



National Audit Office

## SURVEY OF PRIMARY CARE TRUSTS

JULY 2007

*Survey conducted as part of the National Audit Office value-for-money report on:*

**NHS Pay Modernisation: *New contracts for General Practice Services in England***

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## Position as at July 2007

### Introduction

- i. The National Audit Office conducted a survey of NHS Primary Care Trusts (PCTs) to inform their investigation into the new contracts for General Practice. The subsequent report, *Pay Modernisation: New Contracts for General Practice Services in England*, was published on 28 February 2008. A copy of the survey is included in Appendix A. Trusts also received additional guidance to clarify and further explain certain questions.
- ii. The survey's instructions suggested that PCTs' primary care leads would be best placed to answer the majority of the questions, with input required from the organisations' finance directors. The responses were, however, approved by PCTs' Chief Executives, as Accountable Officers.
- iii. The survey (ROCR/07/012) was developed in consultation with The Information Centre for Health and Social Care who considered the data collection to be useful and reasonable (and could not have been obtained readily from other sources)

### Methodology

- iv. The survey questionnaire was sent out to the Chief Executives of all PCTs in England. Overall, we received returns from 139 out of the 152 PCTs who were sent the survey (equating to a 91 per cent response rate). Where the PCT did not complete every applicable question, the blank responses were excluded from the analysis of that question.
- v. The high response rate removes the imperative to report confidence intervals, since the maximum possible error would be if the 13 non-responding trusts would have all given the same answer, and even in this extreme instance the main findings would not necessarily be affected. However, the concept of a confidence interval allows for the fact that the survey is taken at a point in time and, as such,

there may be variation in time (which may be relevant to some questions).

- vi. The response rate ensures a confidence interval is within  $\pm 5$  per cent. Specifically, for a question with two possible responses/categories (e.g. Yes or No) the largest confidence interval is 4.05 per cent. For example:
  - a. Question 16.2, *As at 1 April 2007, are there problems in providing and commissioning primary care within your PCT?*, 37 PCTs answered "Yes" and 102 "No". Therefore the 95 per cent confidence interval for the population of (all 152) PCTs is [35, 46] "Yes"; [106,117] "No".
  - b. Question 9.1a *The size of practices' patient lists were appropriate*, received the following answers from the 139 PCTs who responded: (Strongly Agree: 4), (Agree: 46), (Neither Agree nor disagree: 31), (Disagree: 46), (Strongly disagree: 7), (Don't know: 5). Therefore, the 95 per cent confidence-level for all PCTs is (Strongly Agree:  $2.9\% \pm 1.4\%$ ), (Agree:  $33.1\% \pm 3.8\%$ ), (Neither Agree nor disagree:  $22.3\% \pm 3.4\%$ ), (Disagree:  $33.1\% \pm 3.9\%$ ), (Strongly disagree:  $5.0\% \pm 1.8\%$ ), (Don't know:  $3.6\% \pm 1.5\%$ )
- vii. As part of the process of producing PCTs with personal feedback based on their response, we validated the responses given to a selected group of questions<sup>1</sup> which were particularly focused on commissioning decisions. Seventeen PCTs took this opportunity to revise at least one of the responses they originally submitted. All such amendments have been incorporate in the analysis below<sup>2</sup>.

### About this document

- viii. The following section of this report highlights some of the key findings from the survey. The report concludes with the original questionnaire, as sent to the PCTs, and a set of tabulated responses.

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<sup>1</sup> These were questions 3.1, 3.2, 4.1, 4.2, 5.1, 6.1, 7.1, 8.6b, 8.7b, 12.1, 12.2, 12.3, 12.4 and 14.2.

<sup>2</sup> Some of data was altered after the printing of the associated Value for Money report which may lead to small discrepancies between figures that appear in this document and the main report.

## Summary of findings

1. Primary Care Trusts (PCTs) are NHS organisations responsible for commissioning primary care services for their population. These services can be commissioned from individual or groups of GPs and, since 1 April 2007, from private health companies. Following a reorganisation on 1 October 2006, there are 152 PCTs.
2. In 2007-08, respondents spent an average of £45 million on commissioning primary care services<sup>3</sup>. Our survey found that the average number of practices<sup>4</sup> within these services was 55. PCTs estimated that, on average, 7.7 full-time equivalent employees worked specifically on commissioning and monitoring these contracts. The responses showed a wide variation in the number of people working in this area within each PCT, however, this could be explained by the nature of the question which required an estimation of people's time-commitment towards the contracts when they have mixed-portfolios<sup>5</sup>.
3. Almost two-thirds of PCTs said that some of their commissioning or monitoring functions are either contracted out or provided as shared services with other PCTs.

### The Use of Different Contractual Routes

4. As at 31 March 2007, PCTs held an average of 30 General Medical Service (GMS) contracts, ranging from 0 to more than 100. The average list size for these practices was 6,100, ranging from 1,100 in one PCT to 9,800 in another.
5. Comparatively, average list sizes for PMS practices were higher. PCTs held an average of 23 Primary Medical Service (PMS) contracts, ranging from 0 to almost 80. The average list size for these PMS practices was 7,000, ranging amongst the PCTs from 3,000 to 14,000.

6. PCTs had renegotiated a quarter (25.4 per cent) of their current PMS contracts since 31 March 2006. The most common reason cited by PCTs who had not renegotiated any of these contracts for not having done so was because it was *unnecessary* (39 per cent of the 82 valid responses). Twenty-two per cent cited either a lack of tools, time or resources, whilst 6 per cent said that no contracts had been renegotiated because of a *possible loss of goodwill with practices*.
7. A significant number of PCTs reported that their PMS contract have or had duplicate payments<sup>6</sup> with the Local, National or Directed Enhanced Services, or the Quality Outcomes Framework.

4.5. Are any services which are eligible for specific payments through your PMS contracts also included in LES, NES, DES or QOF?		
	Frequency	Valid percent
No – never	77	56.2
Yes - previously (duplication removed)	27	19.7
Yes - currently (duplication remains)	30	21.9
Don't know	3	2.2
Total	137	100.0

8. As at 31 March 2007, only 9 out of 139 respondents commissioned services using the Special Primary Medical Services (SPMS) contract. Yet, one PCT held 6 such contracts.
9. More PCTs, however, use the Alternative Medical Services contract. From the 139 respondents, twenty-three held 1 APMS contract, six held 2 APMS contracts and two PCTs held 3. A number of reasons were given for using the APMS contractual route, with 26 per cent of PCTs that had an APMS contract citing *APMS offered better value-for-money* and 16 per cent selecting the reasons that *Other practices [were] unwilling to offer these services*. 57 per cent of trusts estimated that they were the

<sup>3</sup> PFR returns (centrally collected by the Department of Health)

<sup>4</sup> For the purposes of this report, a practice is an organisation or individual employed by using a General, Primary, Special Primary, Alternative Primary or Primary Care Trust Medical Services contract.

<sup>5</sup> i.e. when there job requires them to work part-time on monitoring or contracting these services.

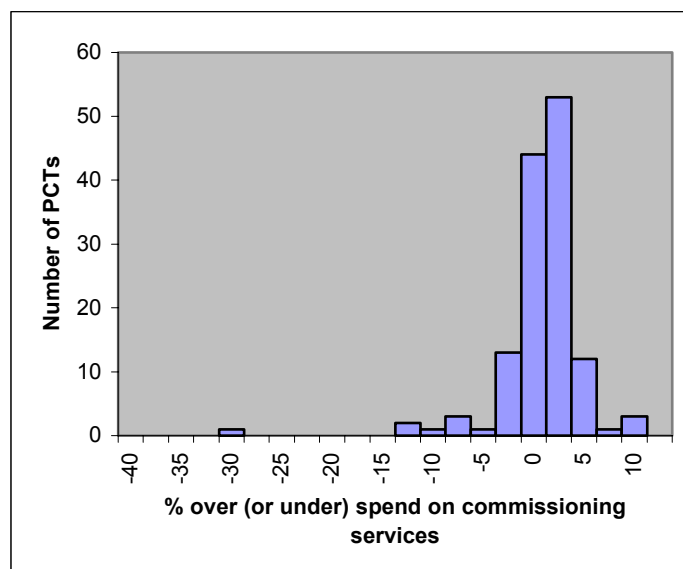
<sup>6</sup> i.e. some services are eligible for payment under both the PMS contract and either the enhanced service or QOF schemes.

probability of that they would tender for an APMS contract by 31 March 2008 would be at least 50 per cent.

10. From 139 respondents, 55 (40 per cent) did not commission services using a Primary Care Trust Medical Services (PCTMS) contract. A quarter of trusts (35 PCTs) held just one such contract, whilst two PCTs held (the maximum amongst respondents of) 10 PCTMS contracts. When asked about why PCTs used this contractual route more trusts cited an unwillingness of other practices to offer the services (31 per cent) and fewer cited better value-for-money (6 per cent), when compared to the similar question about use of APMS.

#### *Expenditure on primary care services in 2006-07*

11. On average, the 134 respondents reported that their budget for commissioning primary care services from GMS, PMS, APMS and PCTMS contracts in 2006-07 was £44.4 million.
12. This related to an expenditure of £128 per registered patient, or £800,000 per practice. The cost per patient, averaged over each PCT, varied considerably, with the maximum spend per patient twice that for the minimum PCT. However, the mean expenditure per patient varied little when aggregated up to Strategic Health Authority level (ranging from £126 to £134)<sup>7</sup>.
13. The difference between actual and budgeted expenditure on commissioning these primary care services relates to an average overspend of approximately £154,000. Using a simple extrapolation, this would relate to an overspend of approximately £234 million in 2006-07. The following figure shows the variation in overspend as a percentage of the actual expenditure.



Note: Negative (-) numbers relate to overspends.

#### *Use of Practitioners with Special Interests*

14. From the respondents, 7.6 per cent (10) did not have any General Practitioners with Special Interests (GPwSIs) working within their PCT. Yet, on average, 8.9 GPwSIs worked within a PCT. Comparing the number of accredited GPwSIs to those who worked, highlighted 9 per cent of accredited GPwSIs are not employed as GPwSIs.
15. Similarly for primary care Practitioners with Special Interests (PwSIs), 69 per cent of trusts did not have a PwSI working as at 31 March 2007, although the average amongst all PCTs was approximately two. The percentage of accredited PwSIs not working as PwSIs was lower (4 per cent) than for GPwSIs.

#### *Opinions on the old contract and the implementation of the new GMS contract*

16. The graphs at the end of this section (questions 9 and 10) show the PCTs opinions on the old contract and the implementation of the new GMS contract.

<sup>7</sup> These figures have not needs-weighted

### *Opt-out of additional services*

17. The new contract offered the opportunity for practices to opt-out of providing a number of services. Although there were some validation issues, and therefore the following should only be used as an indication of the level of opt-out, responses to this question in our survey were:

<b>11.1. At 31 March 2007, how many practices had opted-out of the following services, and what was the cost of providing replacement services in 2006-07?</b>	
	Number of practices
i. Cervical screening	17
ii. Contraceptive services	16
iii. Vaccinations and immunisations (except flu)	19
iv. Child health surveillance	189
v. Maternity services (ante-natal care and screening)	2
vi. Specific minor surgery procedures	303
vii. Out-of-Hours	6180

### *Quality Outcomes Framework (QOF) verification*

18. In 2006-07, a quarter of PCTs had amended a practices score by at least 100 points as a result of either of these verification checks. On average, PCTs amended 17 practices QOF scores over the same year.
19. Of the 116 of the 137 PCTs (84.7 per cent) responding to the question about benchmarking the levels of exception reporting said that they did. Whereas, only 1 of the 20 that did not benchmark planned to do so before 31 March 2008 (the remaining one PCT did not know whether they did or not).

### *Local Enhanced Services*

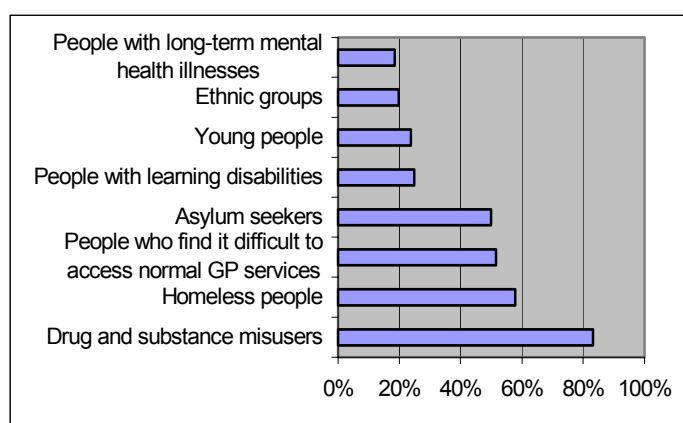
20. For 2007- 08, 53.2 per cent of PCTs (74) had, to the date of the return, introduced an additional LES, whereas 46.8 per cent (65) had not.

### *Performance Management*

21. From the respondents, 22 PCTs (15.8 per cent) did not monitor the performance and services offered by practices for their global sum (for GMS) or capitation payment (for PMS). Nearly half of the PCTs (47.5 per cent) had introduced a supplementary quality and performance management systems, such as Balanced Scorecards to manage GP contracts.
22. Over a quarter of PCTs (26.8 per cent) had used remedial notices to compel improvement in a practice's performance and, since April 2006, 18 PCTs had used the contract termination provisions contained within the new GMS contract.

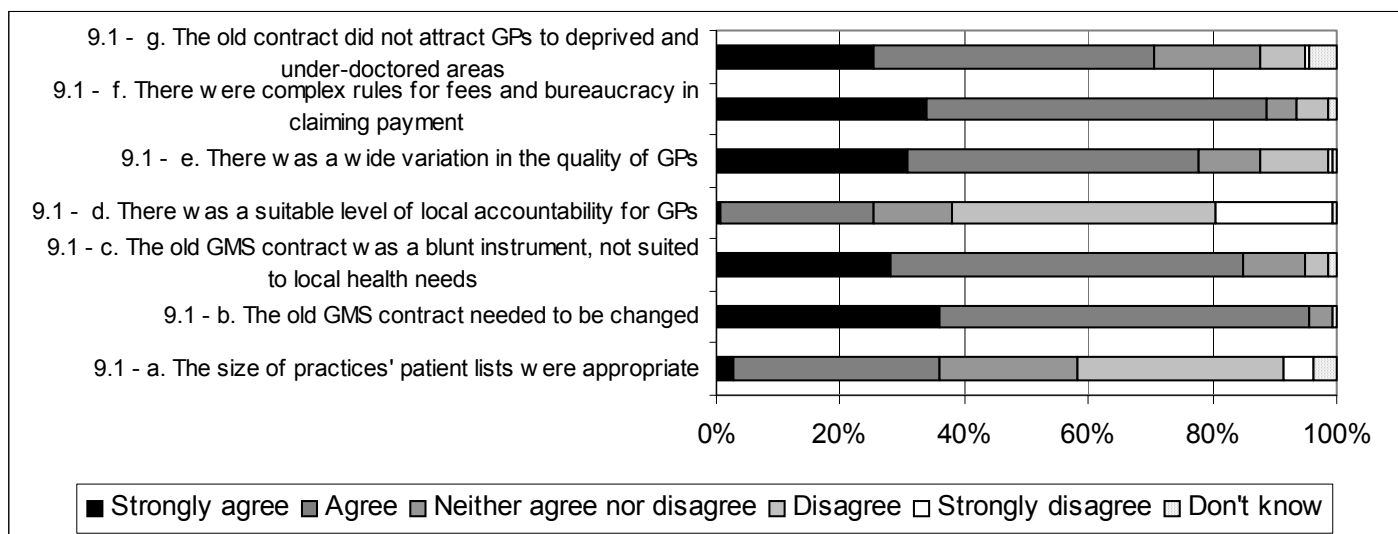
### *Commissioning services for vulnerable groups*

23. The survey also asked PCTs about which vulnerable groups they commissioned specific services for using the contracts for GP services. The following lists the proportion of respondents that did commission such services:

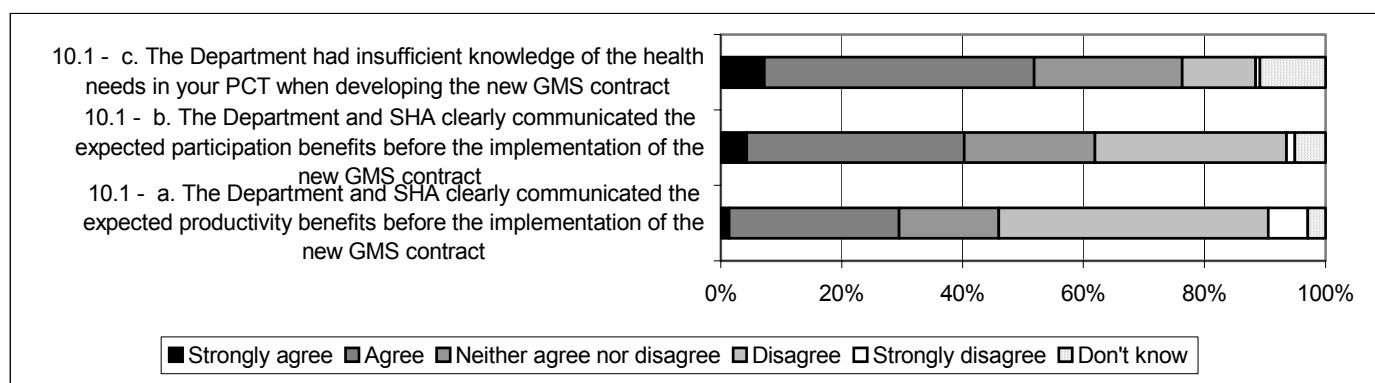
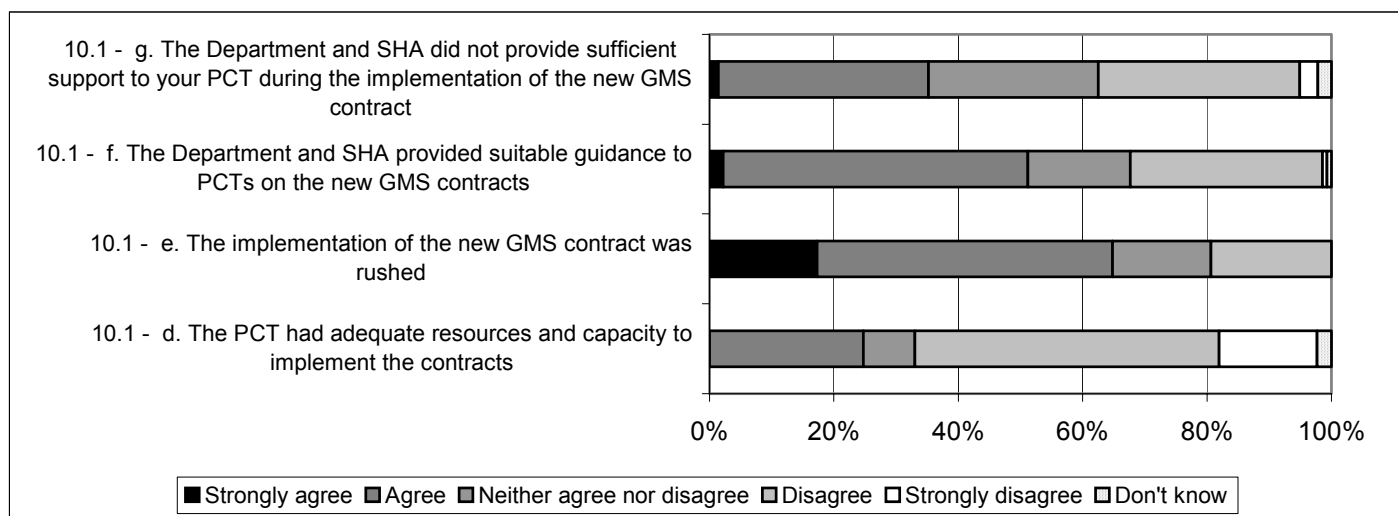


## PCTs' opinions on the old contract and the implementation of the new GMS contract.

### 9. The situation under the old contract (Opinions of PCTs' Chief Executives)



### 10. The development and implementation (Opinions of PCTs' Chief Executives)





# Primary Care Trust Survey

ROCR/07/012

July 2007

## National Audit Office Study

### Pay Modernisation: Contracts for General Practitioners' Services

#### About the NAO

The role of the National Audit Office (NAO) is to report to Parliament on the spending of central government money. We conduct financial audits of all government departments and agencies and many other public bodies, as well as report to Parliament on the value-for-money with which public bodies have spent public money.

The NAO is carrying out an investigation into NHS pay and productivity at the request of Parliament. As part of this work we are looking into pay modernisation and the first report, on the new consultant contract, was published in April 2007. In our second report, which is due to be published in early 2008, we are focusing on contracts for General Practitioners' services. We are keen to capture the views of all Primary Care Trusts (PCTs), which will be aggregated to form a central part of the evidence for this forthcoming report. This survey (ROCR/07/012) has been developed in consultation with The Information Centre for Health and Social Care who consider the data collection to be useful and reasonable (and cannot be obtained readily from other sources).

#### Objectives of the survey

The objectives of the census are to identify the PCTs' role in forming the strategy behind the new contracts; the effectiveness of, and barriers to, the PCTs' implementation of the contracts; and the impacts resulting from the new contracts. This is also an opportunity for PCTs to inform us and Parliament of their views and opinions on these contracts. We are particularly keen to identify examples of commissioning which have been successful in assisting the implementation of the contracts or methods that have enhanced the contracts' benefits.

#### Who should fill out the survey

We suggest that the PCT's primary care lead is likely to be best placed to answer the majority of the questions. Input may also be required from the PCT's finance director. If the chosen respondent is new to the role or organisation then they may find it useful to discuss some of the more retrospective questions with relevant colleagues. The respondent should, however, ensure that they have the Chief Executive's approval and input, as Accountable Officer (and therefore responsible for the submitted answers), particularly with reference to the opinion based questions. If you require any further assistance, please contact the NAO team directly (details at end of survey).

#### Use of results

The results of the audit will be presented in the format *"60 per cent of Primary Care Trusts use APMS contracts"*. References to individual PCTs (for example on good practice) will be discussed, and the findings cleared, with the relevant PCT before publication. However, the Department of Health will be given access to the results of our survey. We will also provide your PCT with the feedback reports, in the form of a benchmarking document, for your personal consideration.

Please follow the instructions and try to answer every applicable question and return the completed form by e-mail to [gpcontracts@nao.gsi.gov.uk](mailto:gpcontracts@nao.gsi.gov.uk) by **Monday 8 August 2007**. Thank you.

## General instructions for completing the survey

- Guidance** on completing individual questions is included at the end of the questionnaire. The same guidance has also been separately attached to the email and respondents should **print off a copy** to refer to when completing the form.
- The form will only allow respondents to write in the areas which are highlighted in grey. You can **navigate** between these spaces for answers using the **Tab**, **Page Up** or **Page Down** buttons on your keyboard.
- If, even after discussing with colleagues, you are not able to confidently answer retrospective questions then please answer *Don't know*.
- When entering numerical values, please enter the number in digit form (e.g. 1324) and use "0"s (rather than *none*, *zero*, or leaving the cell blank).
- When entering text, please do not use the "Enter" key.
- The details for returning the completed questionnaire are at the end of the survey.
- If you have any further queries then please feel free to contact the study team (details at the end of the survey)

1. Respondent details	
<i>Please complete the following questions so that we are able to contact you in case we need to clarify any answer or if we would like to, for example, follow up on good practice</i>	
1.1. Name of respondent	<i>Please enter text</i>
1.2. Job title	<i>Please enter text</i>
1.3. Telephone number	<i>Please enter number</i>

2. PCT details	
2.1. PCT name (e.g. Ashton, Leigh & Wigan)	<i>Please enter text</i>
2.2. NHS code (Please enter 3 characters without spaces e.g. 5HG)	
2.3. At 31 March 2007, what was the GP-registered population contained within your PCT? (e.g. 321 205)	<i>Please enter number</i>
2.4. As at 31 June 2007, how many PCT employees worked in primary medical care contracting, including commissioning and monitoring services? (whole time equivalents)	<i>Please enter number</i>
2.5. As at 31 June 2007, which primary care commissioning and monitoring functions were provided as <b>shared services</b> ? <i>Please enter text</i>	



3. Current GMS contracts	
<i>The following questions relate to the contracts that you currently (as of 31 March) commission from practices.</i>	
3.1 As at 31 March 2007, how many <b>GMS</b> practices did your PCT commission services from?	<i>Please enter number</i>
3.2. What was the aggregate (total) list size of these <b>GMS</b> practices?	<i>Please enter number</i>

4. Current PMS contracts	
4.1. As at 31 March 2007, how many <b>PMS</b> practices did your PCT commission services from?	<i>Please enter number</i>
4.2. What was the aggregate (total) list size of these <b>PMS</b> practices?	<i>Please enter number</i>
4.3. How many of the current <b>PMS</b> contracts have been held since 31 March 2006?	<i>Please enter number</i>
4.4. How many of these <b>PMS</b> contracts have been locally renegotiated since 31 March 2006?	<i>Please enter number</i>
If none have been renegotiated, please select the main reason for why you have not chosen to do so.	<i>Please select</i>
➤ If <i>Other</i> , please specify. <i>Please enter text</i>	
4.5. Are any services which are eligible for specific payments through your <b>PMS</b> contracts also included in local, national or direct enhanced services (LES, NES, DES) or the Quality Outcomes Framework (QOF)?	<i>Please select</i>
If Yes, please list the services that have been or are currently duplicated <i>Please enter text</i>	

5. Current SPMS contracts	
5.1. As at 31 March 2007, how many <b>SPMS</b> practices did your PCT commission services from?	<i>Please enter number</i>
5.2. What services do these <b>SPMS</b> contracts provide? <i>Please enter text</i>	

6. Current APMS contracts
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<b>6.1.</b> As at 31 March 2007, how many <b>APMS</b> practices did your PCT commission services from?	<i>Please enter number</i>
<b>6.2.</b> What was the aggregate (total) list size of these <b>APMS</b> practices?	<i>Please enter number</i>
<b>6.3.</b> If you use <b>APMS</b> , please select which reason most closely describes why you have used this contractual route:	<i>Please select</i>
If <i>Other</i> , please specify <i>Please enter text</i>	
<b>6.4.</b> If you use <b>APMS</b> , apart from Essential Services, what services are these practices offering? <i>Please enter text</i>	
<b>6.5.</b> If you do not currently have an <b>APMS</b> provider, what is the estimated probability that your PCT will tender for an <b>APMS</b> contract by 31 March 2008? ( <i>probability given as percentage</i> )	<i>Please select</i>

## 7. Current PCTMS contracts

<b>7.1.</b> As at 31 March 2007, how many <b>PCTMS</b> practices did your PCT commission services from?	<i>Please enter number</i>
<b>7.2.</b> What service are these practices offering? <i>Please enter text</i>	
<b>7.3.</b> If you use <b>PCTMS</b> , please select which reason most closely describes why you have used this contractual route:	<i>Please select</i>
If <i>Other</i> , please specify <i>Please enter text</i>	

## 8. Other commissioning details

*This section relates, predominantly, to financial data on commissioning expenditure and will probably require liaison with your finance team.*

<b>8.1.</b> For 2006-07, what did you actually <b>spend</b> on commissioning primary care services from GMS, PMS, APMS and PCTMS contracts? ( <i>£000s</i> )	£ Please enter number (000)
<b>8.2.</b> For 2006-07, what was your <b>budget</b> for commissioning primary care services from GMS, PMS, APMS and PCTMS contracts? ( <i>£000s</i> )	£ Please enter number (000)

<b>8.3.</b> For the following primary care expenditure categories, please indicate how much your PCT <b>allocated (budgeted)</b> for expenditure in <b>2006-07</b> :		
i. Total Global Sum and MPIG (£000s)	£ Please enter number (000)	
ii. QOF (£000s)	£ Please enter number (000)	
iii. Enhanced services (£000s)	£ Please enter number (000)	
<b>8.4.</b> For 2006-07, how many new GMS practices received the Minimum Practice Income Guarantee, MPIG?	Please enter number out of Please enter number practices	
<b>8.5.</b> For 2006-07, what was the cost of the Minimum Practice Income Guarantee, MPIG? (£000s)	£ Please enter number (000)	
<b>8.6.</b> At 31 March 2007, how many GPs in your PCT were accredited for or working as <i>GPs with Special Interests, GPwSIs?</i> (headcount)	Accredited: Please enter number	Working: Please enter number
<b>8.7.</b> At 31 March 2007, how many primary care practitioners in your PCT were accredited for or working as <i>Practitioners with Special Interests, PwSIs?</i> (headcount)	Accredited: Please enter number	Working: Please enter number

## 9. The situation under the old contract

The following questions relate to the primary care commissioning under the old GMS contract. If you were not in the same role or organisation at this time then please liaise with relevant colleagues.

