QA protocol for ensuring consistency in report writing.
5. Reports from LHC members in relation to review of practice patient survey outcomes.
6. Innovative development of QOF database analysis tool.

NHS Grampian:

1. Well developed capacity and project planning to ensure the consistent delivery of the QOF review process across a relatively high number of practices (84 in 2005/06).
2. Robust infrastructure to support the QOF review process, with well developed links to the CHPs.
3. Proposal to introduce 'video-capture' system to improve the practice visit process.
4. Proposal to develop locally based visit teams in each CHP, ensuring effective engagement.
5. QOF Reviewer evaluation process includes detailed feedback from the practice.

NHS Greater Glasgow:

1. Excellent organisational capacity and project planning by the GMS Contractor Support Team to ensure consistent programme delivery across a very high number of practices (210 in 2005/06).
2. Well developed internal control mechanisms to co-ordinate/manage the QOF process and action material governance issues in relation to specific practices.
3. Exemplary achievement in relation to involvement of Lay reviewers.
4. Innovative, user-friendly reviewer template adapted from the standard RCGP proforma.

NHS Highland:

1. Progressing engagement with potential Lay reviewers via PFPI team communications.
2. Effective communication/engagement with relevant Board and CHP management structures.
3. Good mechanism for effective dialogue and resolution of potential issues with GP subcommittee.
4. Specific detailed guidance/information provided to practice teams.

NHS Lanakshire:

1. Good organisational capacity and project planning to ensure consistent delivery of the QOF review process across a relatively high number of practices (99 in 2005/06).
2. Well developed internal control mechanisms to manage/co-ordinate the QOF process and follow up material governance issues as they arise.
3. Good use of Lay reviewers on a significant number of practice visits with an intention to increase this level via CHP PFPI initiatives.
4. Effective engagement with practice teams via Practice Manager meetings and newsletters.

NHS Lothian:

1. Integration of QOF review oversight arrangements with wider corporate planning and accountability arrangements.
2. Robust communication strategy ensuring reviewers and practices receive comprehensive information which is regularly updated.
3. Reflective approach through feedback from key stakeholders.
4. Robust and systematic approach in the design of the QOF review arrangements.
5. Recognition of the system wide benefits of the QOF in the planning and provision of services.

NHS Shetland:

1. Given the well recognised challenges facing a small island Board, NHS Shetland delivered a well managed and efficient QOF review programme in 2005/06.
2. Effective communication/engagement with relevant Board and CHP management structures.
3. Innovative solution proposed to address the specific local problem of ensuring adequate Lay reviewer input to the process.
4. Robust process developed in relation to pre-visit planning meetings.

NHS Tayside:

1. Robust Review Group infrastructure developed; highly functional at strategic/operational level.
2. Effective links to wider GMS implementation, clinical and financial governance structures.
3. Consistently high performance against full range of EQA standards.
4. Extensive use of Lay reviewers - an exemplar Board in Scotland.
5. Effective use of conferences/seminars to support reviewers.

NHS Western Isles:

1. Given the well recognised challenges facing a small island Board, NHS Western Isles delivered an efficient QOF review programme during 2005/06.
2. Use of a small review team ensured good communication and consistency between visits.
3. Highly flexible arrangements around the visit timetable well appreciated by practice teams.

NHS Orkney:

NHS Orkney did not undertake any quality and outcomes framework review visits during 2005/06 and have therefore not been included in the data for this national overview. NHS Orkney will submit a completed self-assessment and supporting evidence to NHS QIS for review in 2007.

3. Benefits realisation

The NHS QIS QOF QA submission afforded NHS Boards an opportunity to comment on the potential benefits associated with the QOF. This was an optional section of the self assessment submission as it is recognised that some of this information would already be available to SEHD via their Benefit Realisation Plans and GMS Strategic Tests returns. Below are listed examples of how the QOF process potentially impacts on the wider primary care modernisation agenda and the potential benefits likely to be realised under GMS in future years. A summary of the NHS QIS reviewer comments is given below:

NHS Ayrshire & Arran:

The Board expect to see a progressive improvement in terms of the quality of services delivered to patients over time. This might include eg enhanced case finding and chronic disease management systems, systematic call/recall systems, integrated team working, improved organisational capacity and the development of consistent documentation and protocols.