**9.1.** Please give your level of agreement with the following statements, describing the situation in your PCT (or constituent PCTs) prior to the new GMS contract being introduced in April 2004:

a. The size of practices' patient lists were appropriate	Please select
b. The old GMS contract needed to be changed	Please select
c. The old GMS contract was a blunt instrument, not suited to local health needs	Please select
d. There was a suitable level of local accountability for GPs	Please select
e. There was a wide variation in the quality of GPs	Please select
f. There were complex rules for fees and bureaucracy in claiming payment	Please select
g. The old contract did not attract GPs to deprived and under-doctored areas	Please select

10. The development and implementation	
<i>The following questions relate to the implementation of the new GMS contract. If you were not in the same role or organisation at this time then please liaise with relevant colleagues.</i>	
<b>10.1.</b> Please give your level of agreement with the following statements:	
a. The Department and SHA clearly communicated the expected <b>productivity</b> benefits before the implementation of the new GMS contract	<i>Please select</i>
b. The Department and SHA clearly communicated the expected <b>participation</b> benefits before the implementation of the new GMS contract	<i>Please select</i>
c. The Department had insufficient knowledge of the health needs in your PCT when developing the new GMS contract	<i>Please select</i>
d. The PCT had adequate resources and capacity to implement the contracts	<i>Please select</i>
e. The implementation of the new GMS contract was rushed	<i>Please select</i>
f. The Department and SHA provided suitable guidance to PCTs on the new GMS contracts	<i>Please select</i>
g. The Department and SHA did not provide sufficient support to your PCT during the implementation of the new GMS contract	<i>Please select</i>

11. The global sum		
<b>11.1.</b> At 31 March 2007, how many practices had opted-out of the following services, and what was the cost of providing replacement services in 2006-07?		
	Number of practices	Cost of replacement services, £000s
viii. Cervical screening	<i>Please enter number</i>	£ (000)
ix. Contraceptive services	<i>Please enter number</i>	£ (000)
x. Vaccinations and immunisations (except flu)	<i>Please enter number</i>	£ (000)
xi. Child health surveillance	<i>Please enter number</i>	£ (000)
xii. Maternity services (ante-natal care and screening)	<i>Please enter number</i>	£ (000)
xiii. Specific minor surgery procedures	<i>Please enter number</i>	£ (000)
xiv. Out-of-Hours	<i>Please enter number</i>	

<b>12. Quality Outcomes Framework, QOF</b>	
<b>12.1.</b> In 2006-07, as a result of <b>pre-payment verification checks</b> , how many practices' QOF scores have been amended?	<i>Please enter number</i>
<b>12.2.</b> In 2006-07, as a result of the <b>5 per cent post-payment verification checks</b> , how many practices' QOF scores have been amended?	<i>Please enter number</i>
<b>12.3.</b> In 2006-07, what was the largest change in QOF points resulting from either of the above verification checks?	<i>Please enter number</i>
<b>12.4.</b> In 2006-07, <b>overall</b> , how many practices' QOF scores have been amended?	<i>Please enter number</i>
<b>12.5.</b> Does your PCT benchmark the levels of exception reporting amongst practices?	<i>Please select</i>
<b>12.5.</b> Please describe the most common reasons, if any, for altering a practice's QOF points <i>Please enter text</i>	
<b>12.6.</b> Please describe any efficiency savings or quality improvements, such as getting correct prevalence, resulting from the QOF process <i>Please enter text</i>	

<b>13. Other services</b>					
<b>13.1.</b> As at 31 March 2007, how many nurse-led walk-in centres did your PCT pay for?					<i>Please enter number</i>
<b>13.2.</b> As at 31 March 2007, how many practices did your PCT <b>commission</b> (and pay for) the following services from? ( <i>Please disaggregate into which contracts these practices are commissioned under</i> )					
	New GMS	PMS	APMS	PCTMS	
i. Saturday morning clinics					
ii. Evening clinics (after 6:30pm)					
iii. Out-of-Hours services					
iv. Health promotion clinics					
v. No weekly half-day closing					
vi. 90% (or above) achievement through QOF					

<b>13.3.</b> As at 31 March 2007, how many practices <b>offered</b> the following services (without being
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commissioned by the PCT to provide them)? (Please disaggregate into which contracts these practices are commissioned under. Select the last column, "Don't Know", if you are not aware of the level of provision of this service)

	New GMS	PMS	APMS	PCTMS	Don't Know
i. Saturday morning clinics					<input type="checkbox"/>
ii. Evening clinics (after 6:30pm)					<input type="checkbox"/>
iii. Out-of-Hours services					<input type="checkbox"/>
iv. Health promotion clinics					<input type="checkbox"/>
v. No weekly half-day closing					<input type="checkbox"/>

#### 14. Enhanced services

**14.1.** In 2006-07, what Locally Enhanced Services (LES) did you contract from GPs? (please separate each Enhanced Service with a semicolon, ";") Please enter text, None  
☐

**14.2.** In 2006-07, what was the total cost of these LES (listed in the previous question)? (£000s) £ Please enter number (000)

**14.3.** Please describe one example where your PCT has implemented a unique or innovative LES to meet local needs (please include the year, a summary of the terms of the LES, the local need that it was intended to address, and the effect of introducing this LES) Please enter text

**14.4.** For 2007-08, have you introduced any additional LES (to date)? Please select

**14.5.** In 2006-07, how many practices were **eligible to be commissioned to provide Direct Enhanced Services (DESs)**? Please enter number



<b>14.6. In 2006-07, how many practices were paid for complying with the following Direct Enhanced Services (DESs)?</b>	
<b>a. Access.</b>	
i. Commitment and Plan to Deliver 4 Elements	<i>Please enter number</i>
ii. Commitment to PCAS	<i>Please enter number</i>
iii. Survey Results: 48 Hr	<i>Please enter number</i>
iv. Survey Results: Advanced Booking	<i>Please enter number</i>
v. Survey Results: Telephone Access	<i>Please enter number</i>
vi. Survey Results: Practitioner of Choice	<i>Please enter number</i>
<b>b. Choose and Book</b>	
i. Component 1: Agree to Offer choice	<i>Please enter number</i>
ii. Component 1: 60% survey satisfaction	<i>Please enter number</i>
iii. Component 2: Agree to use of booking system	<i>Please enter number</i>
iv. Component 2: CfH 90% referrals converted UBRN	<i>Please enter number</i>
<b>c. Practice based Commissioning</b>	
i. Agreement of Practice Plan	<i>Please enter number</i>
ii. Delivery of Plan	<i>Please enter number</i>
<b>d. IT Adoption</b>	
i. Component 1: Agreement of Plan	<i>Please enter number</i>
ii. Component 2: Data Accreditation	<i>Please enter number</i>
iii. Component 3: Remaining Practice Requirements	<i>Please enter number</i>
iv. Component 4: Migration of CfH accredited system	<i>Please enter number</i>

<b>15. Monitoring and performance management</b>	
<i>This section relates to the arrangements for and outcomes from the monitoring and performance management within your PCT</i>	
<b>15.1.</b> Is your PCT currently monitoring the performance and services offered by practices for their <i>global sum</i> (for GMS) or <i>capitation payment</i> (for PMS)?	<i>Please select</i>
If Yes, how is your PCT monitoring performance? <i>Please enter text</i>	
➤ If these reviews have been used to initiate a change in the services offered by practices, what changes have occurred and what improvements, if any, have resulted?	
i. Changes <i>Please enter text</i>	
ii. Improvements <i>Please enter text</i>	
<b>15.2.</b> In your opinion, which of the following contracts provide better value-for-money for the PCT?	<i>Please select</i>
If you find one contractual route offers more value-for-money, then please describe why <i>Please enter text</i>	
<b>15.3.</b> Is your PCT using their own patient questionnaires (excluding QOF, national, Healthcare Commission, Audit Commission questionnaires)?	<i>Please select</i>
If Yes, what is different about these questionnaires to the national versions? <i>Please enter text</i>	
<b>15.4.</b> How does your PCT monitor the effectiveness of Out-of-Hours services? ( <i>Please describe briefly</i> ) <i>Please enter text</i>	
<b>15.5.</b> Since April 2006, has your PCT used remedial notices to compel improvement in a practice's performance?	<i>Please select</i>
<b>15.6.</b> Since April 2006, how many times has your PCT used the contract termination provisions contained within the new GMS contract?	<i>Please enter number</i>
<b>15.7.</b> Has your PCT introduced any supplementary quality and performance management systems, such as Balanced Scorecards to manage GP contracts?	<i>Please select</i>
If yes, please describe these systems <i>Please enter text</i>	

16. Other benefit realisation	
<b>16.1.</b> Prior to the introduction of the new GMS contract (pre-April 2004), were there problems in providing and commissioning primary care within your PCT (or constituent PCT) under the old GMS contract?	<i>Please select</i>
If Yes, what were the three main issues for your PCT under the old GMS contract? 1. <i>Please enter text</i> 2. <i>Please enter text</i> 3. <i>Please enter text</i>	
<b>16.2.</b> As at 1 April 2007, are there problems in providing and commissioning primary care within your PCT?	<i>Please select</i>
<b>16.3.</b> Is there currently any problem with the recruitment of GPs within your PCT?	<i>Please select</i>
If Yes, is this because of difficulties to attract to:	<i>Please select</i>
➤ If Other, please specify <i>Please enter text</i>	
<b>16.4.</b> Is there currently any problem with retention of GPs within your PCT?	<i>Please select</i>
If Yes, please describe why <i>Please enter text</i>	
<b>16.5.</b> Within your PCT, how many primary medical care services premises have been substantially refurbished or replaced between July 2000 and 31 March 2007? <i>Please enter text</i> , Don't know <input type="checkbox"/> (This question relates to the NHS Plan target regarding the refurbishment of GP practices)	
<b>16.6.</b> In particular, have you used the contracts for GP services to commission specific services for:	
a. Asylum Seekers	<i>Please select</i>
b. Homeless people	<i>Please select</i>
c. Ethnic groups	<i>Please select</i>
d. Young people	<i>Please select</i>
e. Drug and substance misusers	<i>Please select</i>
f. People with long-term mental health illnesses	<i>Please select</i>
g. People with learning-disabilities	<i>Please select</i>
h. People who find it difficult to access normal GP services	<i>Please select</i>

<b>16.7.</b> Which phrase best describes how the new GMS contract has affected integration with:	
Secondary (acute) care?	<i>Please select</i>
➤ If it has changed ( <i>improved</i> or <i>worsened</i> ), please describe how the new contracts affected integration <i>Please enter text</i>	
Community care?	<i>Please select</i>
➤ If it has changed ( <i>improved</i> or <i>worsened</i> ), please describe how the new contracts affected integration <i>Please enter text</i>	

<b>17. Opinions on the current situation and effects of the new contracts</b>			
<b>17.1.</b> Please give your level of agreement with the following statements about the effects of the new contracts. Each statement is separated into the effect attributable to the <i>new GMS</i> , <i>PMS</i> (excluding <i>SPMS</i> ) and other contracts ( <i>APMS</i> , <i>PCTMS</i> , <i>SPMS</i> contracts):			
	<b>New GMS</b>	<b>PMS</b>	<b>Others</b>
a. The contracts have helped ensure that there is a fair distribution of GPs between rural and urban areas within your PCT	<i>Please select</i>	<i>Please select</i>	<i>Please select</i>
b. The contracts have helped ensure that there is a fair distribution of GPs between deprived and affluent areas	<i>Please select</i>	<i>Please select</i>	<i>Please select</i>
c. The contracts have made it easier for your PCTs to develop services tailored to the needs of their own local population	<i>Please select</i>	<i>Please select</i>	<i>Please select</i>
d. Patient care within your PCT has improved as a result of the new primary care contracts	<i>Please select</i>	<i>Please select</i>	<i>Please select</i>
e. Due to the new contracts, access to GPs has <b>not</b> improved	<i>Please select</i>	<i>Please select</i>	<i>Please select</i>
f. The 5 per cent QOF audit conducted by PCTs is robust	<i>Please select</i>		
g. The guidance and procedures for exception reporting are <b>not</b> robust	<i>Please select</i>		
h. There is now a better skill mix	<i>Please select</i>	<i>Please select</i>	<i>Please select</i>
i. The contract has <b>not</b> helped develop the roles of nurse practitioners and health care assistants	<i>Please select</i>	<i>Please select</i>	<i>Please select</i>

j. The contracts have facilitated the expansion of primary care services	<i>Please select</i>	<i>Please select</i>	<i>Please select</i>
k. There has been a reduction in administration time for clinicians	<i>Please select</i>	<i>Please select</i>	<i>Please select</i>
l. Deprived populations are better served	<i>Please select</i>	<i>Please select</i>	<i>Please select</i>
m. Patients are allowed to choose their own length of consultation	<i>Please select</i>	<i>Please select</i>	<i>Please select</i>
n. There is <b>no increase</b> in freedom for patients to see their GP of choice	<i>Please select</i>	<i>Please select</i>	<i>Please select</i>
o. The 2006-07 revisions to QOF were an improvement	<i>Please select</i>		

**18.** Going forward, what one recommendation would you make to improve the quality and value-of-money of contracting primary care services? *Please enter text*

### 19. Other Comments

*Please use this space to write any further comments...*

**20.** To help us create more user-friendly questionnaires in the future, please select the view, which most closely matches yours, regarding the format and ease-of-use of this survey: *Please select.*

### Returning the completed survey

Thank you for taking the time to complete this survey. To return your response, please save the completed form to an appropriate place (e.g. My Documents), preferably including your PCT name in the file name, and send the document as an e-mail attachment to [gpcontracts@nao.gsi.gov.uk](mailto:gpcontracts@nao.gsi.gov.uk).

If you have any further queries or suggestions about the survey or any other aspect of our investigation, then please feel free to contact us (**Will Palmer**, [will.palmer@nao.gsi.gov.uk](mailto:will.palmer@nao.gsi.gov.uk), 020 7798 7574). Thanks again.

## Guidance Notes for NAO survey

**1.** See instructions above for advice on who would be best placed to complete this survey.

**2.4.** This figure will be an estimation, including time spent by administrative staff but not by executive or non-executive board members. Do not include shared services.

**4.1.** Excluding any SPMS contracts for which there are no patient lists

**4.4.** Not including any alterations to the contract, which do not change the essential services provided by the practice, such as changes in the contract's value.

**4.5.** I.e. are any practices paid twice for carrying out a single activity, due to overlaps in the payment schemes, or where locally negotiated payments cover activities which are covered by the global sum/capitation payments (such as IUCDs)

**5.** Specialist Provider Medical Services (SPMS) is a Personal Medical Services (PMS) agreement but with the key difference that patients do not have to be registered with the provider to receive care.

**6.** Alternative Provider Medical Services (APMS) is a contractual route through which PCTs can contract with a wide range of providers to deliver primary medical services that are tailored to local needs.

**7.** Primary Care Trust Medical Services (PCTMS) is the contractual route which allows PCTs to provide services themselves by directly employing staff.

**8.1.** This figure is actual spend on Programme Costs: GMS, PMS, APMS, PCTMS (sub code 270 in PFR1A financial returns)

**8.2.** The figure required is budgeted Programme Costs: GMS, PMS, APMS, PCTMS (relating to sub code 270 in PFR1A financial returns). This excludes prescribing costs, pharmaceutical services, general dental services, general orthopaedic services, Department of Health initiative funding, and PDS pilots.

**8.3.i.** This figure is the budgeted allowance corresponding to expenditure on Total Global Sum and MPIG (subcode 030 in PFR1A financial returns)

**8.3.ii.** This figure is the budgeted allowance corresponding to expenditure on Total Quality (subcode 070 in PFR1A financial returns)

**8.3.iii.** Include all Local, Directed and National (LES, DES and NES). This figure is the budgeted allowance corresponding to expenditure on Total Enhanced Services (subcode 110 in PFR1A financial returns)

**8.5.** The figure equates to the PFR1A MPIG correction factor (subcode 020)

**8.7.** Include Nurses with a Special Interest, Allied Health Professionals with a Special Interest and Practice Managers with a Special Interest (NwSI, AHPwSI and PMwSI) but exclude Pharmacists with a Special Interest and Dentists with a Special Interest (PhwSI and DwSI).

**9.1.** Answer "Don't Know" if you, or your colleagues, are not aware of the situation in your current PCT (or constituent PCTs)

**10.1.** Answer "Don't Know" if you, or your colleagues, are not aware of the situation in your current PCT (or constituent PCTs). If you did commission any services using the new GMS contract, please answer "Not applicable".



**10.1.a.** These productivity benefits were expected to be delivered through, for example, more efficient skill mix within practices, the emergence of larger more efficient primary care providers, increased GP specialisation, a new ability for PCTs to commission certain services from a range of potential providers, and the introduction of a performance and quality framework which will incentivise movement towards the highest levels.

**10.1.b.** These participation benefits were increased capacity by improving recruitment and retention of GPs.

**10.1.d.** Answer “Not applicable” if you have not changed your contractual arrangements with practices since the nGMS was introduced and PMS became permanent.

**12.3.** The change should be: (the originally submitted QOF points score) – (the final post-verification score).

**13.2.ii.** Evening clinics are defined here as to being open after 6:30pm (and before 8:30am), such as *commuter clinics*.

**13.2.iv.** Outside of Essential Services

**14.1.** Excluding any LES that are minor local modifications to National Enhanced Services (NES)

**14.1.** If you do not commission these enhanced services then please select the *None* box

**16.5.** Referred to as *family doctors’ premises* in the NHS Plan (2000)

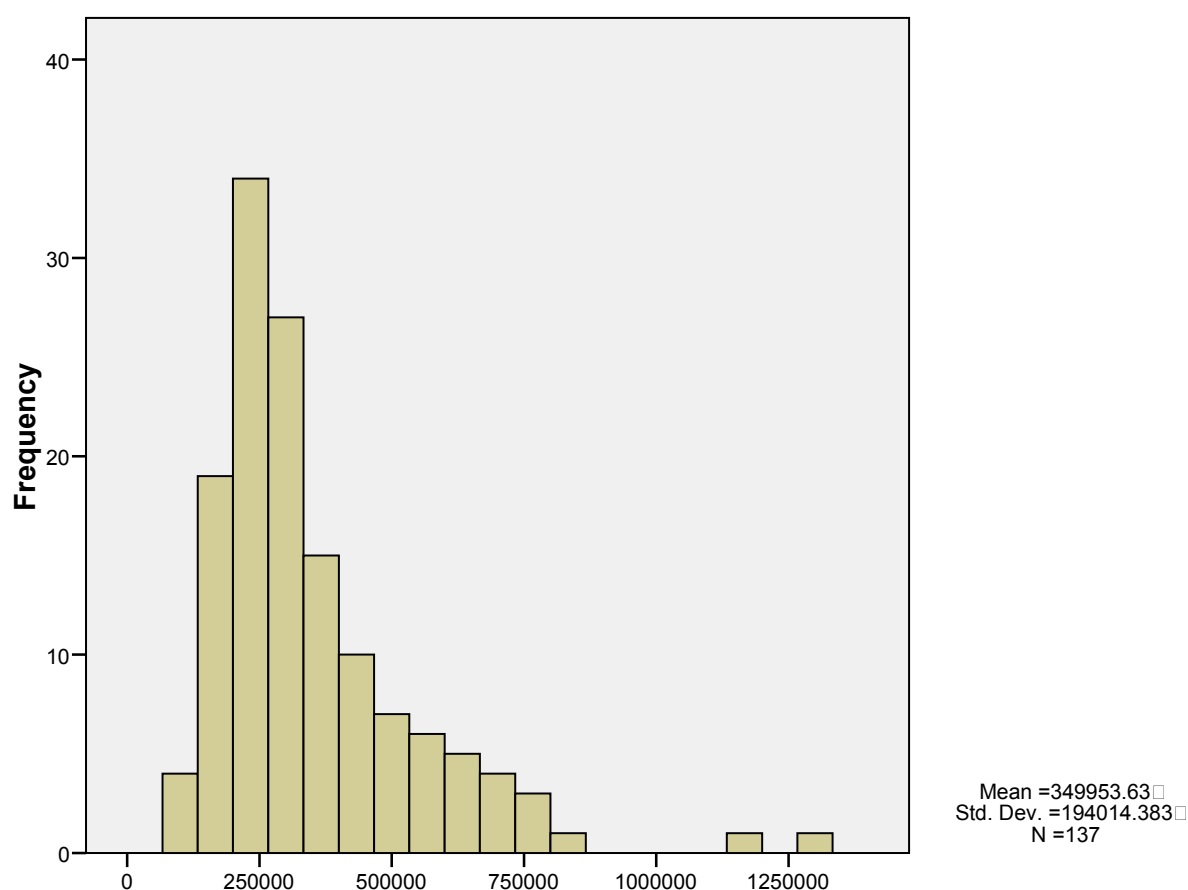
**17.1.** Answer “Not Applicable” in the relevant rows if you have not used the category (*nGMS*, *PMS* or *APMS*, *PCTMS* or *SPMS*) of contracts

**17.1.a.** Answer “Not Applicable” if your PCT does not contain both rural and urban areas

**17.1.b.** Answer “Not Applicable” if your PCT does not contain both deprived and affluent areas

## Appendix B: Tabulated Responses

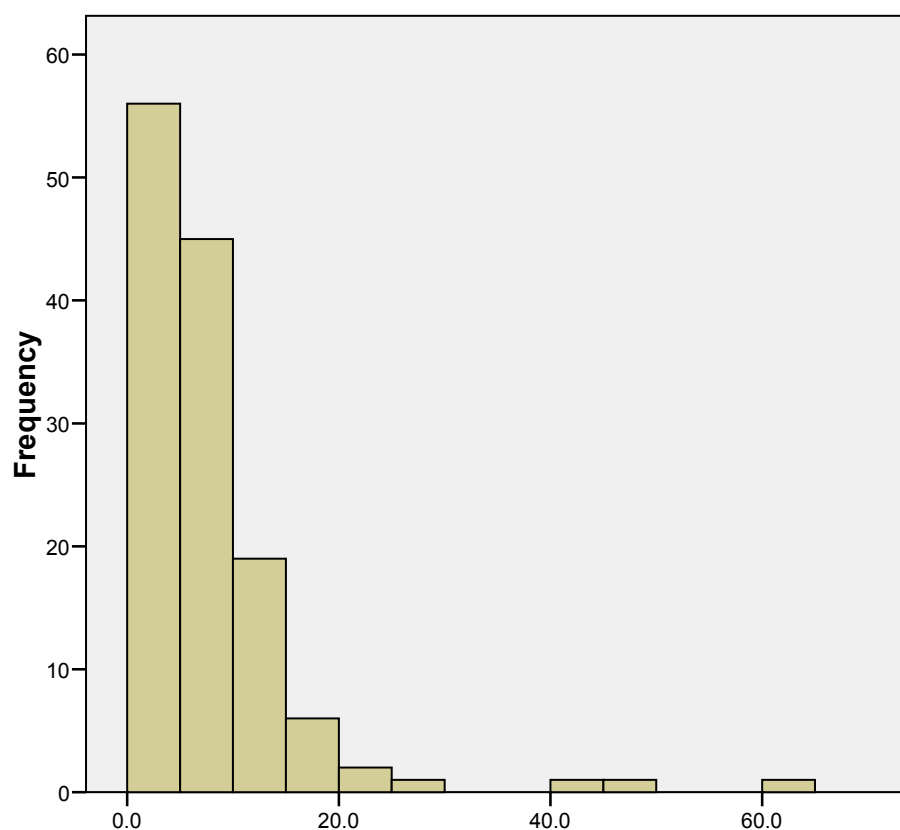
	N	Minimum	Maximum	Mean	Std. Deviation
2.3. At 31 March 2007, what was the GP-registered population contained within your PCT? (e.g. 321 205)	137	94352	1290722	349953.63	194014.383
Valid N (listwise)	137				



**2.3. At 31 March 2007, what was the GP-registered population contained within your PCT? (e.g. 321 205)**

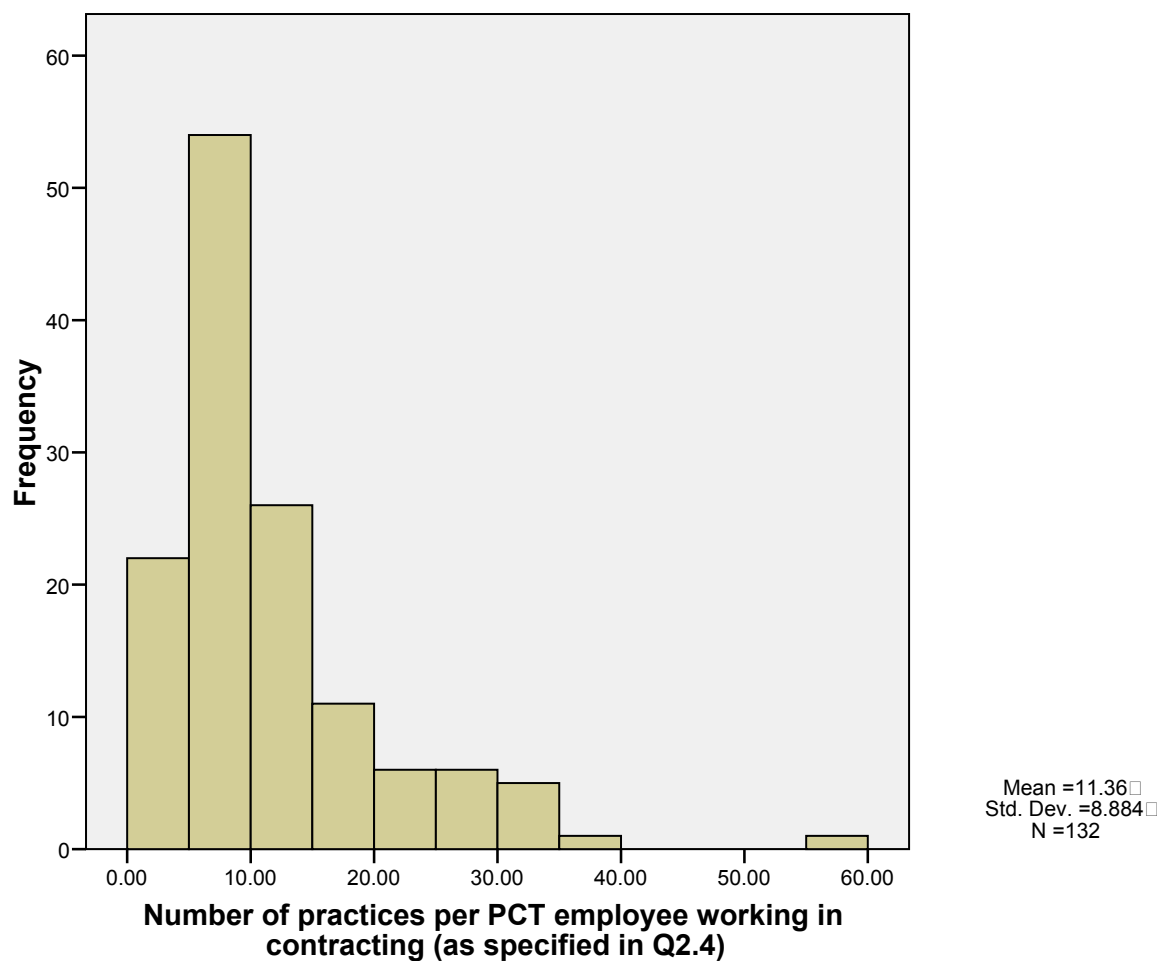
### Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
2.4. As at 31 June 2007, how many PCT employees worked in primary medical care contracting, including commissioning and monitoring services? (whole time equivalents)	132	1.0	61.6	7.725	8.1275
Valid N (listwise)	132				



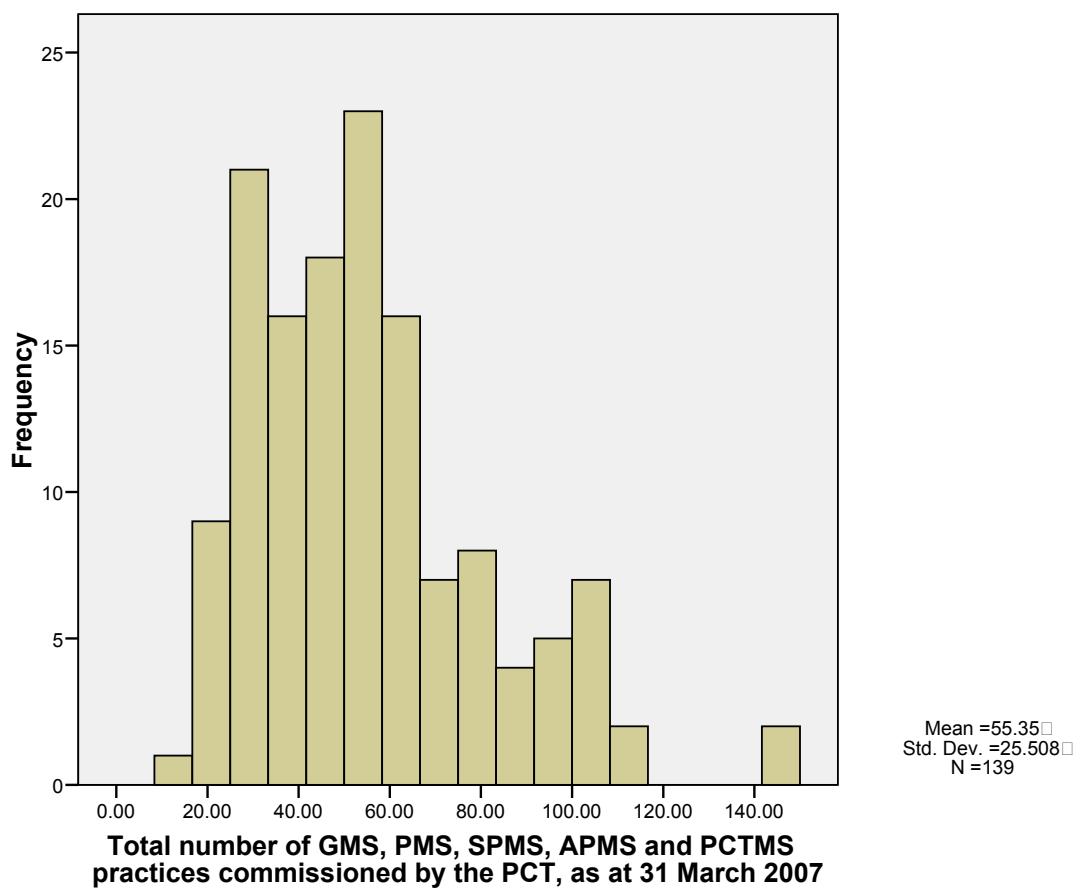
Mean =7.72  
Std. Dev. =8.128  
N =132

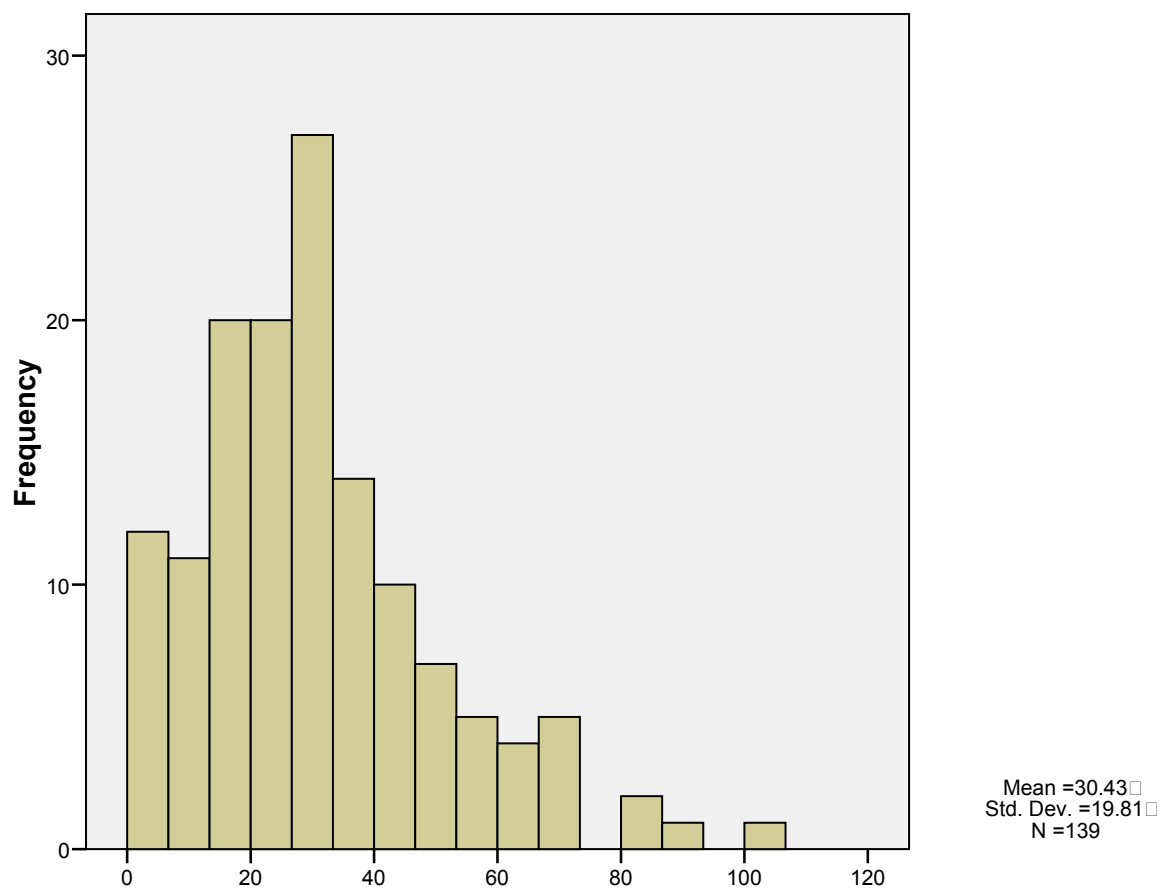
**2.4. As at 31 June 2007, how many PCT employees worked in primary medical care contracting, including commissioning and monitoring services? (whole time equivalents)**



Shared services index

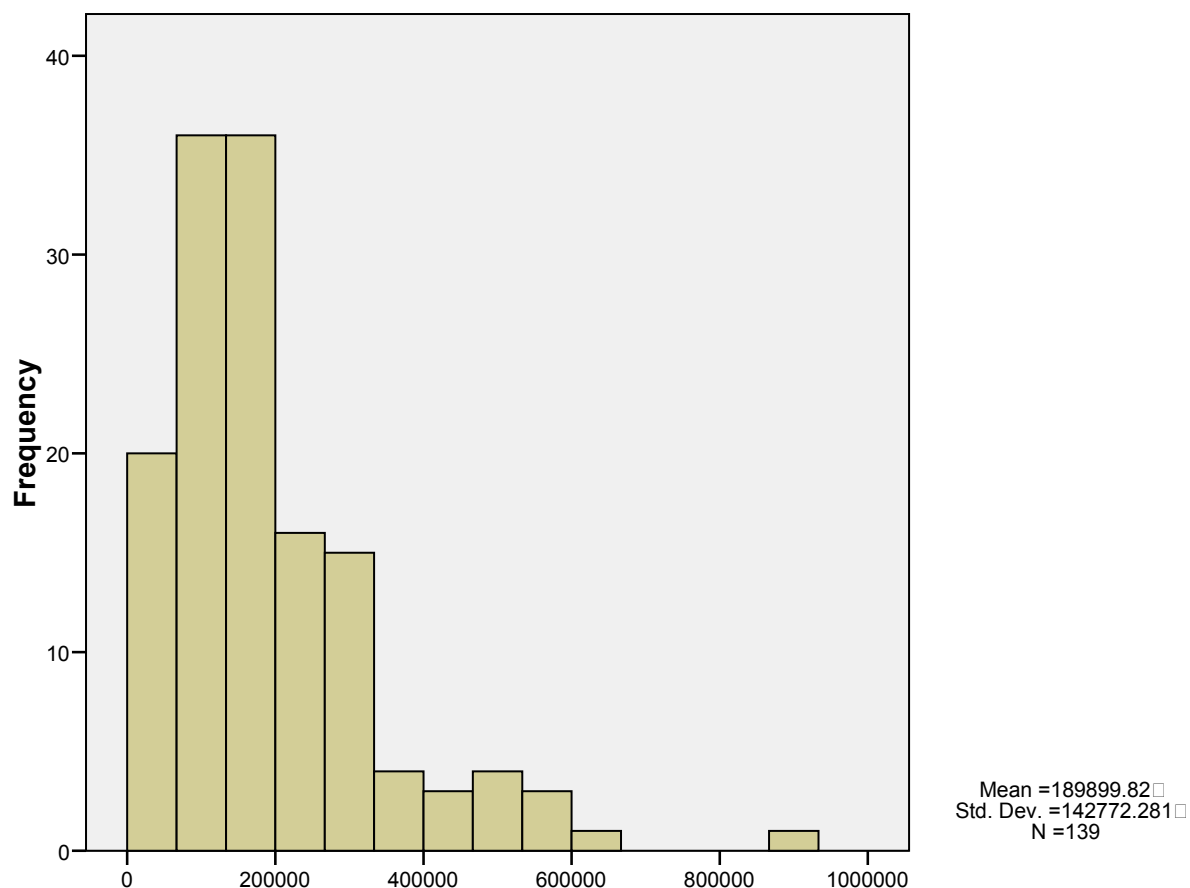
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No shared services	49	35.3	36.0	36.0
	Shared services	87	62.6	64.0	100.0
	Total	136	97.8	100.0	
Missing	System	3	2.2		
Total		139	100.0		





**3.1 As at 31 March 2007, how many GMS practices did your PCT commission services from?**

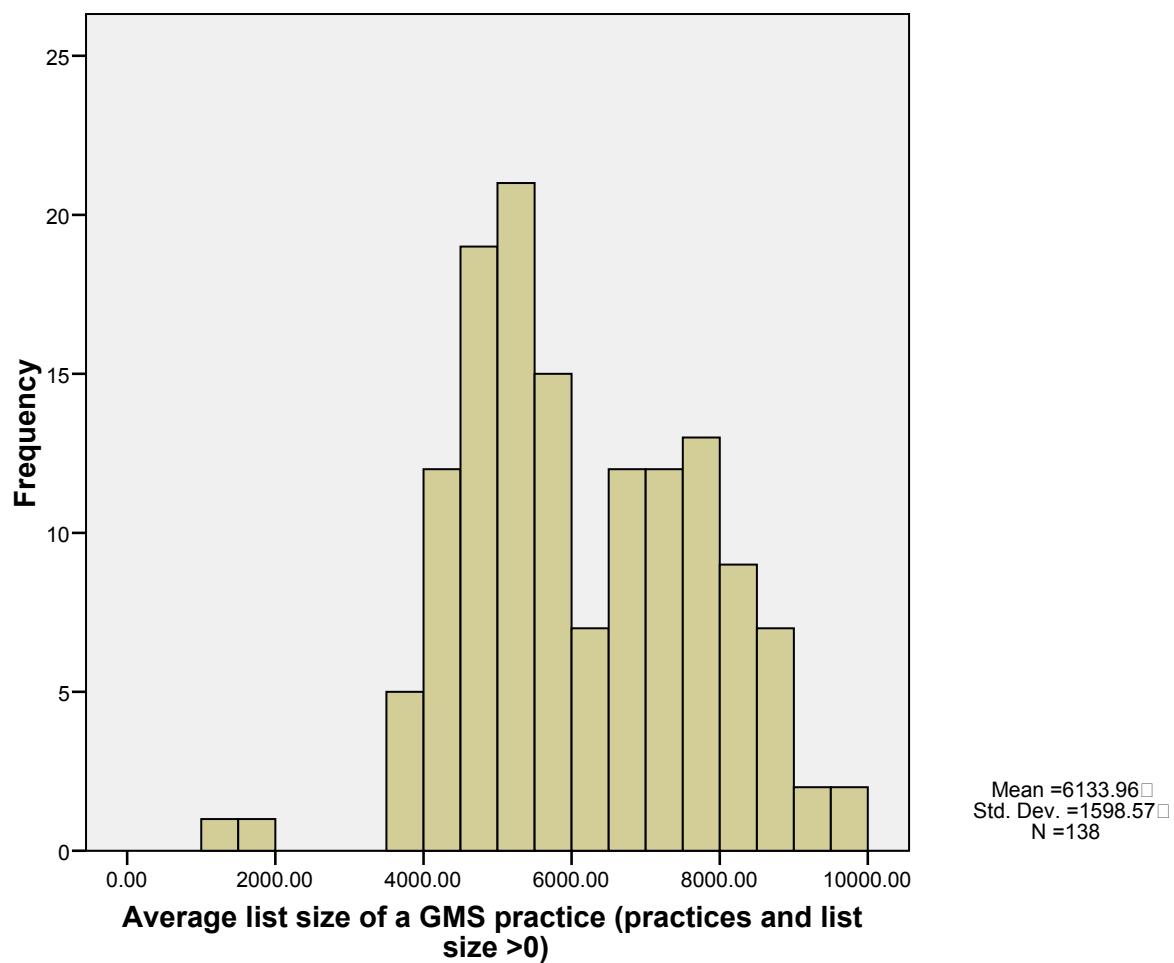


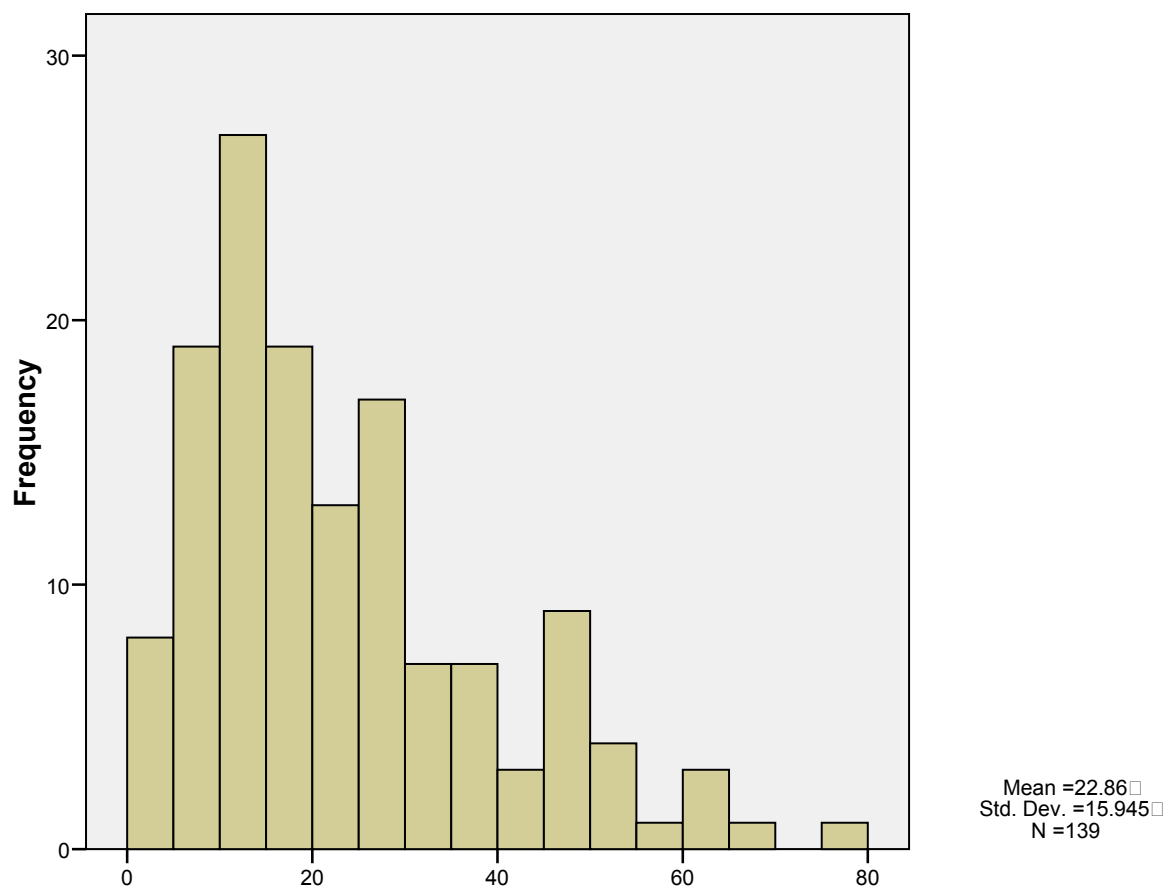


### 3.2. What was the aggregate (total) list size of these GMS practices?

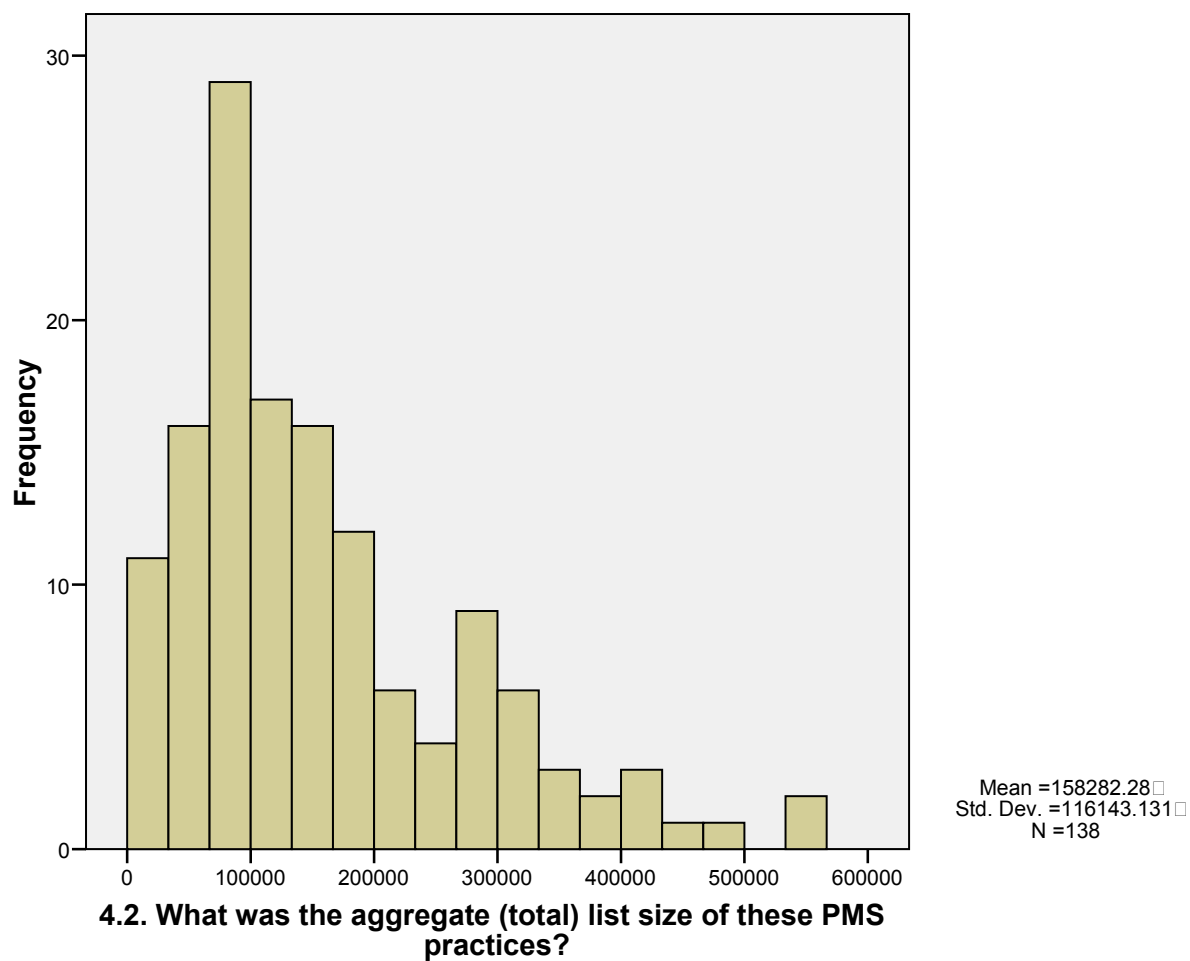
#### Descriptive Statistics

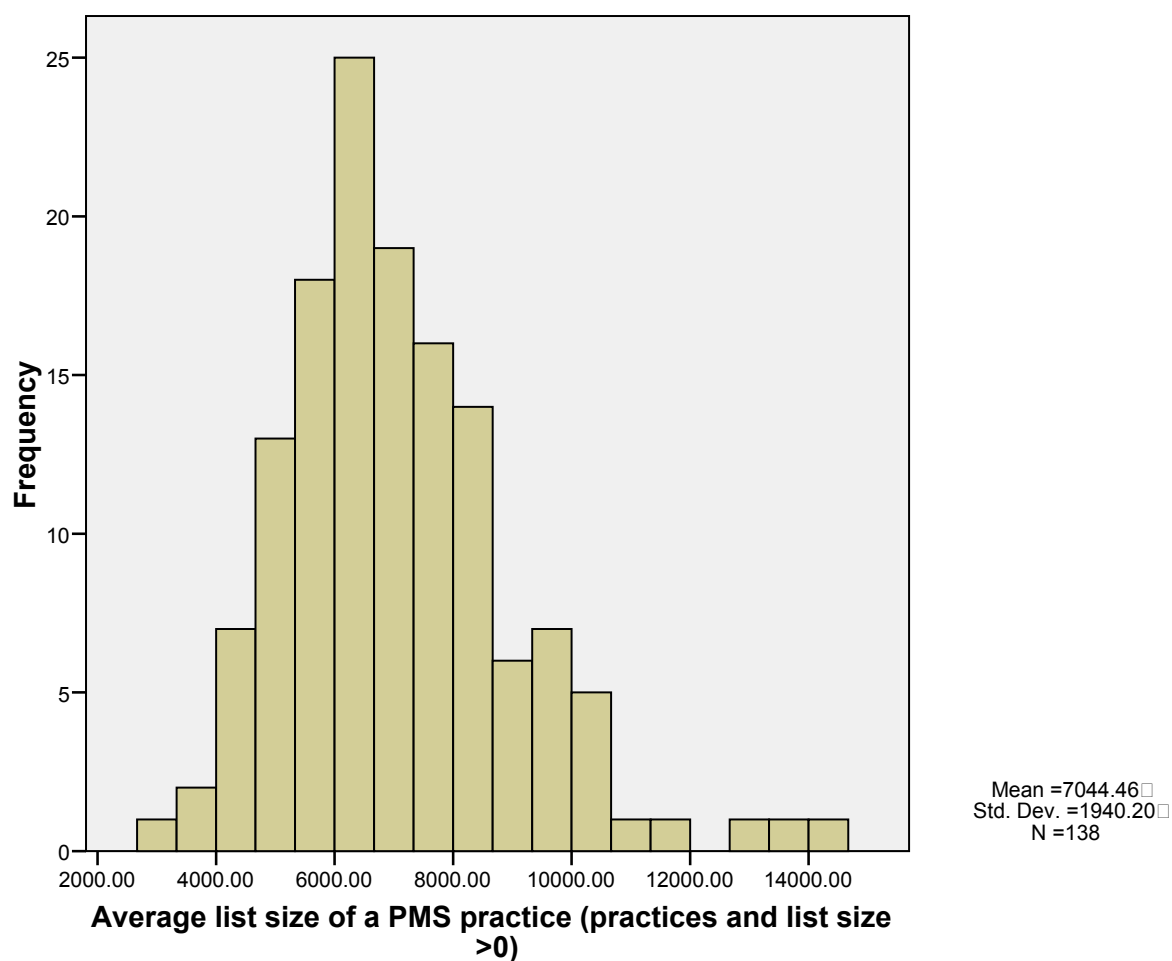
	N	Minimum	Maximum	Mean	Std. Deviation
Average list size of a GMS practice (practices and list size >0)	138	1106.00	9816.37	6133.9561	1598.56982
Average list size of a PMS practice (practices and list size >0)	138	3027.17	14000.00	7044.4629	1940.19951
Average list size of a APMS practice (practices and list size >0)	0				
Valid N (listwise)	0				





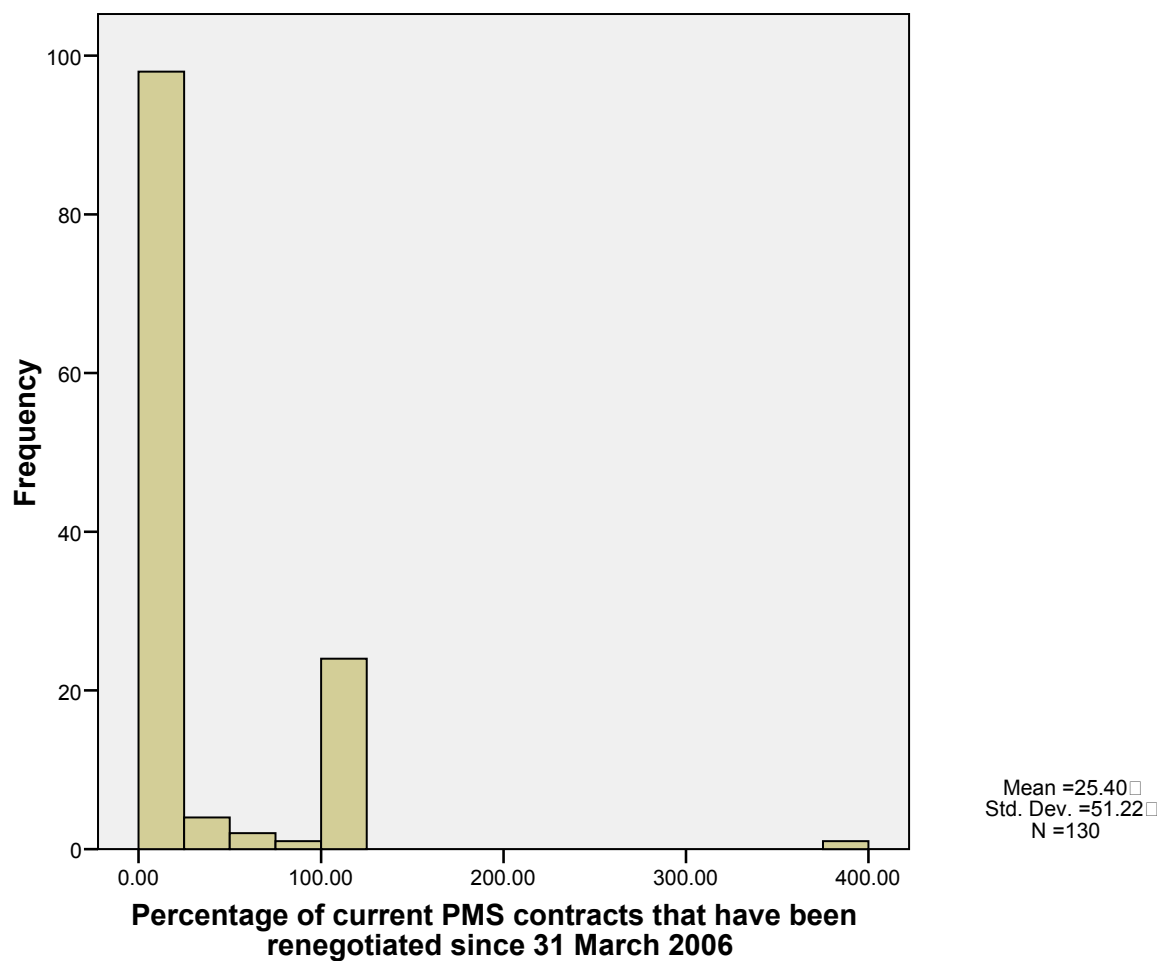
**4.1. As at 31 March 2007, how many PMS practices did your PCT commission services from?**





#### Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
4.3. How many of the current PMS contracts have been held since 31 March 2006?	139	0	76	20.78	16.618
Valid N (listwise)	139				