NHS Dumfries & Galloway:

Evidence of improvements at individual practice level and preliminary discussions at a strategic level in relation to QOF review visit outcomes. Limitations on effecting improvements due to particular constraints outwith Board control are noted eg infrastructure to support practices with patient questionnaire outcomes and availability of relevant secondary care services eg echocardiogram testing.

NHS Fife:

Noted the high achievement of their practices against the QOF indicators, but are aware of significant practice variation. They aim to target support where it is most needed and are exploring ways to link QOF data to other relevant sources of information including referral and prescribing data. The proposal to link disease activity/prevalence levels to prescribing budgets is an interesting approach to resource allocation and one that that is also being considered by other NHS Boards. NHS Fife have a coherent vision of how best to use QOF data within a broader strategic context encompassing single system working, with a clear focus on service redesign eg in informing the future management of long term conditions.

NHS Forth Valley:

The QOF review process is fully integrated into the GMS delivery programme, with support given to those practices highlighted as being relative 'underachievers'. The Annual QOF Report 2005/06 cites a range of benefits delivered to patients eg improvements in chronic disease management and the development of appropriate skillmix. NHS Forth Valley appreciate the difficulty of meaningful data analysis and interpretation at this stage, but are beginning to use the QOF dataset to inform the work of relevant Board and CHP level groups including Prescribing, Clinical Effectiveness, Unscheduled Care and the CHD/Diabetes MCNs. NHS Forth Valley have contributed fully to the development of the QOF review process at national level and their strong emphasis on financial probity around the significant QOF investment is well recognised.

NHS Grampian:

Generally view the QOF review process in a positive light. Benefits cited include improvements in patient access, chronic disease management, follow up actions based on significant event analysis and the wider use of shared care protocols. Analysis of QOF data is clearly used proactively, allowing the Board and CHPs to target perceived gaps in the delivery of clinical services at individual practice level to inform future service planning.

NHS Greater Glasgow:

Have good assurance that a systematic and robust process was implemented with QOF related issues discussed at individual practice level allowing their particular achievements and circumstances to be recognised. Material governance issues were highlighted and actioned as appropriate. This process allows the Board and CHP/CHCP management teams to effectively use QOF data to inform their governance and service redesign agendas. There is also evidence that the Managed Clinical Networks eg CHD/Stroke are beginning to use QOF data to inform the local development of services and address key issues around inequality. The vision extends to utilising QOF information within a broader strategic context encompassing joint working across the primary/secondary care interface and integration with social care systems.

NHS Lanarkshire:

Detailed analysis of QOF indicator achievements are undertaken at CHP and practice level and, combined with the outcomes of the annual contract review process, provide the Board with good assurance that high quality primary care services are being delivered for patients. Initial benefits are cited in relation to the more systematic and proactive approach to chronic disease management eg improved call/recall systems and a reduction in complications/admissions. Links have been further developed with Public Health, MCN groups, Pharmacy and Community Nursing. Improvements in staff governance aspects such as appraisal systems and personal development planning have also been demonstrated. The QOF/contract review process has also provided valuable information in relation to ongoing premises and eHealth issues.

NHS Lothian:

Has taken a strategic approach to ensuring the outcome of the QOF review process informs the planning and provision of primary medical services and community based NHS services. It is evident that the systematic approach adopted means that robust data collection, combined with a depth of understanding across primary medical services practices, are significant drivers for evidence based decision making. The approaches adopted in NHS Lothian with regard to the QOF review arrangements clearly have wider benefits across the local health system; and in terms of the contribution made at national level.

NHS Tayside:

The QOF review process is fully integrated into the GMS delivery programme. A robust infrastructure has been developed which links effectively with their financial and clinical governance frameworks. The specific use of CHP Managers as QOF reviewers clearly enables local ownership and is an example of best practice. Practice feedback from the QOF visits provides evidence that the review process has been valuable in assuring the Board that a high standard of care is being consistently delivered and that the statutory and contractual requirements are being met.

Appendix 1: NHS QIS QOF QA (3Q) Reference Group - membership

Dr Mike Winter (Chair)	Associate Medical Director, NHS Lothian / Chair of GMS Pay Modernisation Quality Group
Dr David Alexander	Scottish General Practitioners Committee representative / NHS Fife
Dr Malcolm Kerr	Primary Care Advisor, NHS QIS / NHS Ayrshire & Arran
Ian McDonald	Director of Finance, NHS Tayside
Lizzie McGeechan	Quality Manager - Primary Care Contracts, NHS Lothian / Royal College of General Practitioners
Fiona McKinlay	Practice Manager, NHS Glasgow & Clyde
Tricia Meldrum	Portfolio Manager (Health), Audit Scotland

NHS QIS -

Jan Warner	Director of Performance Assessment and Practice Development
Steven Wilson	Performance Assessment Team Manager
Steve Faulkner	QOF EQA Programme Manager / Primary Medical Services Contracts Manager, NHS Lothian
Sharon Keane	Project Officer, Performance Assessment Team
Joanna Wight	Project Administrator, Performance Assessment Team

Appendix 2: NHS Boards reviewed / QOF Co-ordinator contact

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NHS Western Isles
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Note: NHS Orkney*: an interim review was undertaken during 2006

* NHS Boards participating in a face to face visit

Appendix 3: NHS Board rating against individual standards

		NHS Board: [see Graph 1 for key]														sum	%
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		
Core Standard:																	
B01	QOF Review Group	1	2	1	3	2	3	2	3	3	3	3	2	3	3	34	81
B02	Link to GMS infrastructure	2	3	3	3	2	3	3	3	3	3	3	3	3	3	40	95
B03	LMC Gpsub partnership	3	2	0	3	3	3	3	3	3	3	3	3	3	3	38	90
B04	Governance process	1	1	3	2	2	3	2	2	2	3	2	2	3	3	31	74
B05	Summary report	1	3	2	2	3	2	3	3	3	2	1	3	3	3	34	81
B06	Recruitment process	2	2	1	3	2	2	3	2	3	3	2	2	3	3	34	81
B07	Support for reviewers	2	2	2	2	2	2	3	3	3	2	3	3	3	3	35	83
B08	Multidisciplinary teams	3	2	2	2	2	2	2	2	2	2	2	2	3	3	32	76
B09	Visit specification	2	2	3	2	2	3	2	3	2	3	3	3	3	3	36	86
B10	Supporting data analysis	2	2	2	2	2	2	2	2	2	2	3	3	2	3	32	76
B11	QA process re reports	2	2	1	2	2	2	1	3	1	2	1	2	2	3	26	62
B12	Practice guidance	2	2	1	1	3	2	3	3	2	3	2	2	3	3	32	76
B13	Visit timetable	2	2	3	2	3	2	3	3	3	2	3	3	3	2	36	86
B14	Practice updates	2	1	2	1	2	2	1	1	2	3	3	3	2	3	28	67
B15	Practice feedback	1	1	3	2	2	3	3	1	3	2	3	3	3	3	33	79
	sum	28	29	29	32	34	36	36	37	38	38	39	39	42	44		
	mean %	62	64	64	71	76	80	80	82	84	84	87	87	93	98		80

Key:

- 01 NHS Western Isles
- 02 NHS Borders
- 03 NHS Shetland
- 04 NHS Ayrshire & Arran
- 05 NHS Dumfries & Galloway
- 06 NHS Grampian
- 07 NHS Highland
- 08 NHS Forth Valley
- 09 NHS Argyll & Clyde
- 10 NHS Lanarkshire
- 11 NHS Greater Glasgow
- 12 NHS Fife
- 13 NHS Tayside
- 14 NHS Lothian

NHS Orkney did not undertake any quality and outcomes framework review visits during 2005/06 and have therefore not been included in the data for this national overview. NHS Orkney will submit a completed self-assessment and supporting evidence to NHS QIS for review in 2007.