**4.4a If none have been renegotiated, please select the main reason for why you have not chosen to do so.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Lack of resources (people and expertise)	6	7.1	7.3	7.3
	Lack of time	3	3.6	3.7	11.0
	Lack of tools (e.g. benchmarking)	9	10.7	11.0	22.0
	Possible loss of goodwill with practices	5	6.0	6.1	28.0
	Unnecessary	32	38.1	39.0	67.1
	Other (please specify)	27	32.1	32.9	100.0
	Total	82	97.6	100.0	
Missing	Please select	2	2.4		
Total		84	100.0		



**4.5. Are any services which are eligible for specific payments through your PMS contracts also included in LES, NES, DES or QOF?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No - never	77	55.4	56.2	56.2
	Yes - previously (duplication removed)	27	19.4	19.7	75.9
	Yes - currently (duplication remains)	30	21.6	21.9	97.8
	Don't know	3	2.2	2.2	100.0
	Total	137	98.6	100.0	
Missing	Please select	2	1.4		
Total		139	100.0		

**5.1. As at 31 March 2007, how many SPMS practices did your PCT commission services from?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	130	93.5	93.5	93.5
	1	5	3.6	3.6	97.1
	2	3	2.2	2.2	99.3
	6	1	.7	.7	100.0
	Total	139	100.0	100.0	

**6.1. As at 31 March 2007, how many APMS practices did your PCT commission services from?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	108	77.7	77.7	77.7
	1	23	16.5	16.5	94.2
	2	6	4.3	4.3	98.6
	3	2	1.4	1.4	100.0
	Total	139	100.0	100.0	

**6.3. If you use APMS, please select which reason most closely describes why you have used this contractual route:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	APMS offered better value-for-money	9	6.5	6.5	6.5
	Other (please specify)	21	15.1	15.1	21.6
	Other practices unwilling to offer these services	5	3.6	3.6	25.2
	Please select	104	74.8	74.8	100.0
	Total	139	100.0	100.0	

**6.3. If you use APMS, please select which reason most closely describes why you have used this contractual route:**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid APMS offered better value-for-money	8	25.8	25.8	25.8
Other (please specify)	17	54.8	54.8	80.6
Other practices unwilling to offer these services	5	16.1	16.1	96.8
Please select	1	3.2	3.2	100.0
Total	31	100.0	100.0	

**6.5. If you do not currently have an APMS provider, what is the estimated probability that your PCT will tender for an APMS contract by 31 March 2008? (probability given as percentage)**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0-24% (Very unlikely)	22	15.8	27.2	27.2
25-49% (Quite unlikely)	6	4.3	7.4	34.6
50-74% (Quite likely)	17	12.2	21.0	55.6
75-100% (Very likely)	29	20.9	35.8	91.4
Not known	7	5.0	8.6	100.0
Total	81	58.3	100.0	
Missing Please select	58	41.7		
Total	139	100.0		

**7.1. As at 31 March 2007, how many PCTMS practices did your PCT commission services from?**

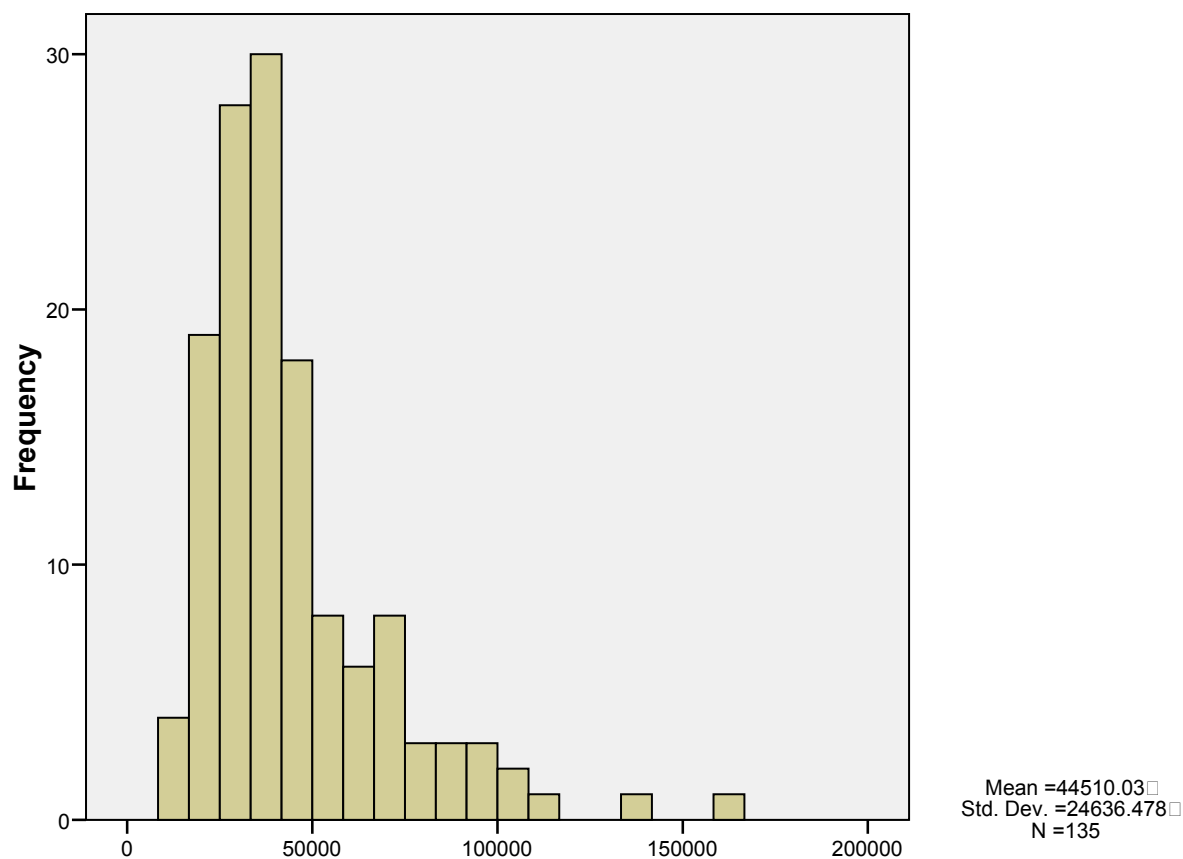
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	55	39.6	39.6	39.6
1	35	25.2	25.2	64.7
2	16	11.5	11.5	76.3
3	10	7.2	7.2	83.5
4	7	5.0	5.0	88.5
5	8	5.8	5.8	94.2
6	2	1.4	1.4	95.7
7	2	1.4	1.4	97.1
8	1	.7	.7	97.8
9	1	.7	.7	98.6
10	2	1.4	1.4	100.0
Total	139	100.0	100.0	

**7.3. If you use PCTMS, please select which reason most closely describes why you have used this contractual route:**

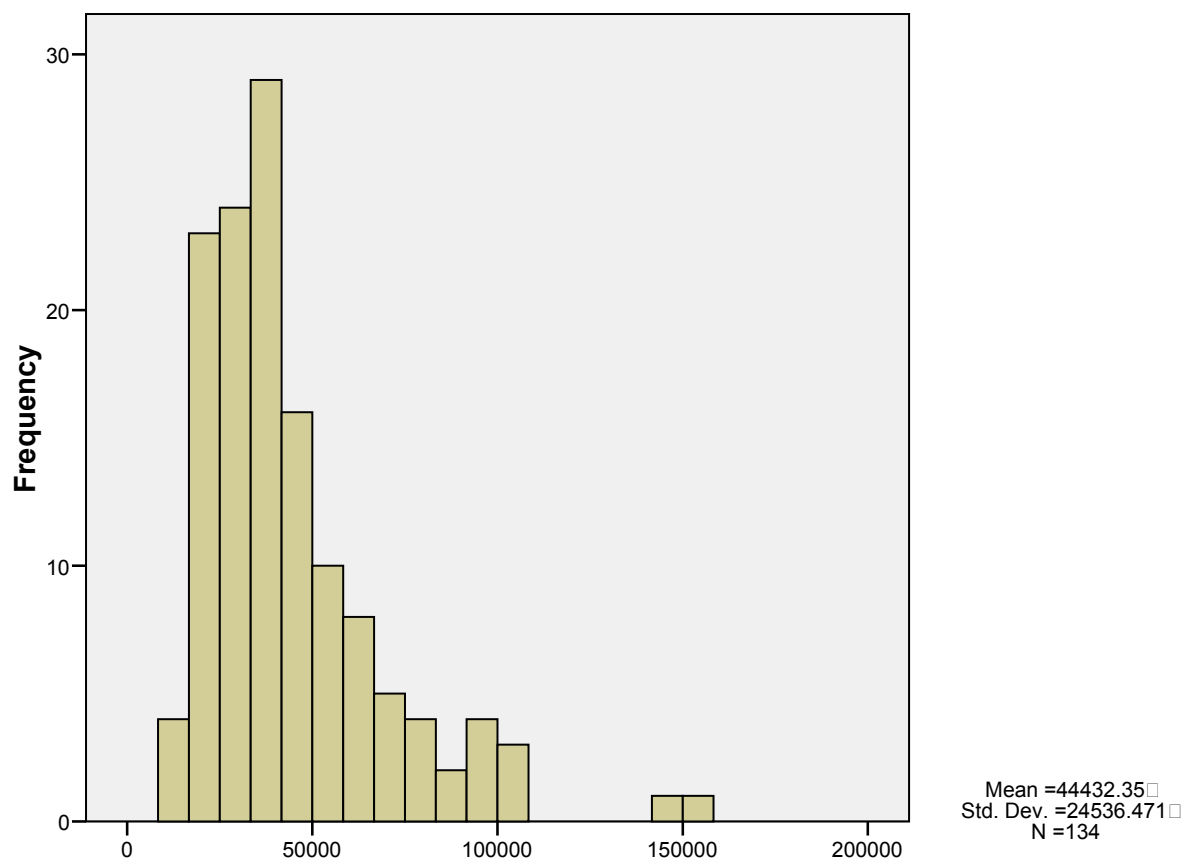
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	PCTMS offered better value-for-money	5	3.6	6.1	6.1
	Other practices unwilling to offer these services	25	18.0	30.5	36.6
	Other (please specify)	52	37.4	63.4	100.0
	Total	82	59.0	100.0	
Missing	Please select	57	41.0		
Total		139	100.0		

**7.3. If you use PCTMS, please select which reason most closely describes why you have used this contractual route: (responses limited to those who had stated use of PCTMS)**

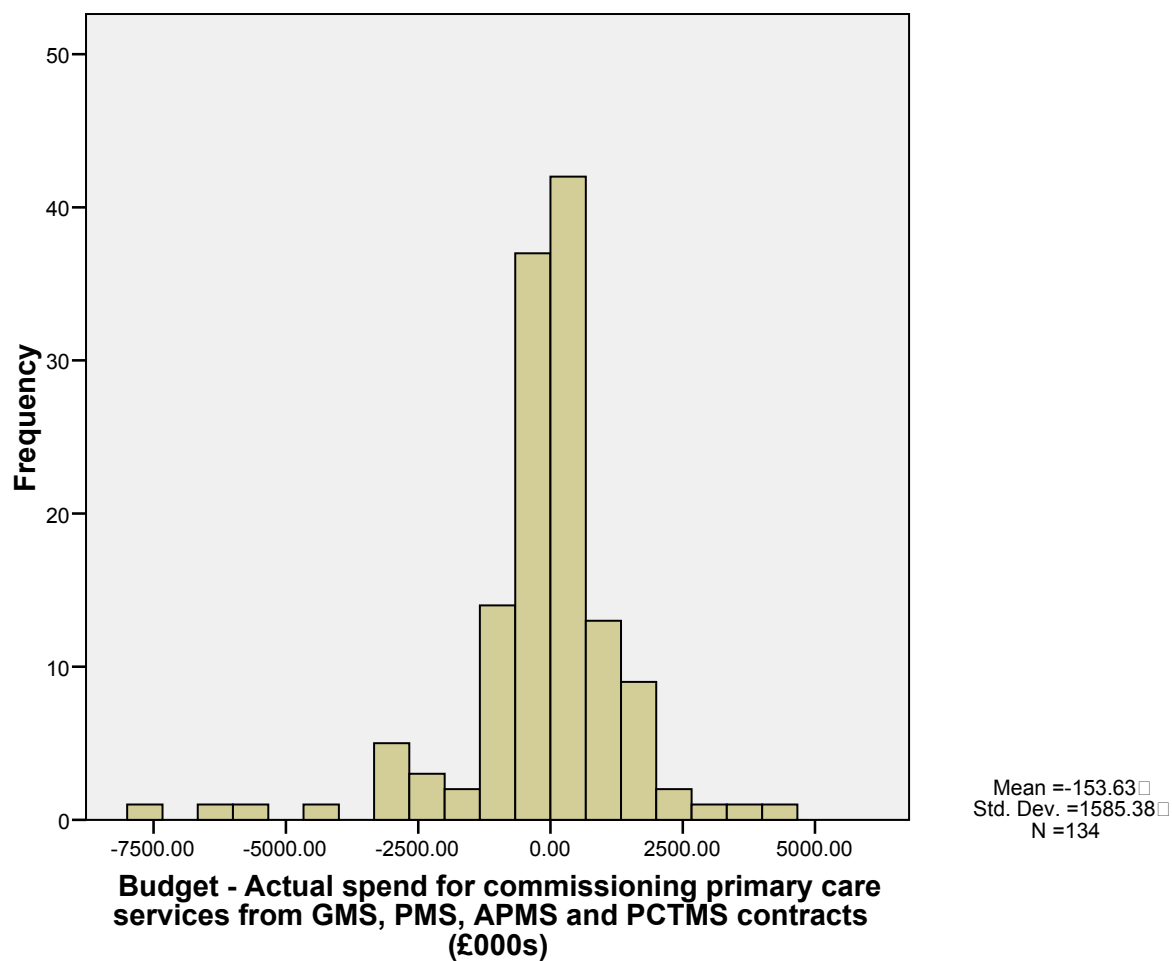
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	PCTMS offered better value-for-money	5	6.0	6.2	6.2
	Other practices unwilling to offer these services	25	29.8	30.9	37.0
	Other (please specify)	51	60.7	63.0	100.0
	Total	81	96.4	100.0	
Missing	Please select	3	3.6		
Total		84	100.0		

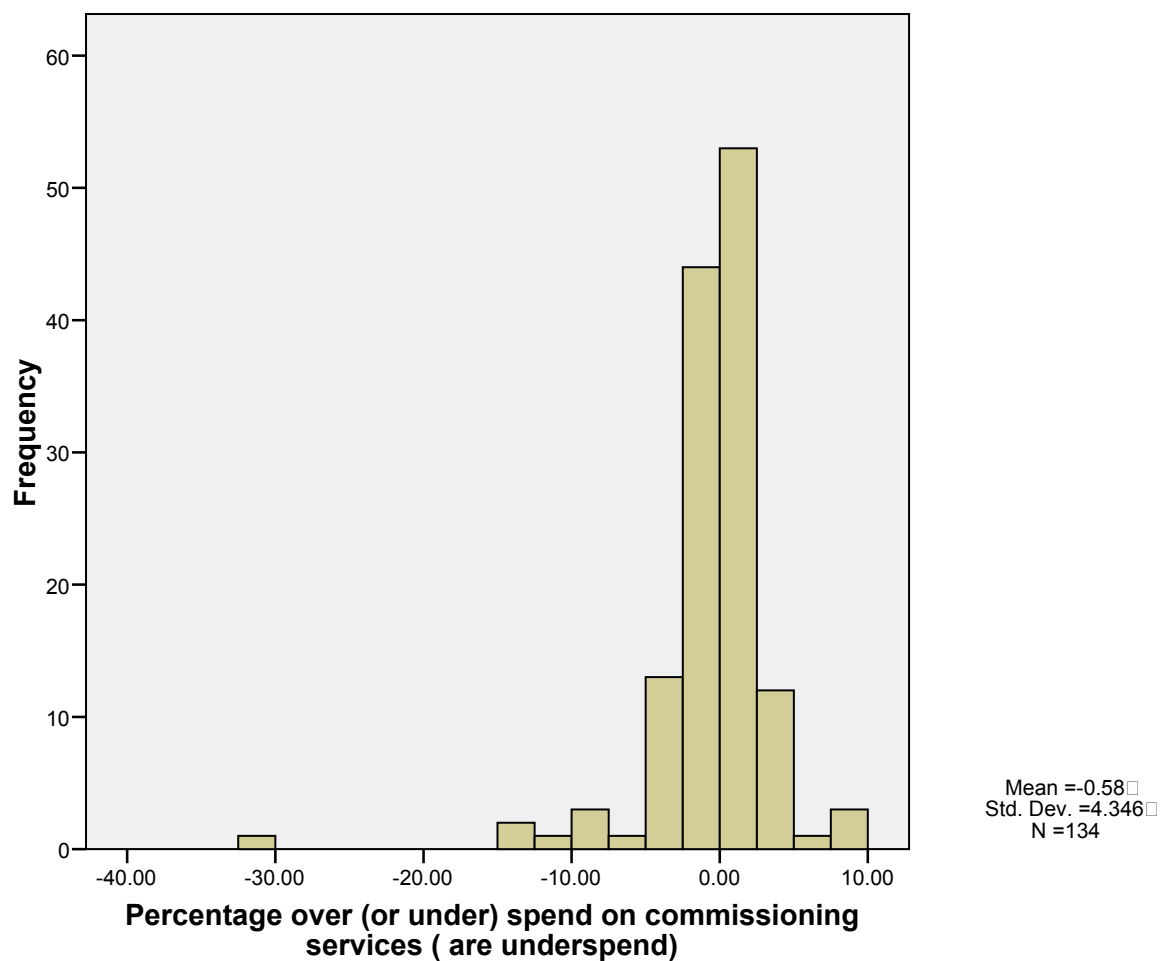


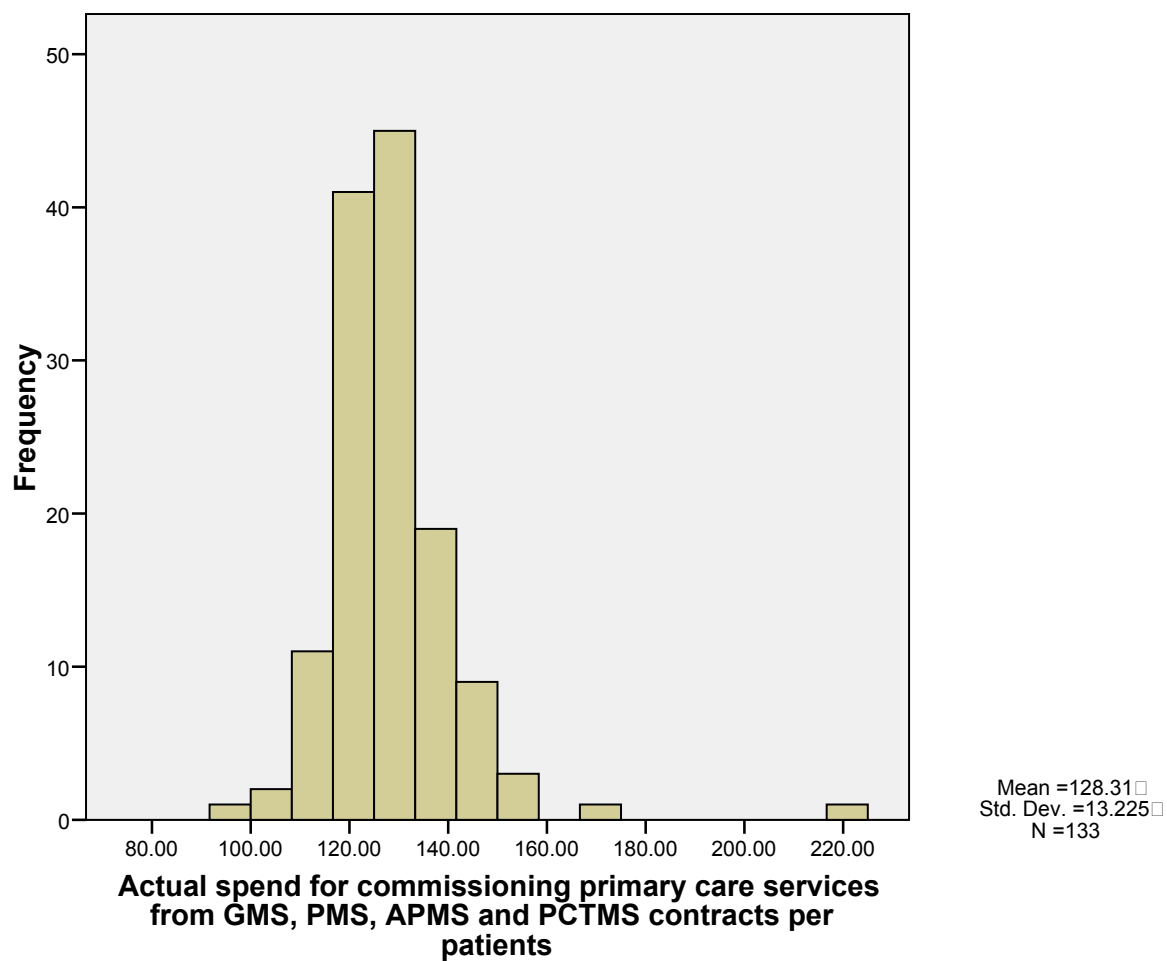
**8.1. For 2006-07, what did you actually spend on commissioning primary care services from GMS, PMS, APMS and PCTMS contracts? (£000s)**



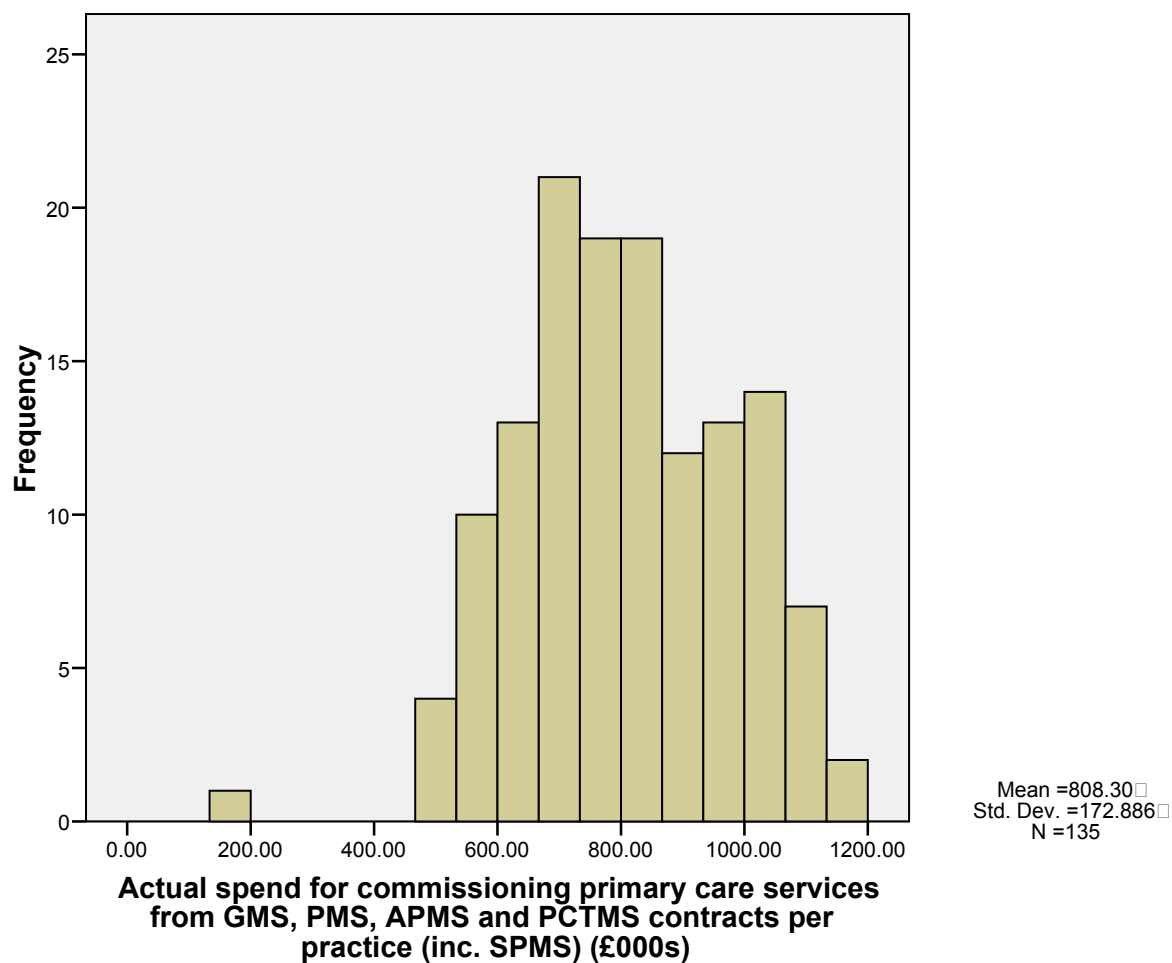
**8.2. For 2006-07, what was your budget for commissioning primary care services from GMS, PMS, APMS and PCTMS contracts? (£000s)**











#### Descriptive Statistics

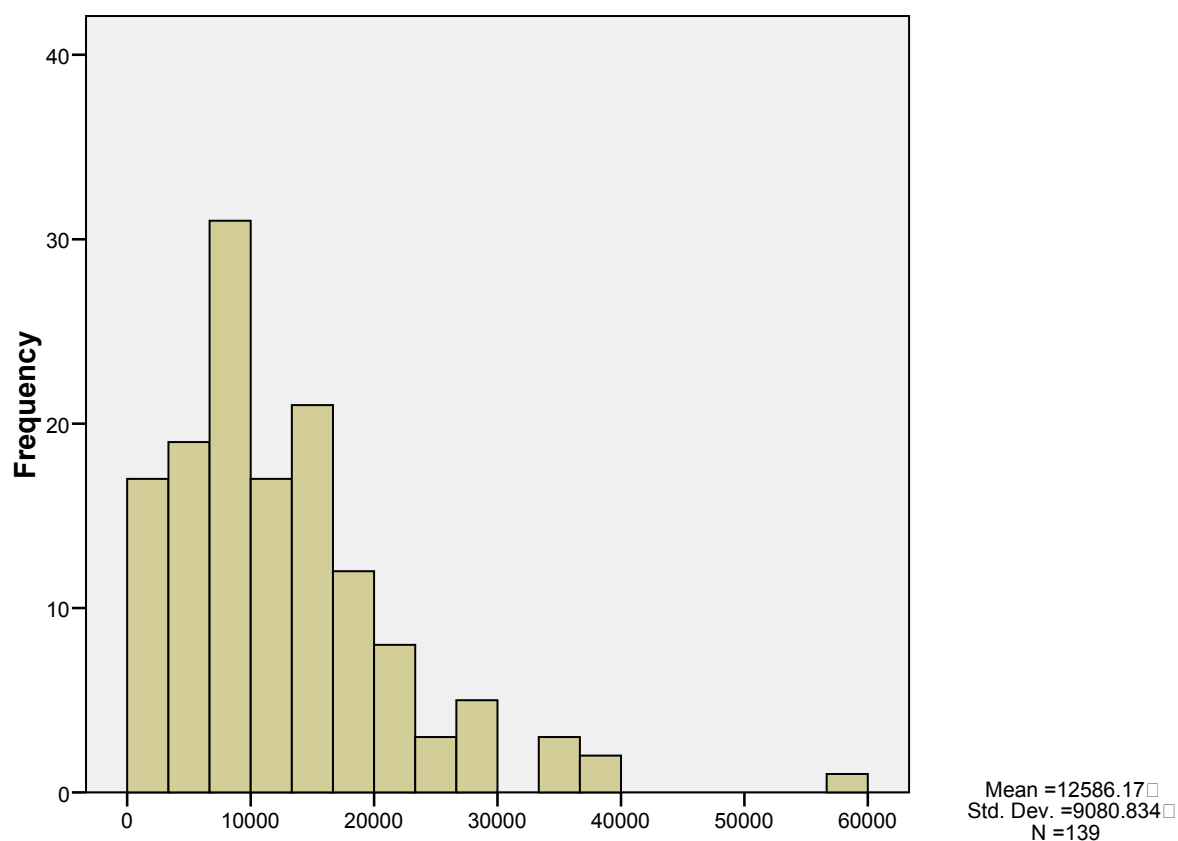
	N	Minimum	Maximum	Mean	Std. Deviation
Actual spend for commissioning primary care services from GMS, PMS, APMS and PCTMS contracts per practice (inc. SPMS) (£000s)	135	171.40	1172.17	808.2952	172.88611
Valid N (listwise)	135				