Appendix 4: Glossary

Accreditation	A process, based on a system of external peer review using written standards, designed to assess the quality of an activity, service or organisation.
Assessment	The process of measuring NHS Board's needs and/or the quality of an activity, service or organisation.
Audit	Systematic review of the procedures used to determine the effectiveness of a process.
Audit Scotland	An independent body which assists the Auditor General and the Accounts Commission to make sure organisations that spend public money in Scotland use it properly, efficiently and effectively. This is achieved by carrying out audits - that is, detailed and systematic investigations - of various aspects of how public bodies work.
Benefits realisation (GMS)	Management process developed by the SEHD Pay Modernisation Directorate to allow NHS Boards to monitor key activities and outcomes against strategic level aims and objectives in relation to the implementation of the new GMS contract in Scotland.
CHD	Coronary Heart Disease.
CDM	Chronic disease management
Community Health Partnership (CHP)	A way of organising non-acute care where NHS Boards maximise their ability to support integration across health, and between health and other agencies such as social services. A CHP covers a geographical area and the number within an NHS Board depends on the distribution and size of the population. Website: www.show.scot.nhs.uk/sehd/chp/index.htm
Community Health and Care Partnership (CHCP)	Local organisations within some NHS Boards in Scotland which more fully integrate health and social care functions.
COPD	Chronic Obstructive Pulmonary Disease.
Clinical care	Care provided by healthcare professionals, and related to physical or mental health problems.
Clinical governance	Ensures that patients receive the highest quality of care possible, putting each patient at the centre of their care. This is achieved by making certain that those providing services work in an environment that supports them and places the safety and quality of care at the top of the organisation's agenda. Management of clinical risk at an organisational level is an important aspect of clinical governance. Clinical risk management recognises that risk can arise at many points in a patient's journey, and that aspects of how organisations are managed can systematically influence the degree of risk.
Clinical Governance Committees	NHS Boards are required to work within a committee framework through which NHS organisations are accountable for both continuously improving the quality of their services, and safeguarding high standards of care. Clinical governance committees have a duty to oversee delivery in these areas.

Clinical information	The information needed to support clinical decision-making, and to facilitate delivery of quality, timely services to patients. This includes patient records, agreed clinical protocols and guidelines, and access to the best clinical evidence available.
Contracting	A person who is contracting is someone who is responsible for securing a contractor to deliver a service.
eHealth	IT systems to support the delivery and monitoring of health care.
evaluation	The study of the performance of a service (or element of treatment and care) with the aim of identifying successful and problem areas of activity.
Evidence-based medicine	An approach to decision-making in which the clinician uses the best evidence available, in consultation with the patient, to decide upon the option which best suits the patient.
General Medical Services (GMS)	Primary Medical Services provided by an NHS Board under Section 17J of the National Health Services (Scotland) Act 1978, between the NHS Board and a provider. Nationally negotiated with some flexibility for GPs to 'opt out' of certain services or 'opt in' to the provision of other services.
GMS Strategic Tests	A quality assurance framework developed in Scotland to assess performance of NHS Boards against a broad range of strategic and operational criteria.
GP	General Practitioner
GP subcommittee (GP-sub)	The GP Subcommittee has two main statutory functions: to provide advice on the operation of general medical services and; to advise the Area Medical Committee. (The general function of the AMC is to advise the Health Board on the provision of NHS services.) The Local Medical Committee deals with matters relating to the remuneration and conditions of service of doctors. These are generally referred to as medico-political.
Guidelines	Systematically developed statements which help in deciding how to treat particular processes or conditions.
Information Services Division (ISD)	ISD Scotland is an essential support service to NHSScotland and the Scottish Executive Health Department; responsive to the needs of NHSScotland as the delivery of healthcare evolves; proactive in determining and advising how best to use information and information technology to ensure efficient, effective delivery of patient care.
Healthcare governance	This is the collective term used to describe the overarching accountability of NHS Boards to ensure patient focus, clinical governance (safe and effective care), staff governance (competent and supported staff) and corporate governance (financial probity).
Healthcare professional	A person qualified in a health discipline.
Local Health Care Co-operative (LHCC)	In Scotland, voluntary groupings of GPs and other local healthcare professionals intended to strengthen and support the primary healthcare team in delivering local care. LHCCs are now evolving into community health partnerships (CHPs). See community health partnership.

Local Medical Committee (LMC)	Local Medical Committees (LMCs) are independent statutory bodies which play a vital role in administering the GMS contract and representing General Practitioners as a whole. LMCs are influential in representing the views of GPs to a number of bodies and inform the General Practitioners Committee of issues that arise locally so that they can be taken forward at national level.
Managed Clinical Network (MCN)	A formally organised network of clinicians. The main function is to audit performance on the basis of standards and guidelines, with the aim of improving healthcare across a wide geographic area, or for specific conditions. Each MCN is required to have a quality assurance framework describing the standards the service will meet. The framework has to be accredited by NHS QIS, and an annual report on progress is also required.
Monitoring	The systematic process of collecting information on the performance of clinical or non-clinical activities, actions or systems. Monitoring may be intermittent or continuous. It may also be undertaken in relation to specific incidents of concern or to check key performance areas. Monitoring is used to appraise strengths, weaknesses, opportunities and threats.
Multi-agency	Involving a range of organisations which deliver various aspects of services. For example, those required in the patient pathway.
Multidisciplinary team	A group of people from different disciplines (both healthcare and non-healthcare) who work together to provide care for patients with a particular condition. The composition of multidisciplinary teams will vary according to many factors. These include: the specific condition, the scale of the service being provided, and geographical/socio-economic factors in the local area.
Multi-professional	Consisting of members of more than one profession.
New General Medical Services (nGMS) contract	The new General Medical Services contract, implemented throughout the United Kingdom in April 2004, was the product of negotiations between the British Medical Association's General Practitioners Committee and the NHS Confederation. The new contract was introduced to support the ongoing development of primary care, and to give greater flexibility in how general practices deliver patient care and are paid. A fundamental component of the nGMS contract is a system of financial incentives for delivering clinical and organisational quality - the Quality and Outcomes Framework.
NHS	National Health Service.
NHS Board	There are 22 NHS Boards of two types: 14 territorial boards responsible for healthcare in their areas and eight special health boards which offer supporting services nationally. See NHS Board (territorial) and special health board.
NHS Board (territorial)	There are 14 territorial boards, the mainland being covered by 11 and the island groups (Orkney, Shetland and the Western Isles) by three. They are responsible and accountable for strategic planning, service delivery, performance management and governance within their local areas. Each NHS Board uses the organisational building blocks of NHS direct care, such as community health partnerships or operating divisions, in a way

which suits its geography and population. NHS Boards work together in regional planning arrangements for those services which require that wider perspective. See community health partnership, NHS operating division and single system working. Website: www.show.scot.nhs.uk/organisations/orgindex.htm

NHS operating division	NHS operating divisions are committees of an NHS Board, with schemes of delegated authority setting out their operational responsibility for the delivery of health services. NHS operating divisions came into being after the abolition of NHS Trusts. See NHS Board, community health partnership and single system working.
NHS Quality Improvement Scotland (NHS QIS)	NHS QIS has been established (January 2003) to lead in improving the quality of care and treatment delivered by NHSScotland. To do this, it sets standards and monitors performance, and provides NHSScotland with advice, guidance and support on effective clinical practice and service improvements. Website: www.nhshealthquality.org
NHS QIS QOF QA process	An external assessment process to evaluate NHS Board performance against the national standards for the QOF review process.
NHSScotland	The National Health Service in Scotland.
Patient Focus and Public Involvement (PFPI)	A framework for change which aims to support NHS staff and NHS organisations to develop services in partnership with those who use them.
Pay Modernisation Directorate	A division of the Scottish Executive Health Department responsible for managing and co-ordinating implementation of the three key strands of Pay Modernisation within NHSScotland: Agenda for Change, Consultants Contract and General Medical Services.
Performance indicator	Performance indicators help an organisation define and measure progress towards organisational goals.
Policy	An operational statement of intent in a given situation.
Practice Manager (PM)	Individuals employed by GP practices to manage all aspects of the business.
Primary care	The conventional first point of contact between a patient and the NHS. This is the component of care delivered to patients outside hospitals and is typically, though by no means exclusively, delivered through general practices. Primary care services are the most frequently used of all services provided by the NHS. Primary care encompasses a range of family health services provided by GPs, dentists, pharmacists, optometrists and ophthalmic medical practitioners.
Primary Care Organisation (PCO)	Primary Care Organisations are responsible for the management of independent primary care contractors and are central organisations in the restructured NHS. Within single system working in NHS Scotland the functions of PCOs are now the responsibility of Community Health Partnerships (CHP).
Primary Medical Services	These are the services provided by GP practices to patients registered with them. If the practice with which the patient is registered does not provide some of these services, the NHS Board must ensure that alternative services are in place. NHS Boards are required to provide or