### Descriptive Statistics

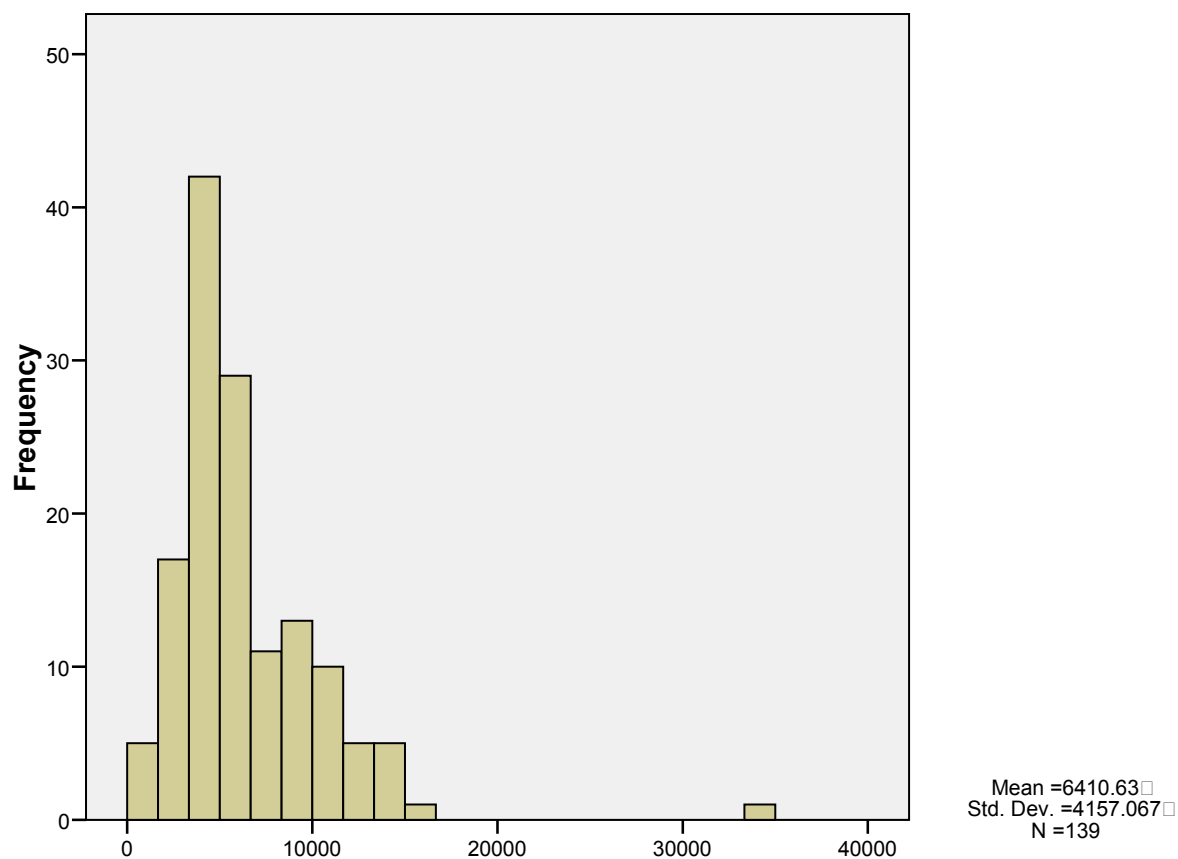
	N	Minimum	Maximum	Mean	Std. Deviation
8.3. For the following primary care expenditure categories, please indicate how much your PCT allocated (budgeted) for expenditure in 2006-07: - i. Total Global Sum and MPIG (£000s)	139	0	57222	12586.17	9080.834
8.3. For the following primary care expenditure categories, please indicate how much your PCT allocated (budgeted) for expenditure in 2006-07: - ii. QOF (£000s)	139	7	34678	6410.63	4157.067
8.3. For the following primary care expenditure categories, please indicate how much your PCT allocated (budgeted) for expenditure in 2006-07: - iii. Enhanced services (£000s)	138	5	13351	4603.88	2666.346
Valid N (listwise)	138				

### Descriptive Statistics

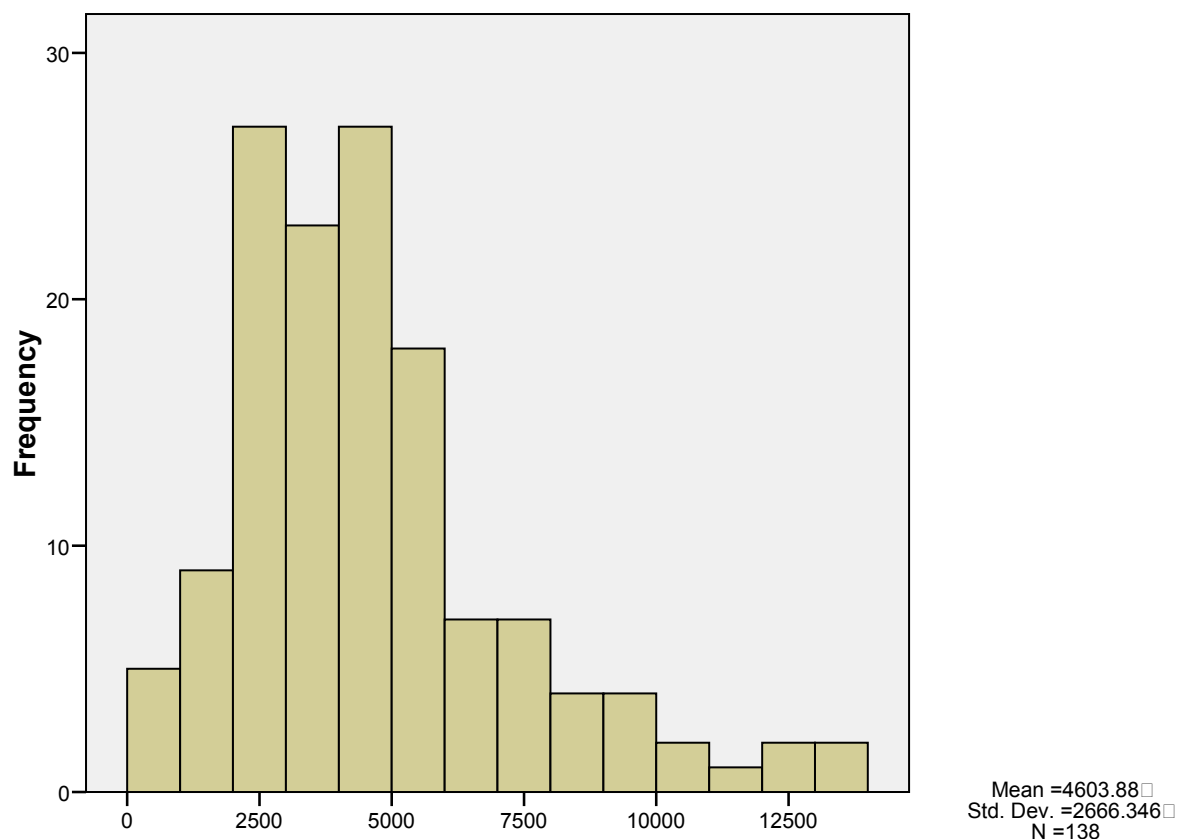
	N	Minimum	Maximum	Mean	Std. Deviation
Allocation on Global Sum and MPIG (£000s) per GMS contract (from Q3.1)	138	.00	3845.17	438.7146	341.44534
Allocation on QOF (£000s) per GMS and PMS contract (from Q3.1 and Q4.1)	139	.13	260.29	120.7797	40.30944
Allocation on enhanced services (£000s) per practice (all)	138	.09	160.72	86.2377	33.23338
Valid N (listwise)	137				



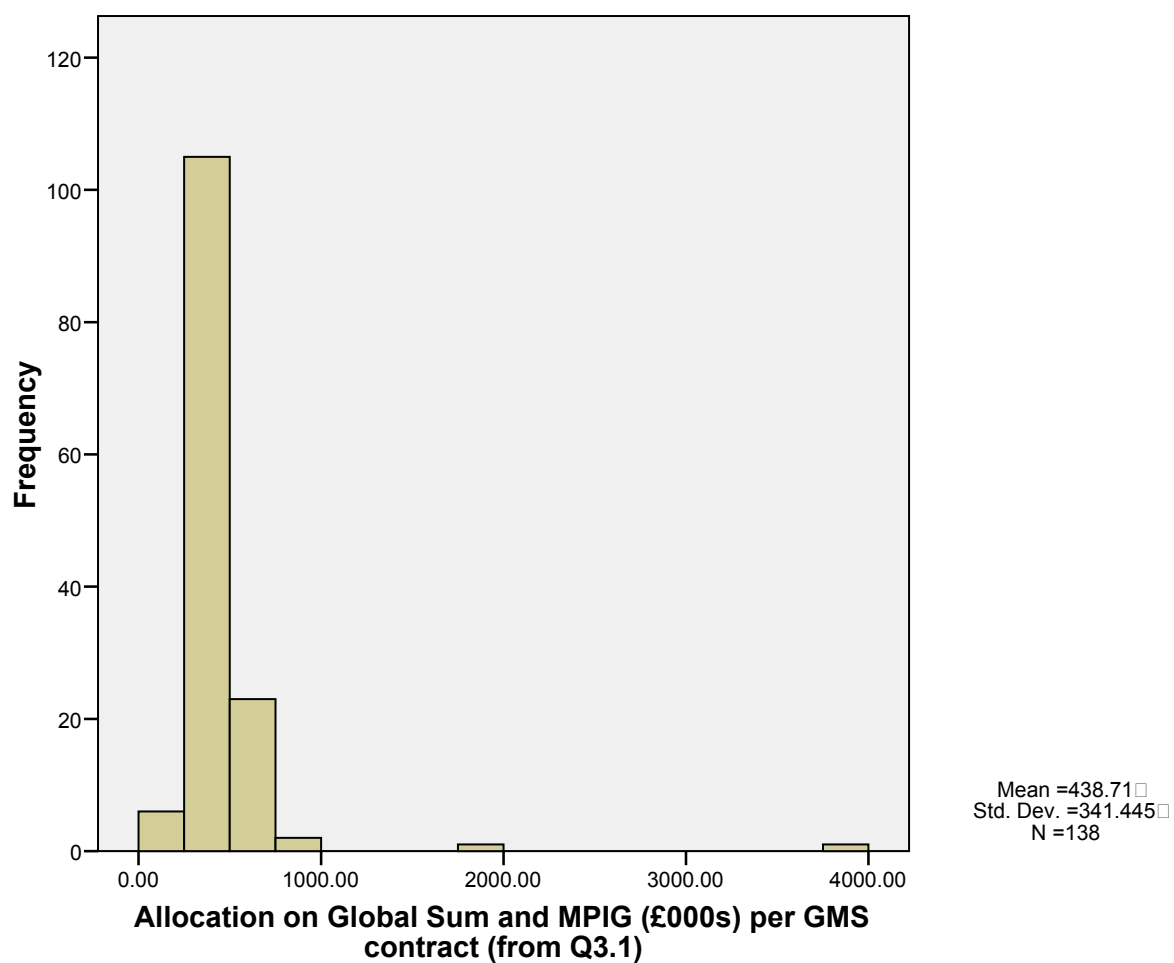
**8.3. For the following primary care expenditure categories, please indicate how much your PCT allocated (budgeted) for expenditure in 2006-07: - i. Total Global Sum and MPIG (£000s)**

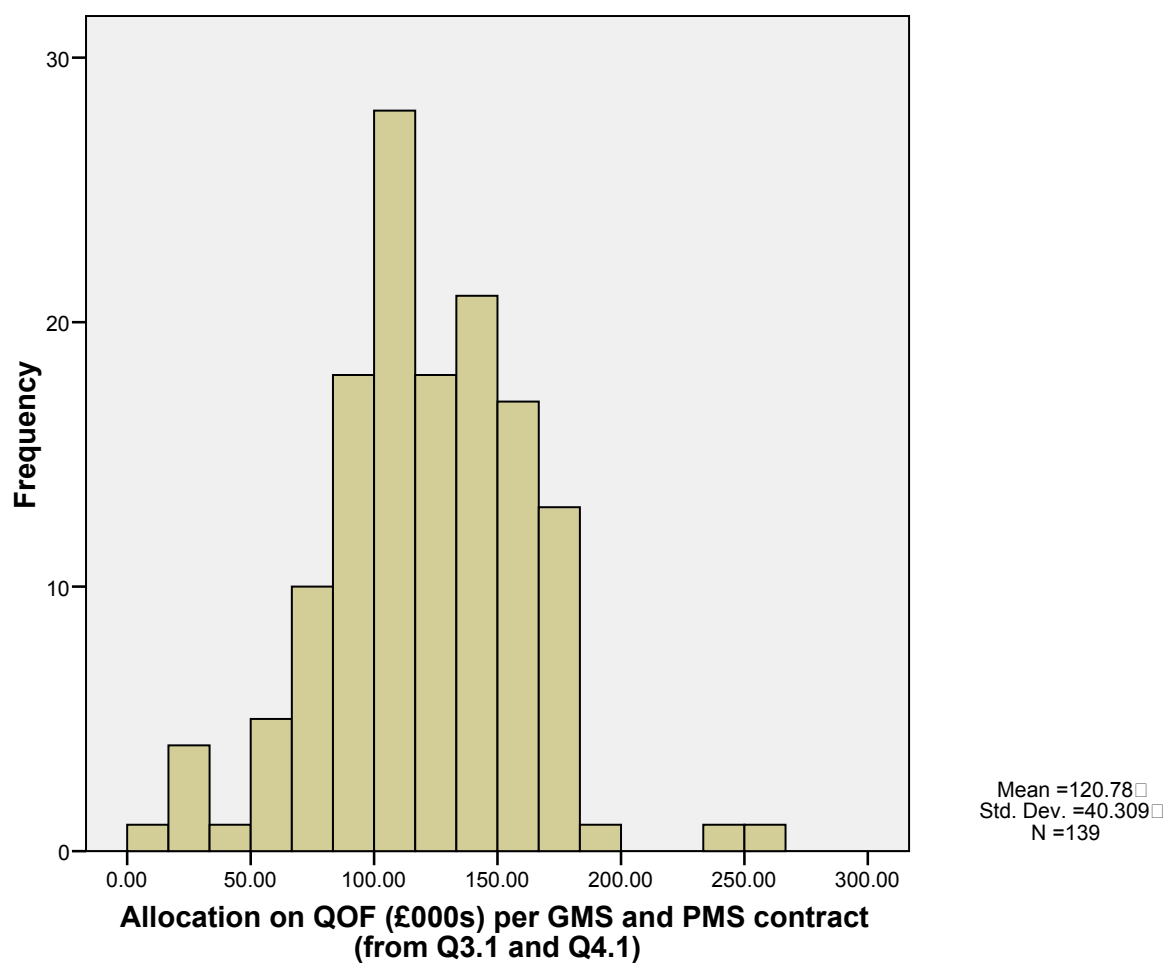


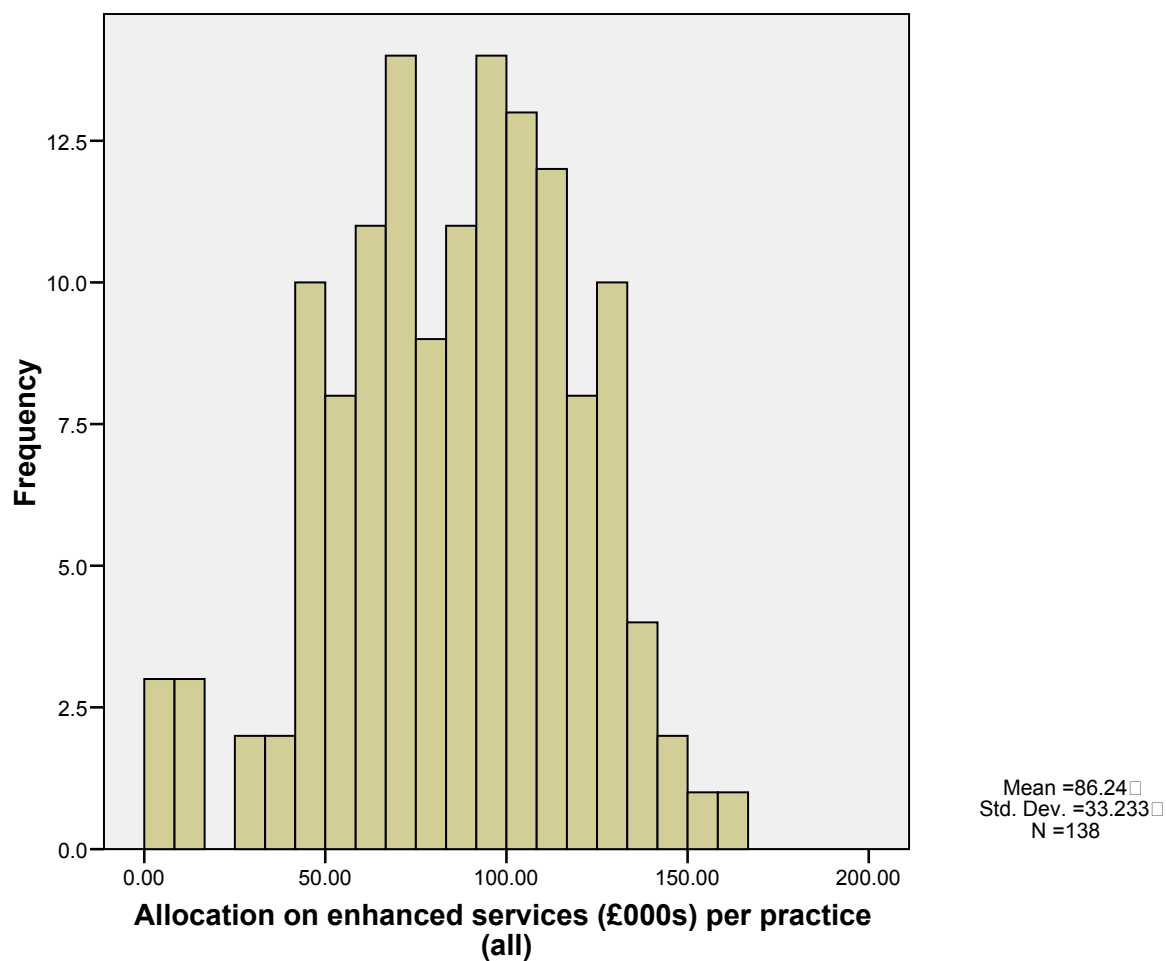
**8.3. For the following primary care expenditure categories, please indicate how much your PCT allocated (budgeted) for expenditure in 2006-07: - ii. QOF (£000s)**



**8.3. For the following primary care expenditure categories, please indicate how much your PCT allocated (budgeted) for expenditure in 2006-07: - iii. Enhanced services (£000s)**



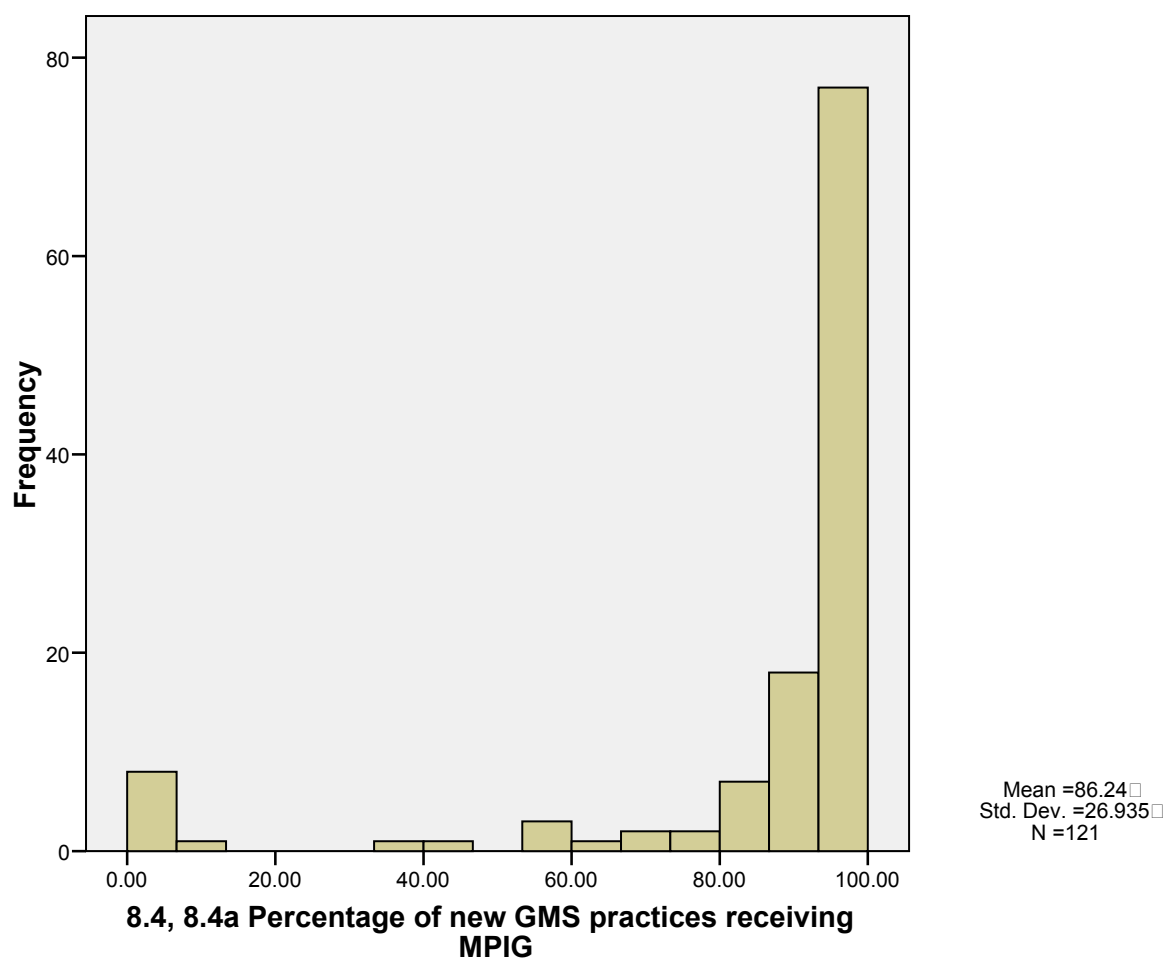


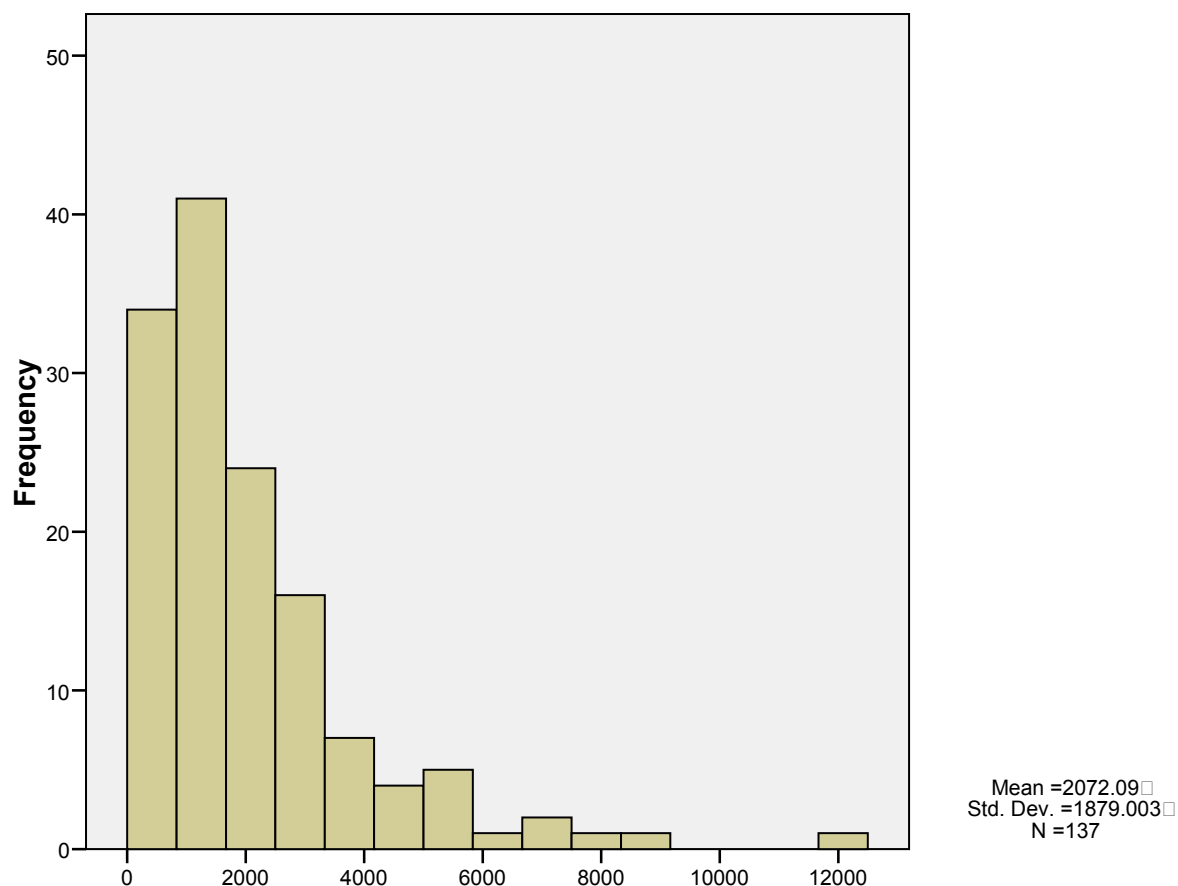


#### Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Allocation on Global Sum and MPIG (£s) per patient on GMS list (from Q3.2)	139	.00	1046.87	74.9697	85.41511
Allocation on QOF (£s) per patient on GMS and PMS list (from Q3.2 and Q4.2)	138	.02	49.28	18.3517	4.94310
Allocation on enhanced services (£s) per patient on GP-registered list	136	.01	25.89	13.6831	4.67190
Valid N (listwise)	135				