	secure certain services for their own population - and may provide those services for patients who live outside of the NHS Board's area.
Prevalence (disease)	The incidence of a specific disease ie the relative number of patients with the disease in relation all patients within a given population.
Protocol	A policy or strategy which defines appropriate action in specific circumstances. Protocols may be national, or agreed locally to take into account local requirements.
Quality Management Analysis System (QMAS)	A dedicated IT system to support analysis of data and payments to GPs in relation to the GMS Quality & Outcomes Framework.
Quality and Outcomes Framework (QOF)	A system to remunerate general practices for providing good quality care to their patients, and to help fund work to further improve the quality of health care delivered. It is a fundamental part of the new General Medical Services (nGMS) contract, introduced on 1 April 2004. Participation by general practices in the QOF is voluntary. For those that do participate, the QOF measures achievement against a range of evidence-based indicators, with points and payments awarded according to the level of achievement.
Quality Working Group	A national group comprising representatives from NHS Boards and other key stakeholders which advises on, and facilitates quality improvement initiatives associated with quality elements of the new GMS contract.
Quality assurance (QA)	Improving performance and preventing problems through planned and systematic activities including documentation, training and review.
Quality assurance framework	A model used to define and monitor the standard of care that is required and provided.
Reporting	The effective presentation and dissemination of information collected through monitoring processes.
Royal College of General Practitioners (RCGP)	The academic organisation in the UK for general practitioners. Its aim is to encourage and maintain the highest standards of general medical practice and act as the 'voice' of general practitioners on education, training and standards issues.
Risk management	A systematic approach to the management of risk, staff and patient/client/user safety to reducing loss of life, financial loss, loss of staff availability, loss of availability of buildings or equipment, or loss of reputation. Risk management involves identifying, assessing, controlling, monitoring, reviewing and auditing risk.
Scottish Executive Health Department (SEHD)	Responsible for health policy and the administration of NHSScotland. Website: www.show.scot.nhs.uk/sehd
Scottish General Practitioners Committee (SGPC)	SGPC represents all GPs in Scotland and has autonomy to deal with matters exclusive to the NHS in Scotland. They negotiate with the Scottish Executive Health Department and other bodies as appropriate.
Section 17C agreement	Agreements negotiated locally between an NHS Board and a provider, in line with Section 17C of the National Health Service (Scotland) Act 1978.

Self-assessment	Assessment of performance against standards by individual/clinical team/NHS operating division/NHS Board providing the service to which the standards are related.
Single system working	An approach intended to improve service organisation and delivery throughout NHSScotland. The white paper Partnership for Care: Scotland's Health (2003) outlined proposals for removing barriers in local NHS systems as far as possible and the Health Department Letter HDL 2003(11) dealt further with the duties placed on NHS Boards to improve integration, decentralisation, service redesign and patient focus. One of the major steps was the abolition of NHS Trusts in 2004, with NHS Board operating divisions taking over their functions. With single system working, NHS Boards are to build on the achievements of local health care co-operatives as they evolve into community health partnerships, and the Joint Future initiative. Health services are to be delivered locally as far as possible, but always consistent with providing safe, sustainable and efficient services to patients. To achieve this, NHS Boards are to promote, resource and actively manage the development of managed clinical networks (MCNs) and other clinical and care networks, both within and beyond their local boundaries.
SPARRA	Scottish Patients at Risk of Readmission and Admission: a risk prediction algorithm, developed by the Information Services Division (ISD) to identify patients aged 65 years and over at greatest risk of emergency inpatient admission.
Standard	Agreed level of performance.
Winter Group / Guidance	The Winter Group (Chaired by Dr Mike Winter, Associate Medical Director NHS Lothian) is a subgroup of the Pay Modernisation Quality Working Group. The Winter Group produces national guidance each year for the implementation of the QOF review process by NHS Boards in Scotland.

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