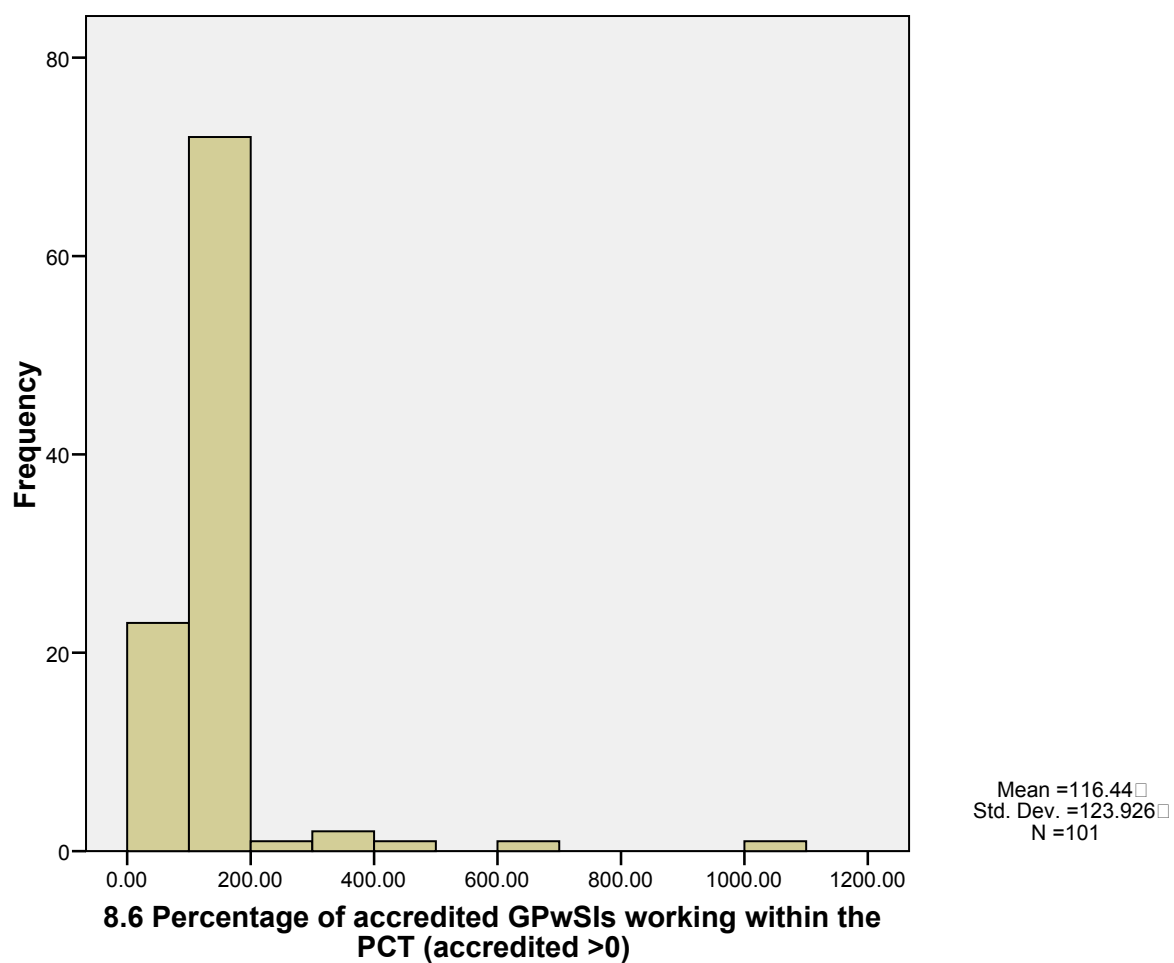


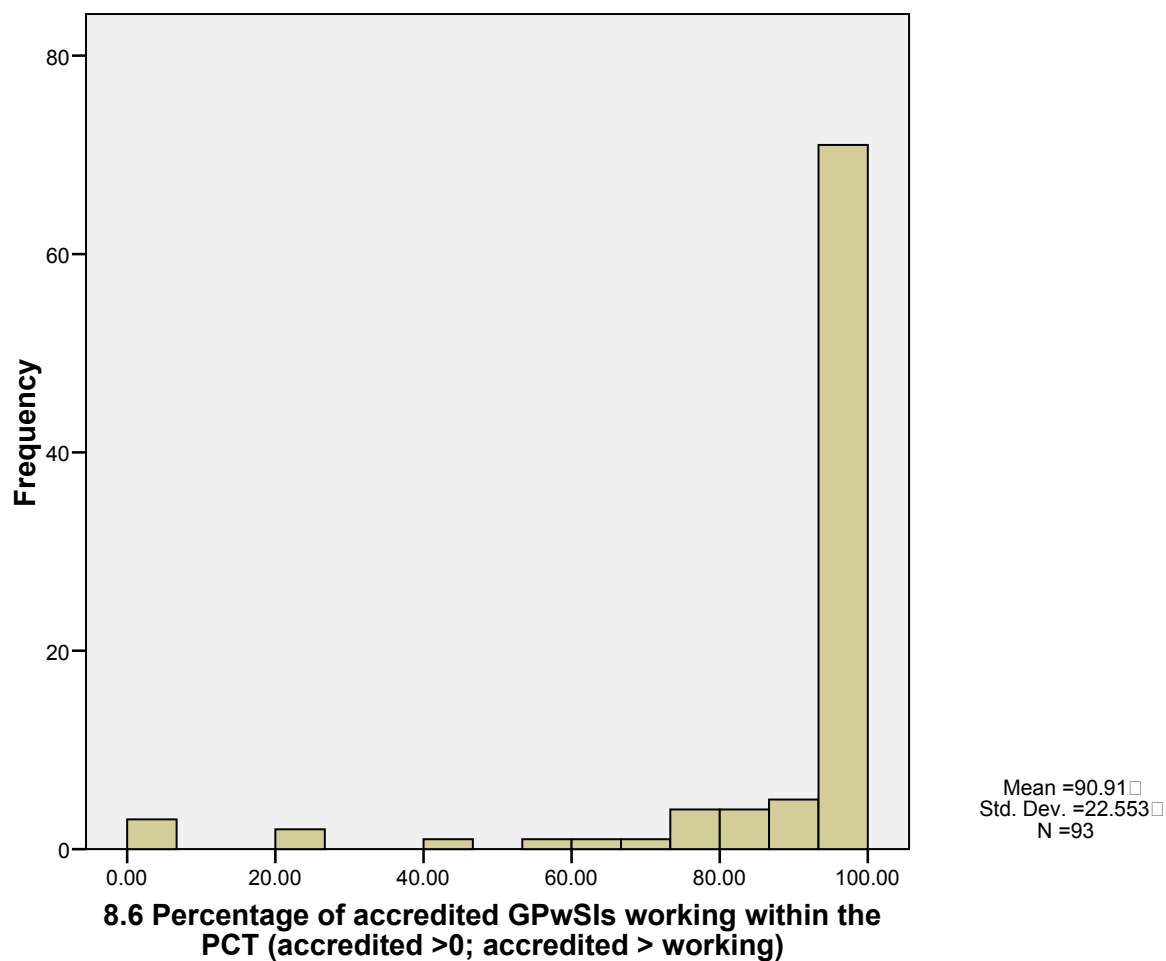


**8.5. For 2006-07, what was the cost of the Minimum Practice Income Guarantee, MPIG? (£000s)**

**Descriptive Statistics**

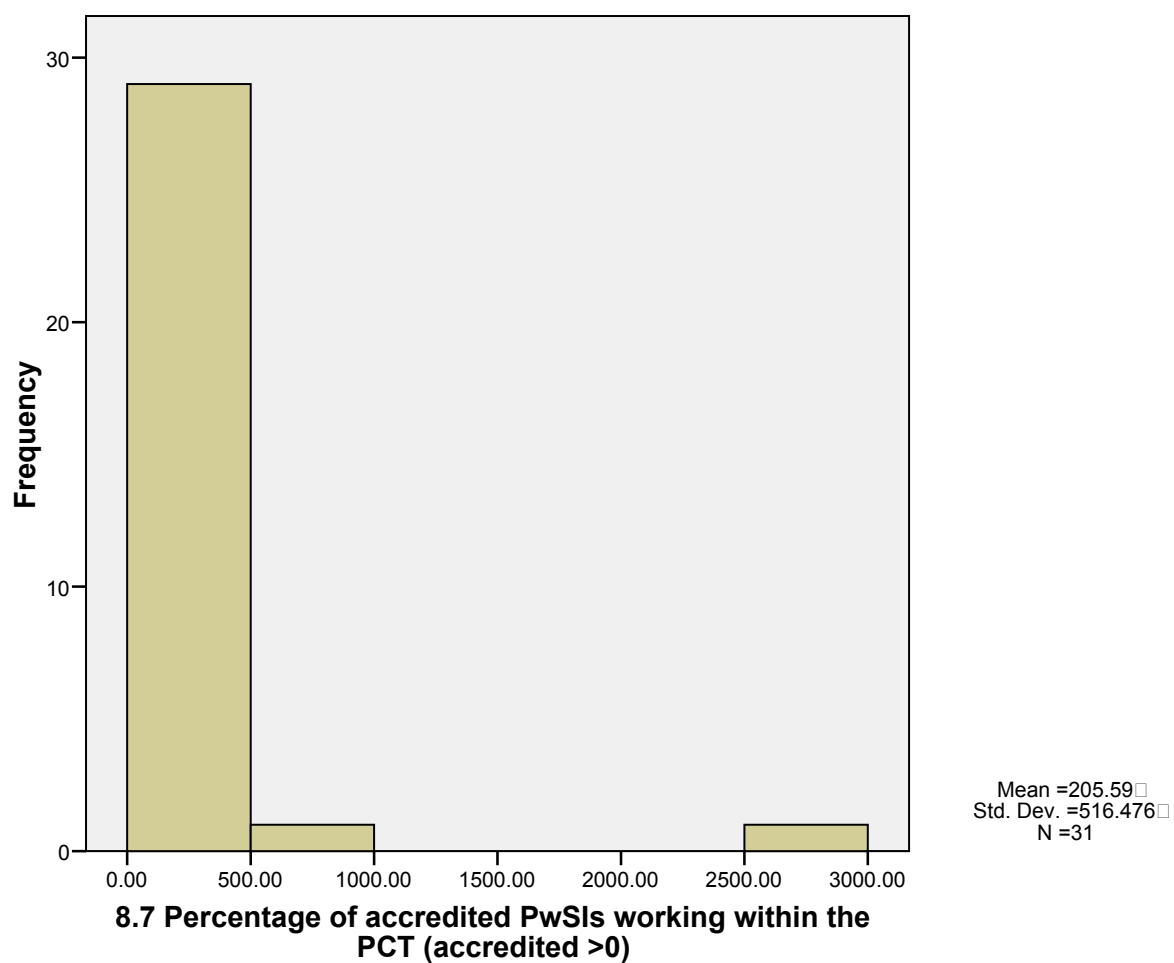
	N	Minimum	Maximum	Mean	Std. Deviation
8.6. At 31 March 2007, how many GPs in your PCT were accredited for or working as GPs with Special Interests, GPwSIs? (headcount) - Accredited	126	0	79	7.87	9.225
8.6. At 31 March 2007, how many GPs in your PCT were accredited for or working as GPs with Special Interests, GPwSIs? (headcount) - Working	134	0	78	8.84	8.910
Valid N (listwise)	125				

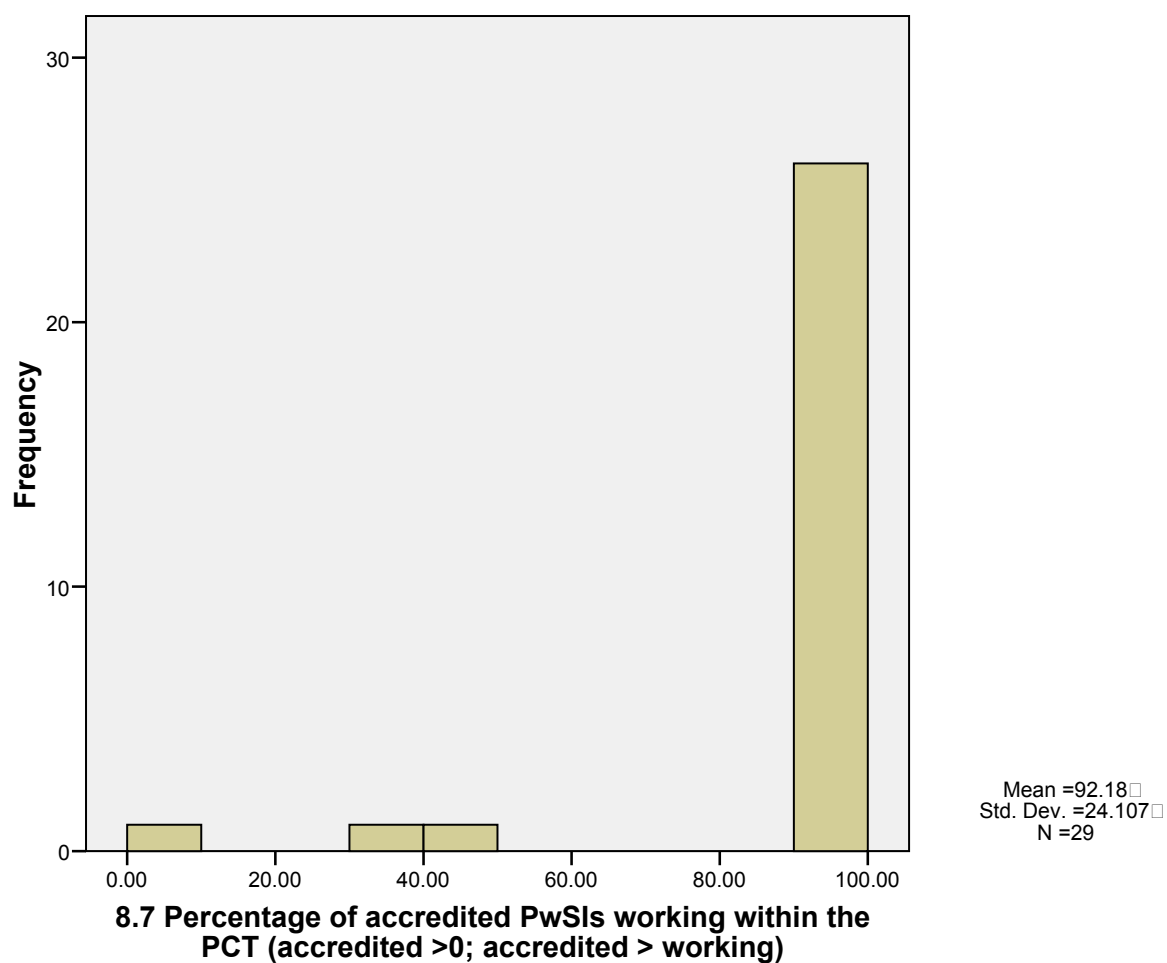




#### Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
8.7. At 31 March 2007, how many primary care practitioners in your PCT were accredited for or working as Practitioners with Special Interests, PwSIs? (headcount) - Accredited	118	0	35	1.61	4.788
8.7. At 31 March 2007, how many primary care practitioners in your PCT were accredited for or working as Practitioners with Special Interests, PwSIs? (headcount) - Working	124	0	35	1.94	5.340
Valid N (listwise)	114				





### 9.1 - a. The size of practices' patient lists were appropriate

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	4	2.9	2.9	2.9
	Agree	46	33.1	33.1	36.0
	Neither agree nor disagree	31	22.3	22.3	58.3
	Disagree	46	33.1	33.1	91.4
	Strongly disagree	7	5.0	5.0	96.4
	Don't know	5	3.6	3.6	100.0
	Total	139	100.0	100.0	

### 9.1 - b. The old GMS contract needed to be changed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	50	36.0	36.0	36.0
	Agree	83	59.7	59.7	95.7
	Neither agree nor disagree	5	3.6	3.6	99.3
	Don't know	1	.7	.7	100.0
	Total	139	100.0	100.0	

### 9.1 - c. The old GMS contract was a blunt instrument, not suited to local health needs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	39	28.1	28.1	28.1
	Agree	79	56.8	56.8	84.9
	Neither agree nor disagree	14	10.1	10.1	95.0
	Disagree	5	3.6	3.6	98.6
	Don't know	2	1.4	1.4	100.0
	Total	139	100.0	100.0	

### 9.1 - d. There was a suitable level of local accountability for GPs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	1	.7	.7	.7
	Agree	34	24.5	24.5	25.2
	Neither agree nor disagree	18	12.9	12.9	38.1
	Disagree	59	42.4	42.4	80.6
	Strongly disagree	26	18.7	18.7	99.3
	Don't know	1	.7	.7	100.0
	Total	139	100.0	100.0	

### 9.1 - e. There was a wide variation in the quality of GPs

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly agree	43	30.9	30.9	30.9
Agree	65	46.8	46.8	77.7
Neither agree nor disagree	14	10.1	10.1	87.8
Disagree	15	10.8	10.8	98.6
Strongly disagree	1	.7	.7	99.3
Don't know	1	.7	.7	100.0
Total	139	100.0	100.0	

### 9.1 - f. There were complex rules for fees and bureaucracy in claiming payment

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly agree	47	33.8	33.8	33.8
Agree	76	54.7	54.7	88.5
Neither agree nor disagree	7	5.0	5.0	93.5
Disagree	7	5.0	5.0	98.6
Don't know	2	1.4	1.4	100.0
Total	139	100.0	100.0	

### 9.1 - g. The old contract did not attract GPs to deprived and under-doctored areas

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly agree	35	25.2	25.2	25.2
Agree	63	45.3	45.3	70.5
Neither agree nor disagree	24	17.3	17.3	87.8
Disagree	10	7.2	7.2	95.0
Strongly disagree	1	.7	.7	95.7
Don't know	6	4.3	4.3	100.0
Total	139	100.0	100.0	



**10.1 - a. The Department and SHA clearly communicated the expected productivity benefits before the implementation of the new GMS contract**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly agree	2	1.4	1.4	1.4
Agree	39	28.1	28.1	29.5
Neither agree nor disagree	23	16.5	16.5	46.0
Disagree	62	44.6	44.6	90.6
Strongly disagree	9	6.5	6.5	97.1
Don't know	4	2.9	2.9	100.0
Total	139	100.0	100.0	

**10.1 - b. The Department and SHA clearly communicated the expected participation benefits before the implementation of the new GMS contract**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly agree	6	4.3	4.3	4.3
Agree	50	36.0	36.0	40.3
Neither agree nor disagree	30	21.6	21.6	61.9
Disagree	44	31.7	31.7	93.5
Strongly disagree	2	1.4	1.4	95.0
Don't know	7	5.0	5.0	100.0
Total	139	100.0	100.0	

**10.1 - c. The Department had insufficient knowledge of the health needs in your PCT when developing the new GMS contract**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly agree	10	7.2	7.2	7.2
Agree	62	44.6	44.6	51.8
Neither agree nor disagree	34	24.5	24.5	76.3
Disagree	17	12.2	12.2	88.5
Strongly disagree	1	.7	.7	89.2
Don't know	15	10.8	10.8	100.0
Total	139	100.0	100.0	

**10.1 - d. The PCT had adequate resources and capacity to implement the contracts**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Agree	33	23.7	23.7	23.7
Neither agree nor disagree	11	7.9	7.9	31.7
Disagree	65	46.8	46.8	78.4
Strongly disagree	21	15.1	15.1	93.5
Don't know	3	2.2	2.2	95.7

Not applicable	6	4.3	4.3	100.0
Total	139	100.0	100.0	

#### 10.1 - e. The implementation of the new GMS contract was rushed

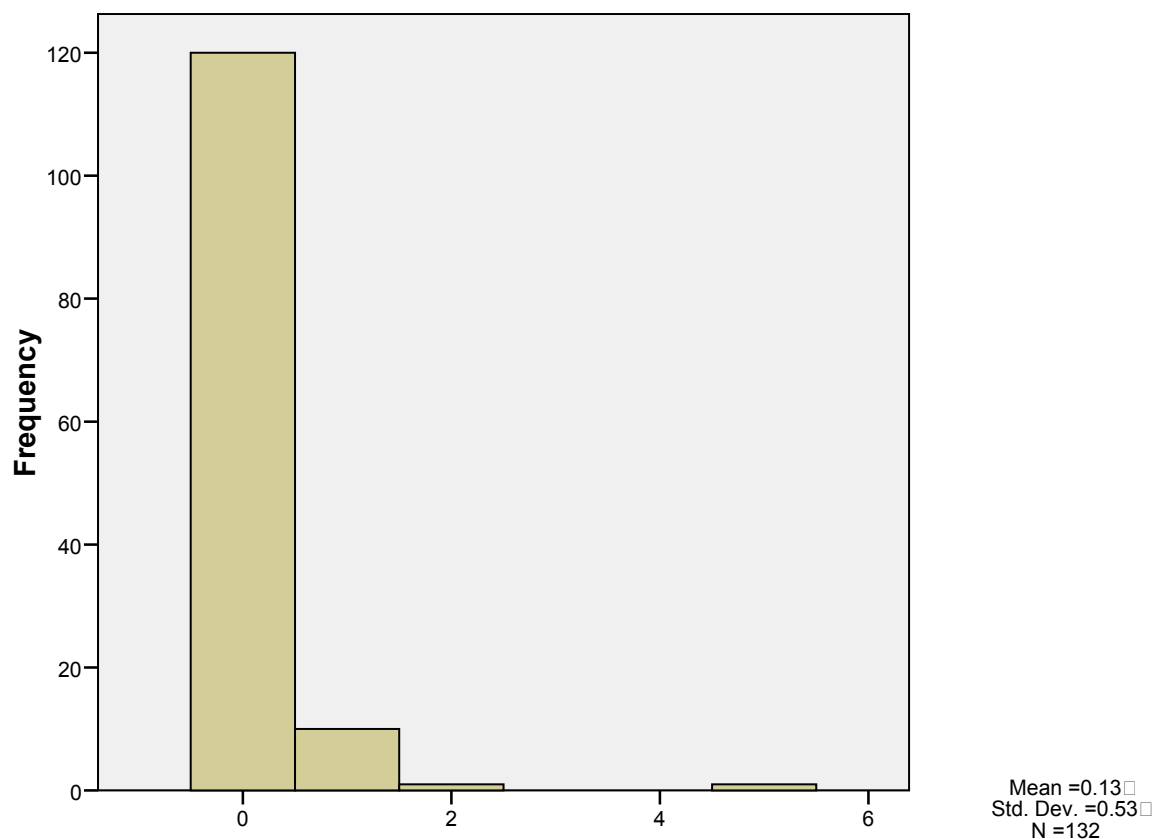
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly agree	24	17.3	17.3	17.3
Agree	66	47.5	47.5	64.7
Neither agree nor disagree	22	15.8	15.8	80.6
Disagree	27	19.4	19.4	100.0
Total	139	100.0	100.0	

#### 10.1 - f. The Department and SHA provided suitable guidance to PCTs on the new GMS contracts

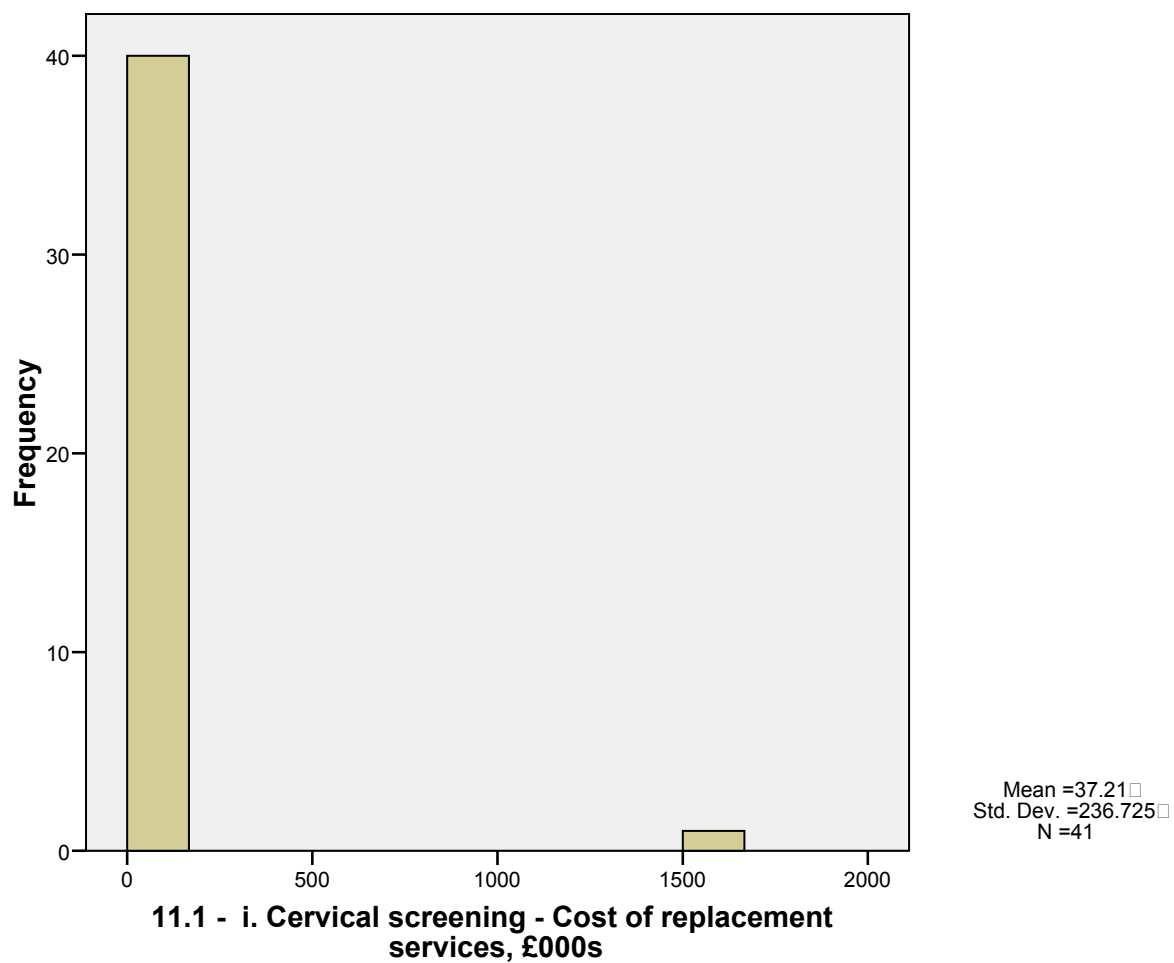
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly agree	3	2.2	2.2	2.2
Agree	68	48.9	48.9	51.1
Neither agree nor disagree	23	16.5	16.5	67.6
Disagree	43	30.9	30.9	98.6
Strongly disagree	1	.7	.7	99.3
Don't know	1	.7	.7	100.0
Total	139	100.0	100.0	

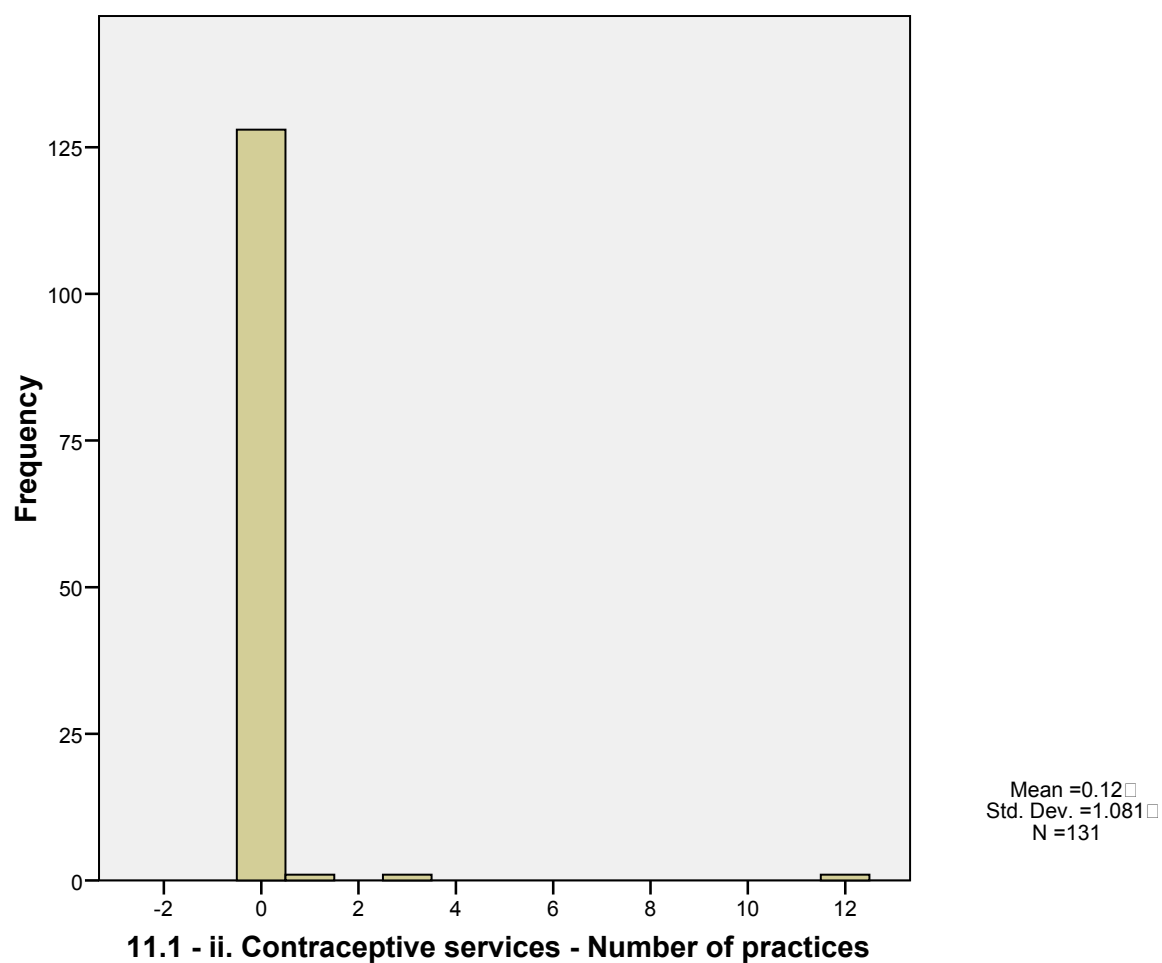
#### 10.1 - g. The Department and SHA did not provide sufficient support to your PCT during the implementation of the new GMS contract

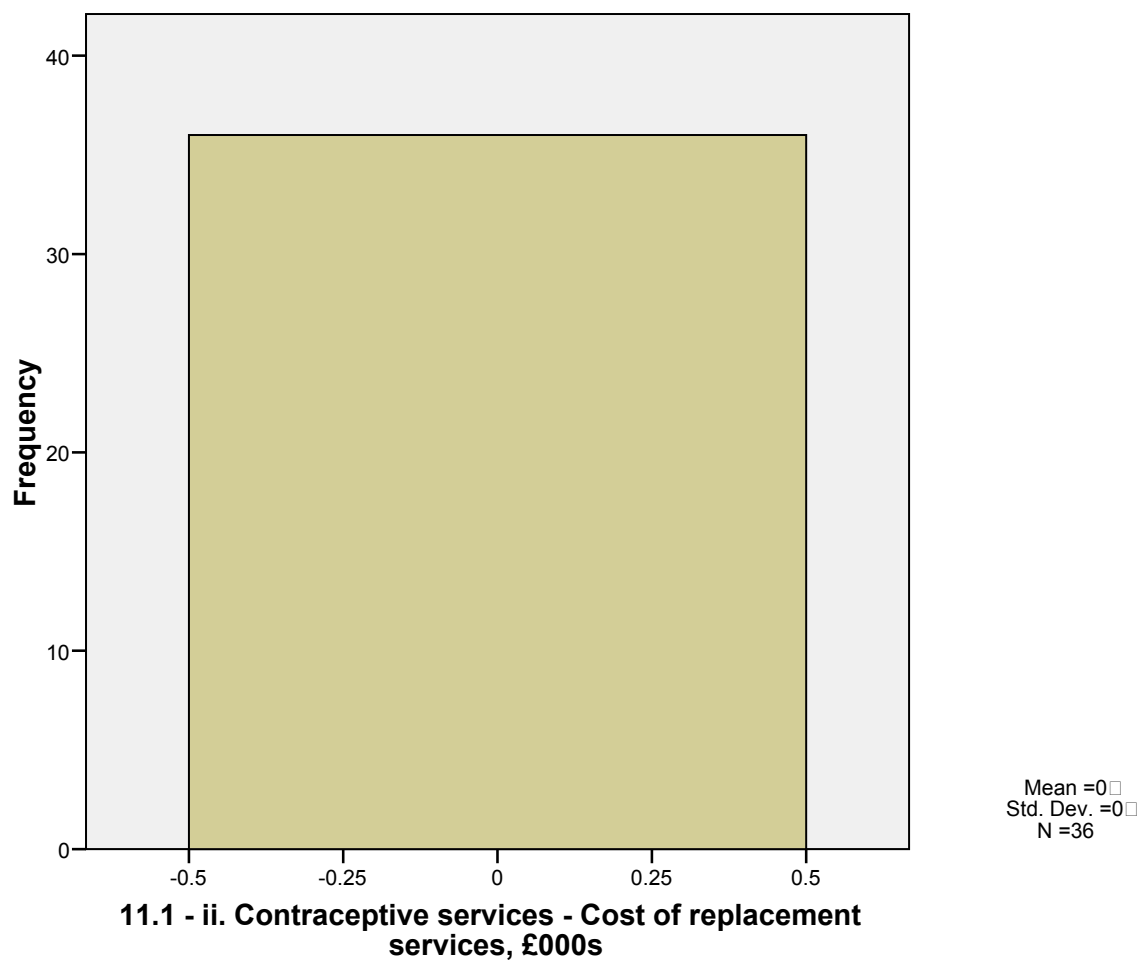
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly agree	2	1.4	1.4	1.4
Agree	47	33.8	33.8	35.3
Neither agree nor disagree	38	27.3	27.3	62.6
Disagree	45	32.4	32.4	95.0
Strongly disagree	4	2.9	2.9	97.8
Don't know	3	2.2	2.2	100.0
Total	139	100.0	100.0	

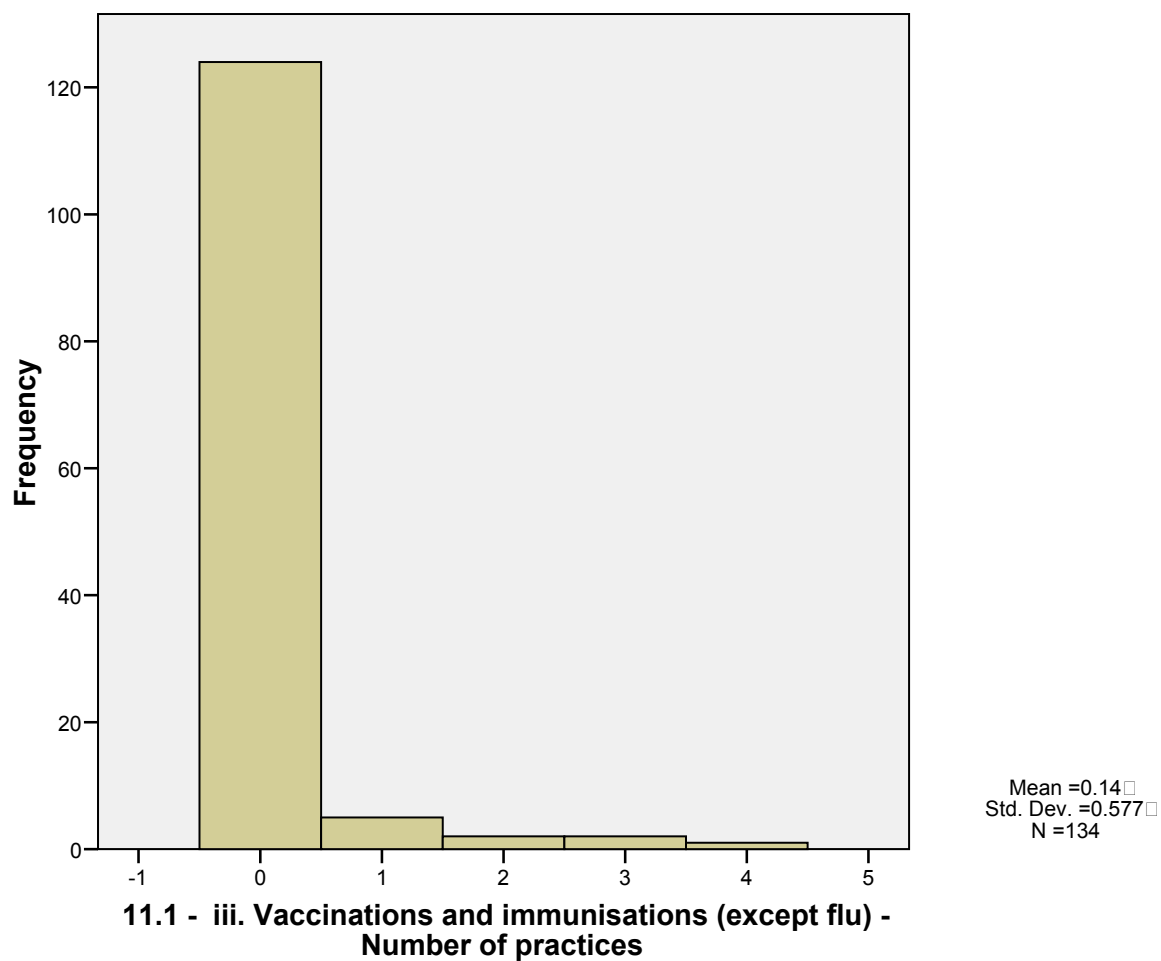


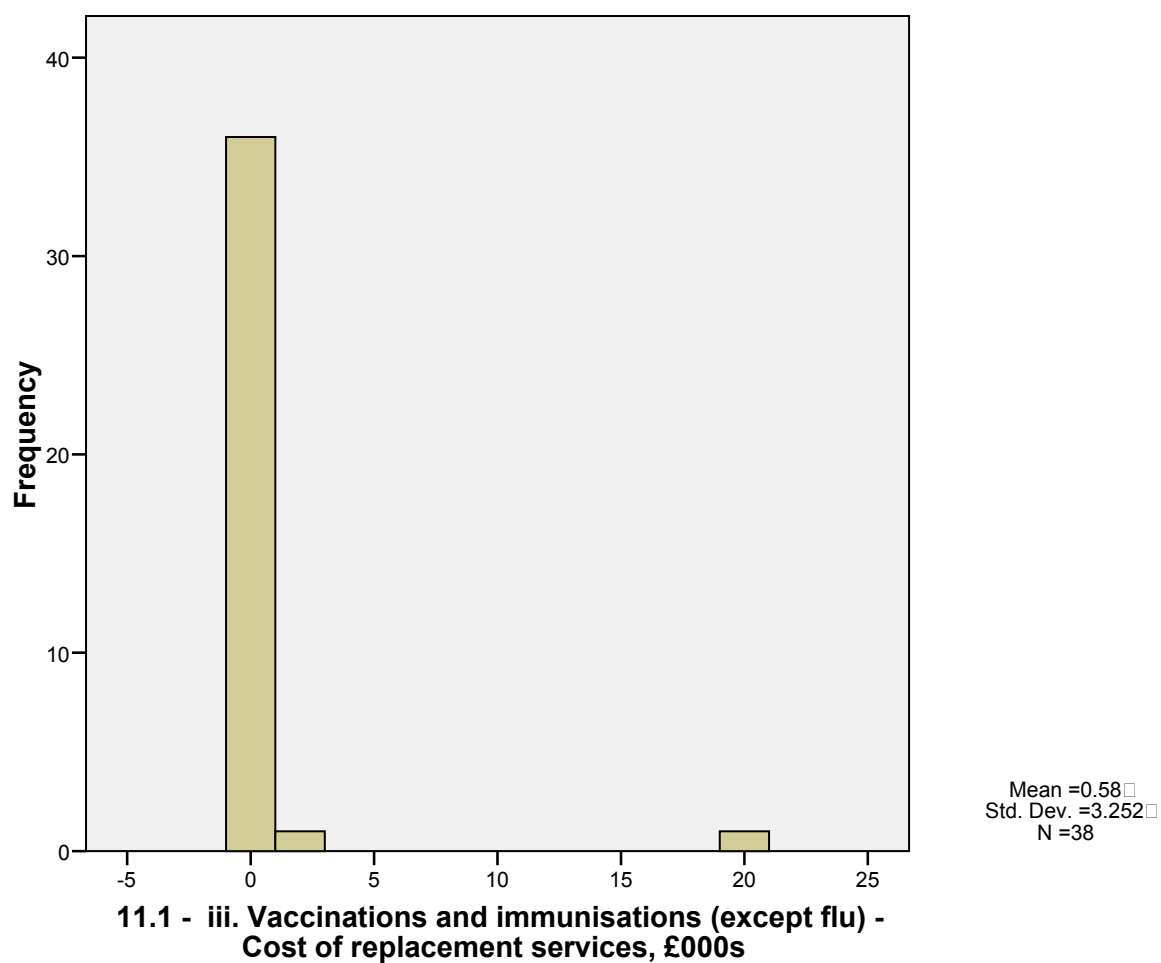
**11.1. At 31 March 2007, how many practices had opted-out of the following services, and what was the cost of providing replacement services in 2006-07? - i. Cervical screening - Number of practices**



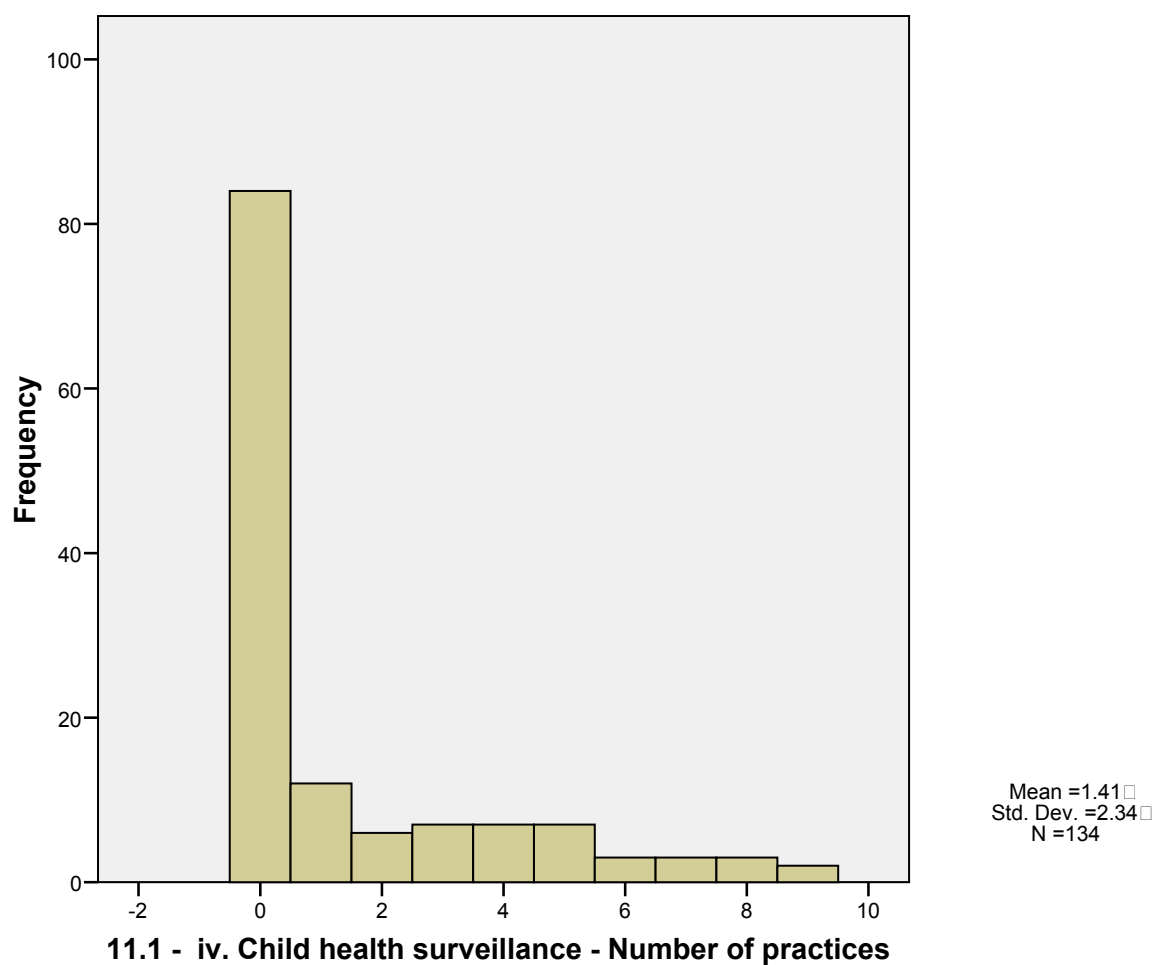


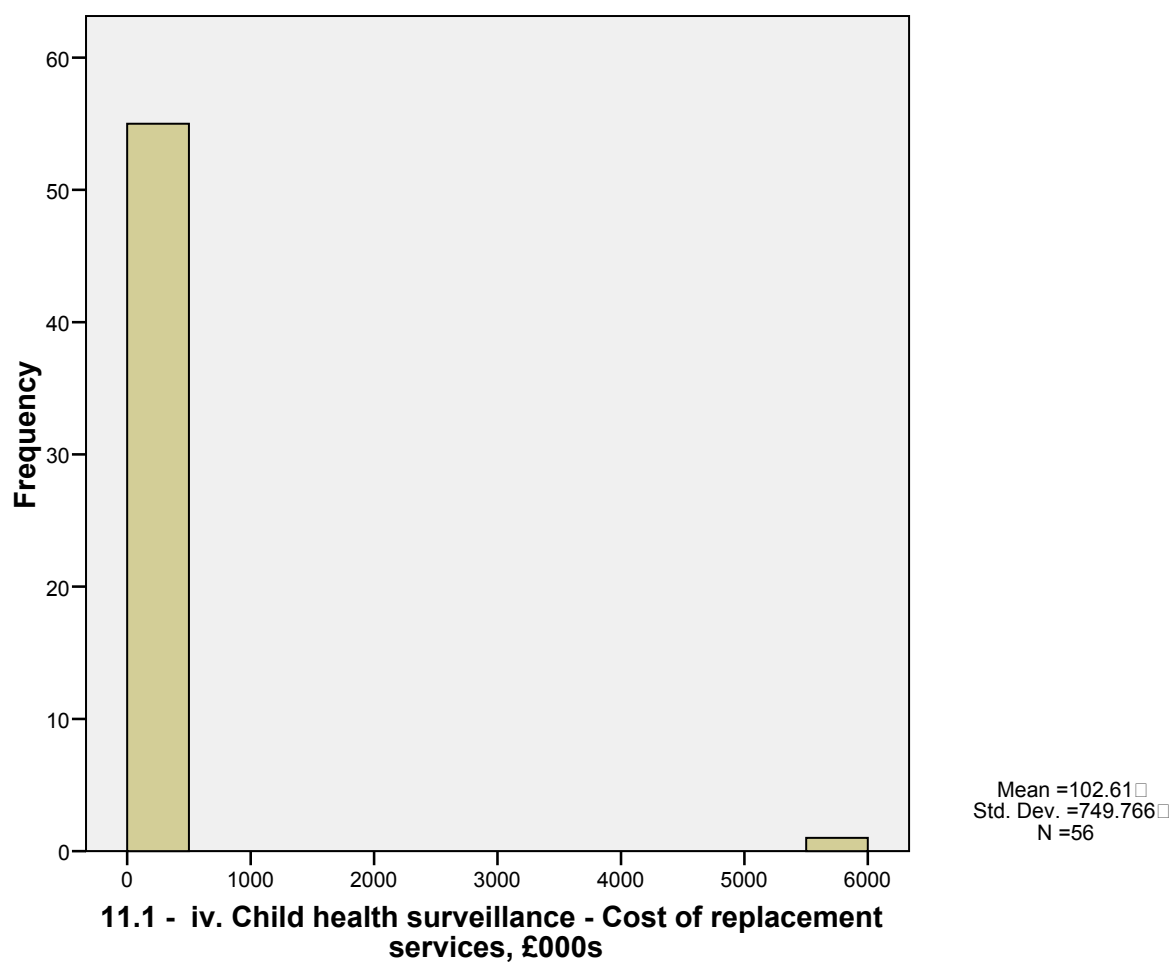


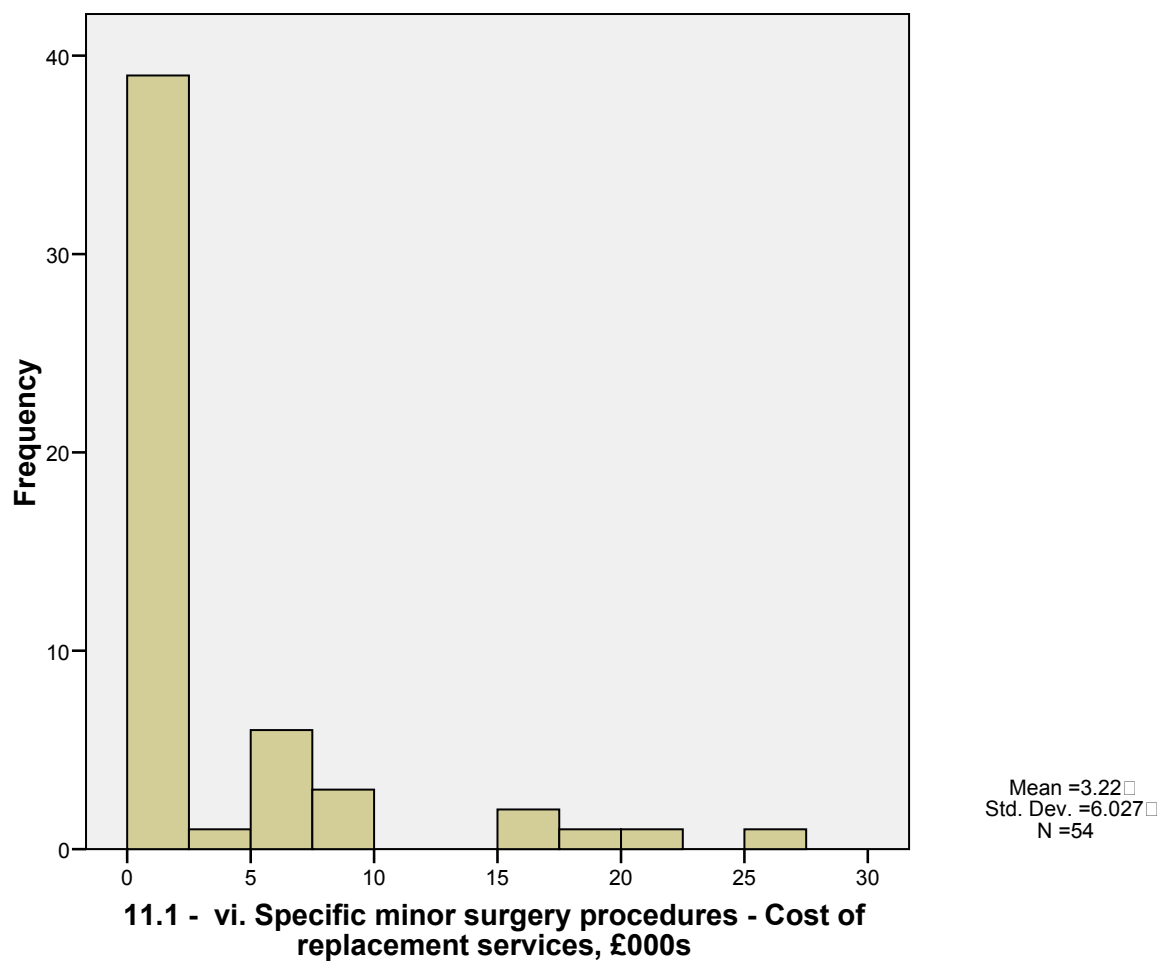


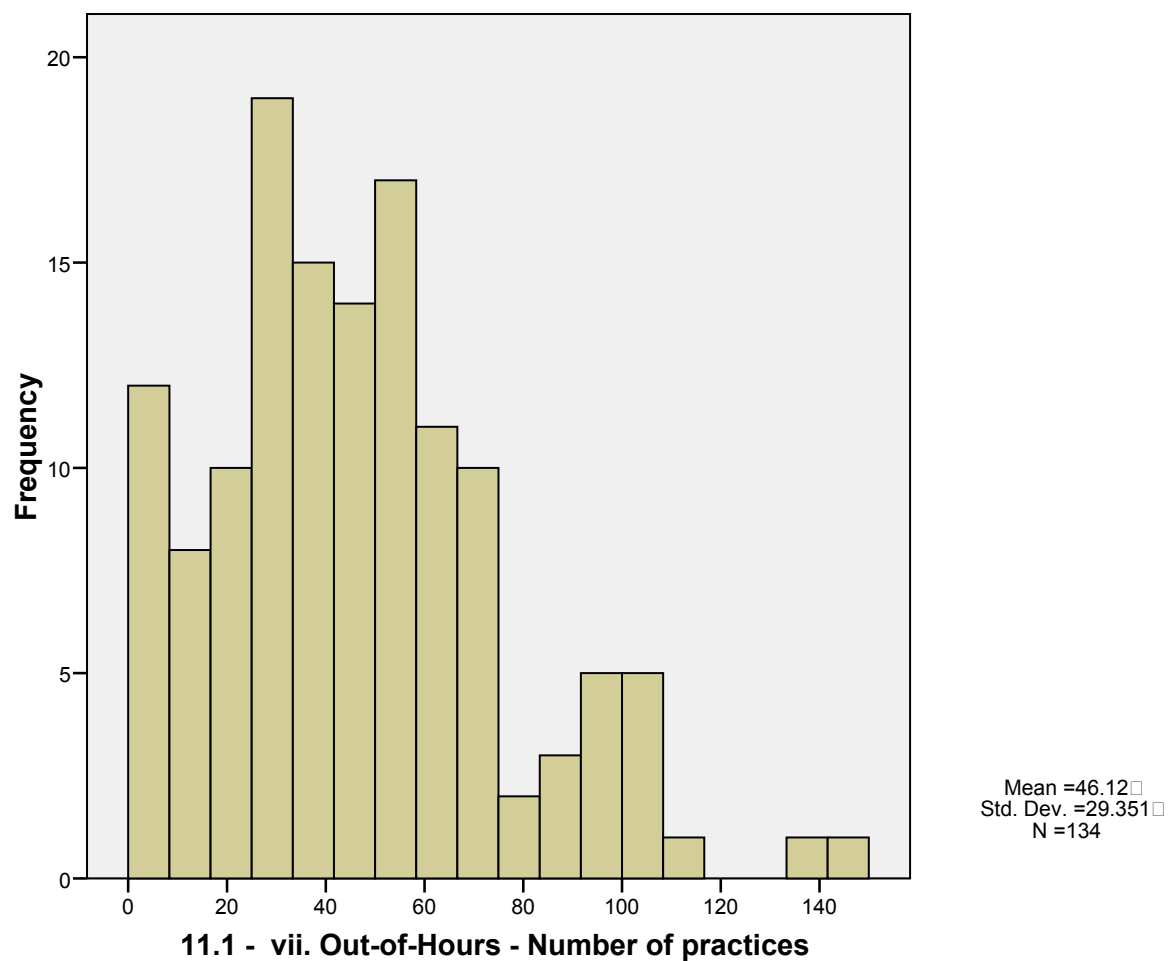


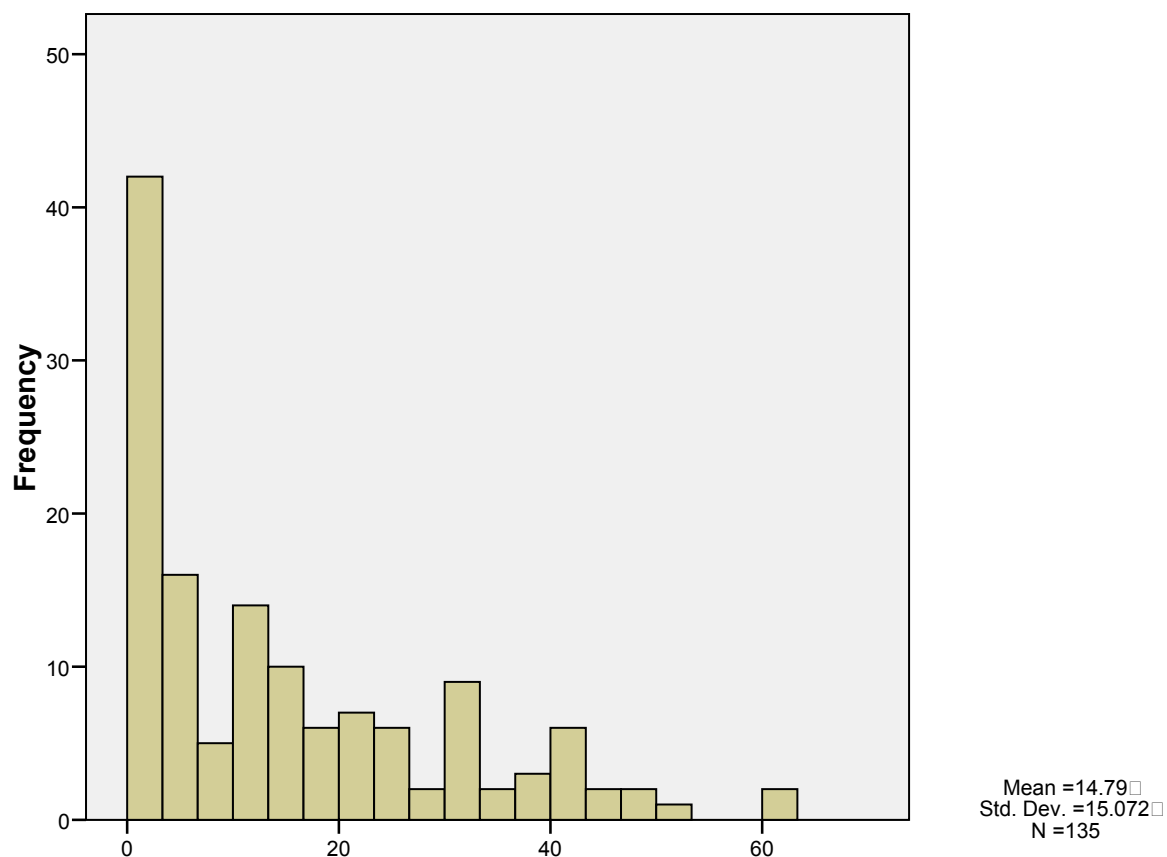




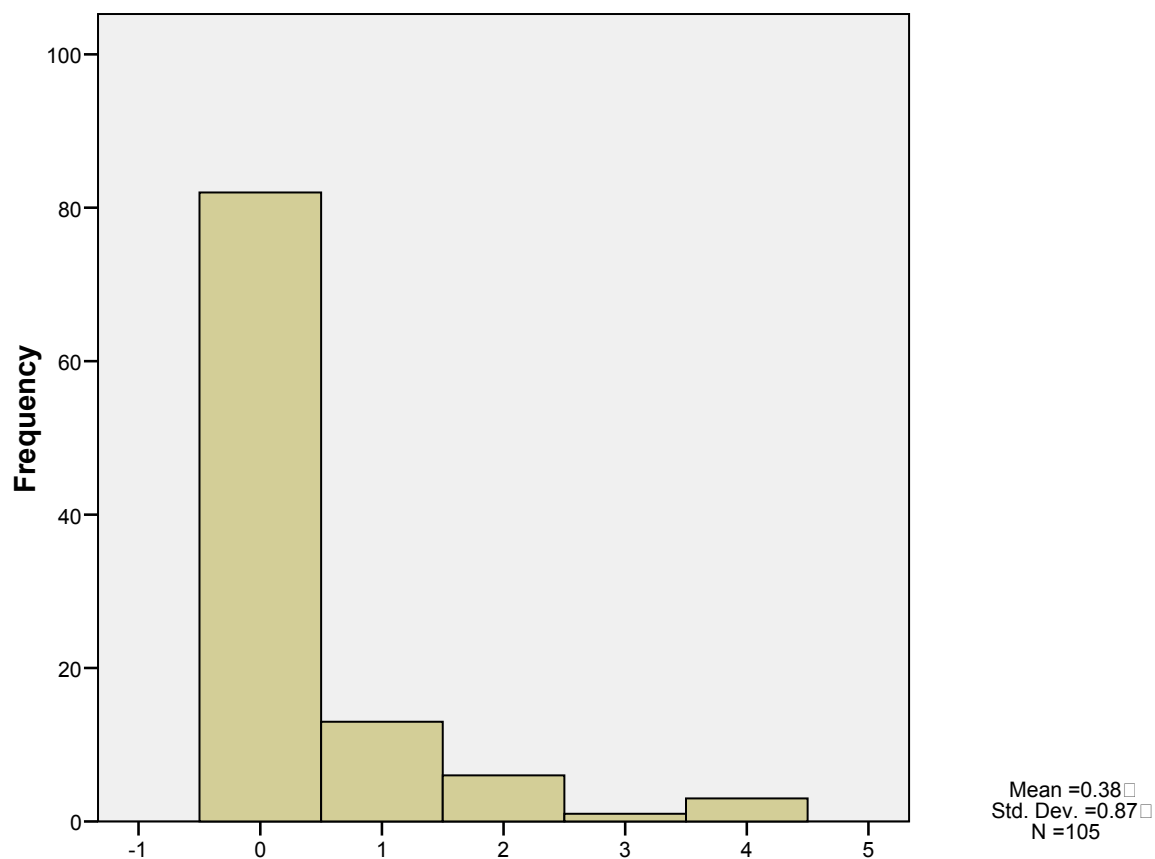




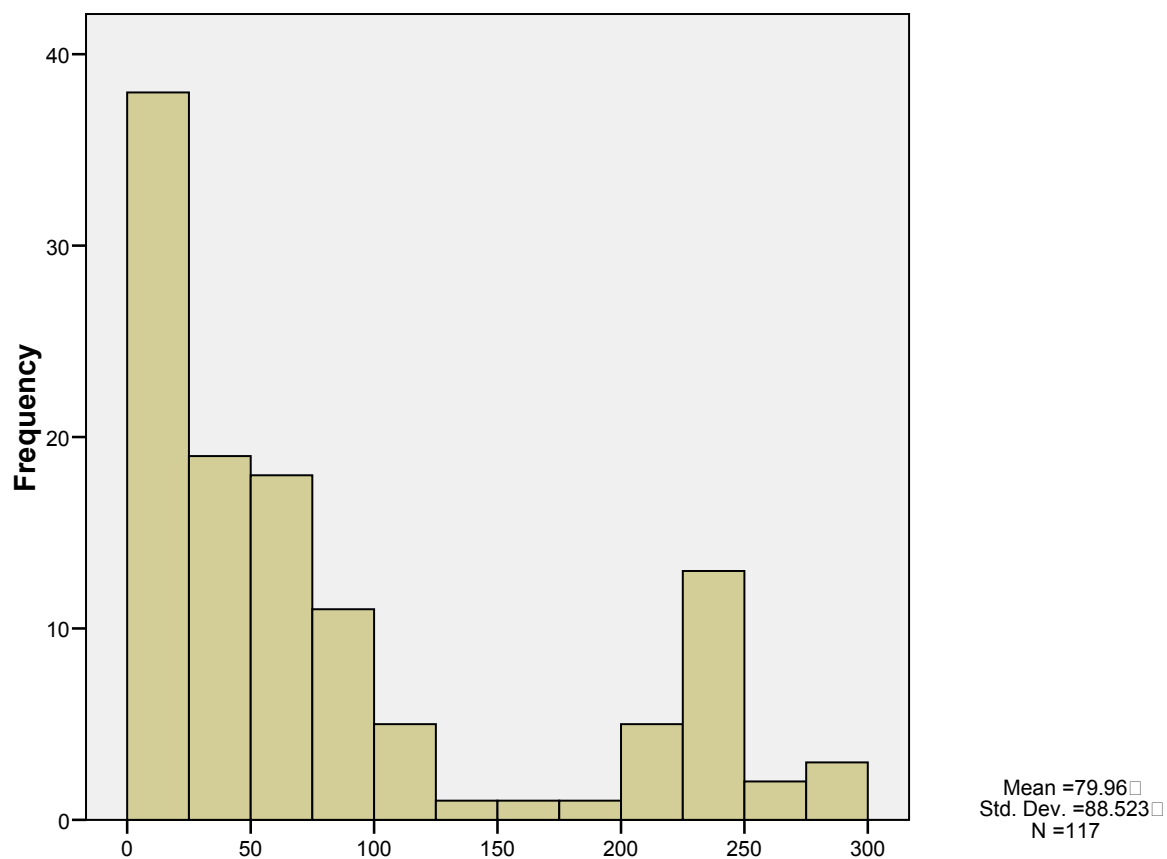




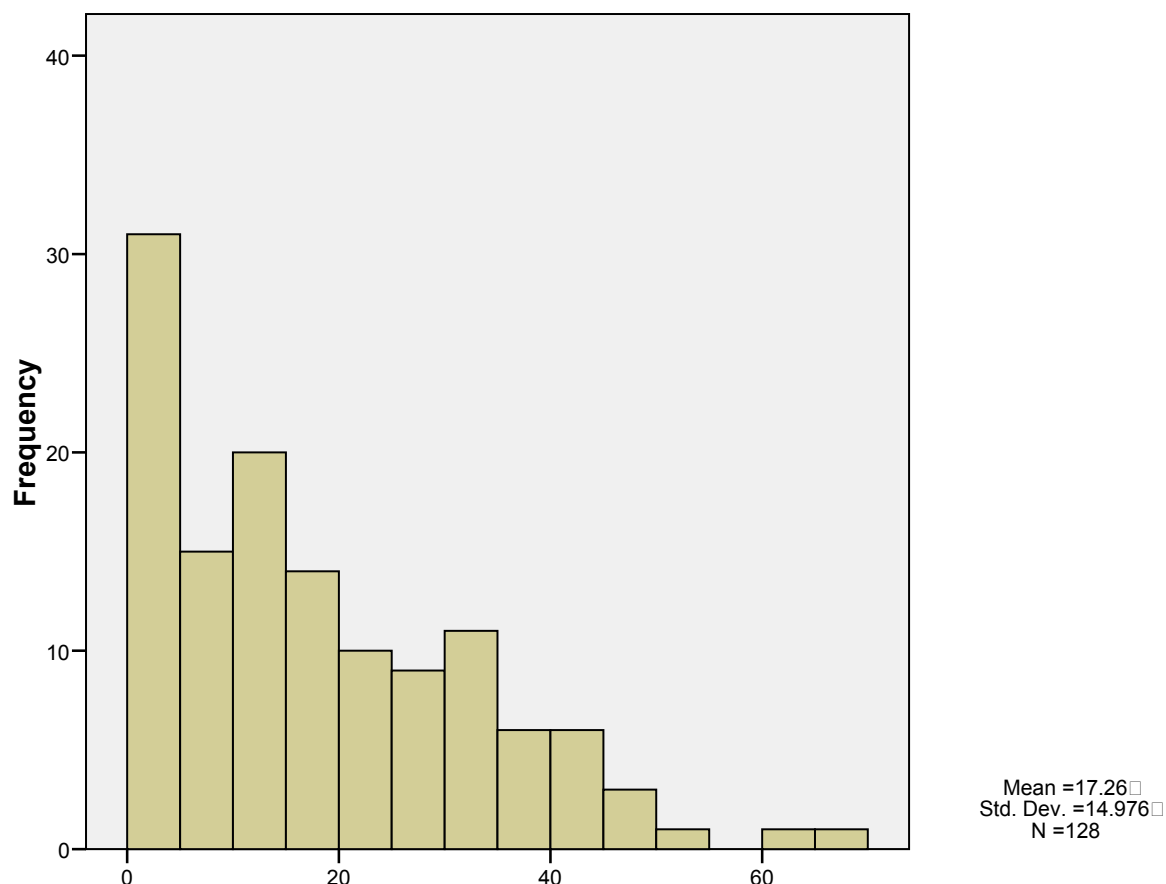
**12.1. In 2006-07, as a result of pre-payment verification checks, how many practices' QOF scores have been amended?**



**12.2. In 2006-07, as a result of the 5 per cent post-payment verification checks, how many practices' QOF scores have been amended?**



**12.3. In 2006-07, what was the largest change in QOF points resulting from either of the above verification checks?**

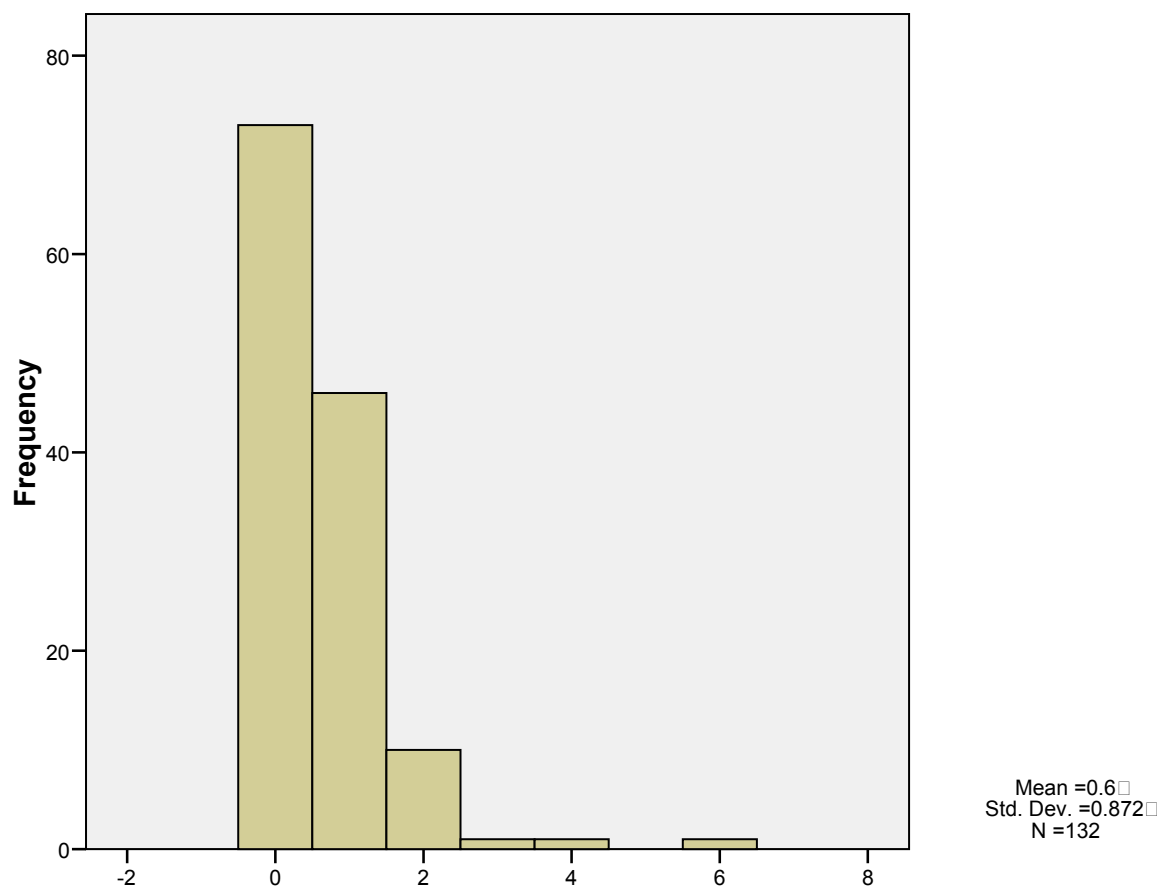


**12.4. In 2006-07, overall, how many practices' QOF scores have been amended?**

**12.5. Does your PCT benchmark the levels of exception reporting amongst practices?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	116	83.5	84.7	84.7
	No, but intend to before 31 March 2008	19	13.7	13.9	98.5
	No, and do not intend to before 31 March 2008	1	.7	.7	99.3
	Don't know	1	.7	.7	100.0
	Total	137	98.6	100.0	
Missing	Please select	2	1.4		
Total		139	100.0		

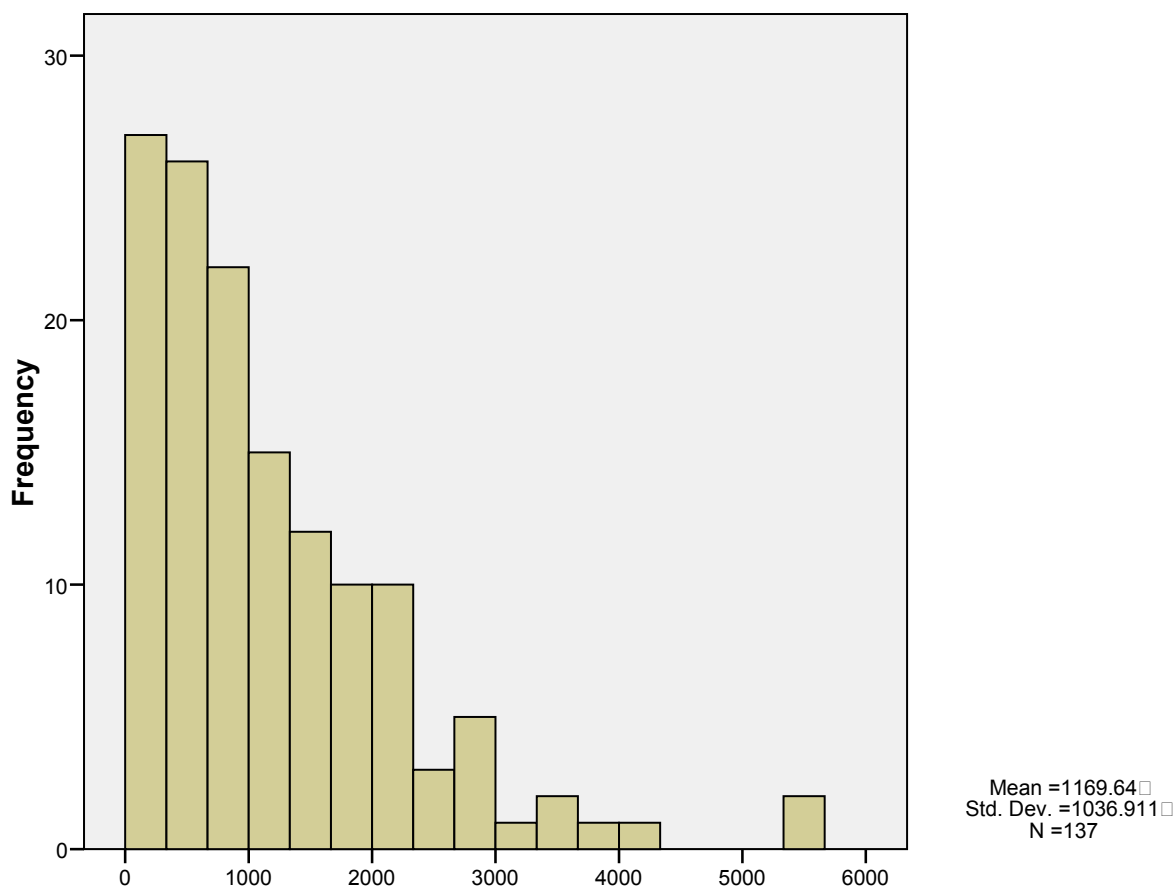




**13.1. As at 31 March 2007, how many nurse-led walk-in centres did your PCT pay for?**

**14.1. In 2006-07, what Locally Enhanced Services (LES) did you contract from GPs? (please separate each Enhanced Service with a semicolon, “;”) - None**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Some LES (or missing response)	138	99.3	99.3	99.3
	449	1	.7	.7	100.0
	Total	139	100.0	100.0	



**14.2. In 2006-07, what was the total cost of these LES (listed in the previous question)? (£000s)**

**14.4. For 2007-08, have you introduced any additional LES (to date)?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	74	53.2	53.2	53.2
No	65	46.8	46.8	100.0
Total	139	100.0	100.0	

**15.1. Is your PCT currently monitoring the performance and services offered by practices for their global sum (for GMS) or capitation payment (for PMS)?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes - both PMS and GMS	111	79.9	79.9	79.9
Yes - GMS (not PMS)	1	.7	.7	80.6
Yes - PMS (not GMS)	5	3.6	3.6	84.2
No	22	15.8	15.8	100.0
Total	139	100.0	100.0	

**15.2. In your opinion, which of the following contracts provide better value-for-money for the PCT?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	nGMS	53	38.1	38.7	38.7
	PMS	9	6.5	6.6	45.3
	APMS	26	18.7	19.0	64.2
	SPMS	1	.7	.7	65.0
	No difference	48	34.5	35.0	100.0
	Total	137	98.6	100.0	
Missing	Please select	2	1.4		
Total		139	100.0		

**15.3. Is your PCT using their own patient questionnaires (excluding QOF, national, Healthcare Commission, Audit Commission questionnaires)?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	8.6	8.6	8.6
	No	127	91.4	91.4	100.0
	Total	139	100.0	100.0	

**15.5. Since April 2006, has your PCT used remedial notices to compel improvement in a practice's performance?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	37	26.6	26.8	26.8
	No	98	70.5	71.0	97.8
	Don't know	3	2.2	2.2	100.0
	Total	138	99.3	100.0	
Missing	Please select	1	.7		
Total		139	100.0		

**15.6. Since April 2006, how many times has your PCT used the contract termination provisions contained within the new GMS contract?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	118	84.9	86.8	86.8
	1	12	8.6	8.8	95.6
	2	4	2.9	2.9	98.5
	3	2	1.4	1.5	100.0
	Total	136	97.8	100.0	
Missing	System	3	2.2		
Total		139	100.0		

**15.7. Has your PCT introduced any supplementary quality and performance management systems, such as Balanced Scorecards to manage GP contracts?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	66	47.5	47.5	47.5
No	73	52.5	52.5	100.0
Total	139	100.0	100.0	

**16.1. Prior to the introduction of the new GMS contract (pre-April 2004), were there problems in providing and commissioning primary care within your PCT (or constituent PCT) under the old GMS contract?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	72	51.8	52.2	52.2
No	54	38.8	39.1	91.3
Don't know	12	8.6	8.7	100.0
Total	138	99.3	100.0	
Missing Please select	1	.7		
Total	139	100.0		

**16.2. As at 1 April 2007, are there problems in providing and commissioning primary care within your PCT?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	37	26.6	26.6	26.6
No	102	73.4	73.4	100.0
Total	139	100.0	100.0	

**16.3. Is there currently any problem with the recruitment of GPs within your PCT?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	17	12.2	12.2	12.2
No	122	87.8	87.8	100.0
Total	139	100.0	100.0	

**16.3 - If Yes, is this because of difficulties to attract to: - not excluding due non-Yes from Q16.3**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Deprived areas	10	7.2	50.0	50.0
Rural areas	1	.7	5.0	55.0
Other	9	6.5	45.0	100.0
Total	20	14.4	100.0	
Missing Please select	119	85.6		
Total	139	100.0		

**16.3. If Yes, is this because of difficulties to attract to: excluding non-Yes**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Deprived areas	10	7.2	58.8	58.8
	Rural areas	1	.7	5.9	64.7
	Other	6	4.3	35.3	100.0
	Total	17	12.2	100.0	
Missing	999.00	122	87.8		
Total		139	100.0		

**16.4. Is there currently any problem with retention of GPs within your PCT?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	8.6	8.6	8.6
	No	127	91.4	91.4	100.0
	Total	139	100.0	100.0	

**16.6. In particular, have you used the contracts for GP services to commission specific services for: - a. Asylum Seekers**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	68	48.9	50.0	50.0
	No	68	48.9	50.0	100.0
	Total	136	97.8	100.0	
Missing	Please select	3	2.2		
Total		139	100.0		

**16.6 - b. Homeless people**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	78	56.1	57.8	57.8
	No	57	41.0	42.2	100.0
	Total	135	97.1	100.0	
Missing	Please select	4	2.9		
Total		139	100.0		

**16.6 - c. Ethnic groups**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	26	18.7	19.8	19.8
	No	105	75.5	80.2	100.0
	Total	131	94.2	100.0	
Missing	Please select	8	5.8		
Total		139	100.0		

### 16.6 - d. Young people

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	31	22.3	23.7	23.7
	No	100	71.9	76.3	100.0
	Total	131	94.2	100.0	
Missing	Please select	8	5.8		
Total		139	100.0		

### 16.6 - e. Drug and substance misusers

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	115	82.7	83.3	83.3
	No	23	16.5	16.7	100.0
	Total	138	99.3	100.0	
Missing	Please select	1	.7		
Total		139	100.0		

### 16.6 - f. People with long-term mental health illnesses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	24	17.3	18.5	18.5
	No	106	76.3	81.5	100.0
	Total	130	93.5	100.0	
Missing	Please select	9	6.5		
Total		139	100.0		

### 16.6 - g. People with learning-disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	32	23.0	24.8	24.8
	No	97	69.8	75.2	100.0
	Total	129	92.8	100.0	
Missing	Please select	10	7.2		
Total		139	100.0		

### 16.6 - h. People who find it difficult to access normal GP services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	69	49.6	51.5	51.5
	No	65	46.8	48.5	100.0
	Total	134	96.4	100.0	
Missing	Please select	5	3.6		
Total		139	100.0		

**16.7. Which phrase best describes how the new GMS contract has affected integration with: - Secondary (acute) care?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	It has improved	39	28.1	28.9	28.9
	It has stayed the same	87	62.6	64.4	93.3
	It has worsened	9	6.5	6.7	100.0
	Total	135	97.1	100.0	
Missing	Please select	4	2.9		
Total		139	100.0		

**16.7. Which phrase best describes how the new GMS contract has affected integration with: - Community care?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	It has improved	31	22.3	23.5	23.5
	It has stayed the same	85	61.2	64.4	87.9
	It has worsened	16	11.5	12.1	100.0
	Total	132	95.0	100.0	
Missing	Please select	7	5.0		
Total		139	100.0		

**17.1. a. The contracts have helped ensure that there is a fair distribution of GPs between rural and urban areas within your PCT - New GMS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	4	2.9	5.2	5.2
	Neither agree nor disagree	49	35.3	63.6	68.8
	Disagree	19	13.7	24.7	93.5
	Strongly disagree	1	.7	1.3	94.8
	Too early to tell	4	2.9	5.2	100.0
	Total	77	55.4	100.0	
Missing	Not applicable	62	44.6		
Total		139	100.0		

**17.1 - a. The contracts have helped ensure that there is a fair distribution of GPs between rural and urban areas within your PCT - PMS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	7	5.0	10.6	10.6
	Neither agree nor disagree	35	25.2	53.0	63.6
	Disagree	19	13.7	28.8	92.4
	Strongly disagree	1	.7	1.5	93.9
	Too early to tell	4	2.9	6.1	100.0
	Total	66	47.5	100.0	
Missing	Not applicable	62	44.6		
	Please select	11	7.9		
	Total	73	52.5		
Total		139	100.0		

**17.1 - a. The contracts have helped ensure that there is a fair distribution of GPs between rural and urban areas within your PCT - Others**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	6	4.3	16.2	16.2
	Neither agree nor disagree	24	17.3	64.9	81.1
	Disagree	6	4.3	16.2	97.3
	Too early to tell	1	.7	2.7	100.0
	Total	37	26.6	100.0	
Missing	Not applicable	82	59.0		
	Please select	20	14.4		
	Total	102	73.4		
Total		139	100.0		



**17.1 - b. The contracts have helped ensure that there is a fair distribution of GPs between deprived and affluent areas - New GMS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	19	13.7	15.6	15.6
	Neither agree nor disagree	51	36.7	41.8	57.4
	Disagree	46	33.1	37.7	95.1
	Strongly disagree	3	2.2	2.5	97.5
	Too early to tell	3	2.2	2.5	100.0
	Total	122	87.8	100.0	
Missing	Not applicable	16	11.5		
	Please select	1	.7		
	Total	17	12.2		
Total		139	100.0		

**17.1 - b. The contracts have helped ensure that there is a fair distribution of GPs between deprived and affluent areas - PMS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	31	22.3	27.9	27.9
	Neither agree nor disagree	34	24.5	30.6	58.6
	Disagree	39	28.1	35.1	93.7
	Strongly disagree	3	2.2	2.7	96.4
	Too early to tell	4	2.9	3.6	100.0
	Total	111	79.9	100.0	
Missing	Not applicable	15	10.8		
	Please select	13	9.4		
	Total	28	20.1		
Total		139	100.0		

**17.1 - b. The contracts have helped ensure that there is a fair distribution of GPs between deprived and affluent areas - Others**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	1	.7	1.6	1.6
	Agree	19	13.7	29.7	31.3
	Neither agree nor disagree	23	16.5	35.9	67.2
	Disagree	17	12.2	26.6	93.8
	Strongly disagree	1	.7	1.6	95.3
	Too early to tell	3	2.2	4.7	100.0
	Total	64	46.0	100.0	
Missing	Not applicable	52	37.4		
	Please select	23	16.5		
	Total	75	54.0		
Total		139	100.0		

**17.1 - c. The contracts have made it easier for your PCTs to develop services tailored to the needs of their own local population - New GMS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	12	8.6	8.7	8.7
	Agree	96	69.1	69.6	78.3
	Neither agree nor disagree	19	13.7	13.8	92.0
	Disagree	10	7.2	7.2	99.3
	Too early to tell	1	.7	.7	100.0
	Total	138	99.3	100.0	
Missing	Not applicable	1	.7		
Total		139	100.0		

**17.1 - c. The contracts have made it easier for your PCTs to develop services tailored to the needs of their own local population - PMS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	14	10.1	10.4	10.4
	Agree	107	77.0	79.9	90.3
	Neither agree nor disagree	7	5.0	5.2	95.5
	Disagree	5	3.6	3.7	99.3
	Too early to tell	1	.7	.7	100.0
	Total	134	96.4	100.0	
Missing	Please select	5	3.6		
Total		139	100.0		

**17.1 - c. The contracts have made it easier for your PCTs to develop services tailored to the needs of their own local population - Others**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	10	7.2	13.5	13.5
	Agree	52	37.4	70.3	83.8
	Neither agree nor disagree	8	5.8	10.8	94.6
	Disagree	2	1.4	2.7	97.3
	Too early to tell	2	1.4	2.7	100.0
	Total	74	53.2	100.0	
Missing	Not applicable	44	31.7		
	Please select	21	15.1		
	Total	65	46.8		
Total		139	100.0		

**17.1 - d. Patient care within your PCT has improved as a result of the new primary care contracts**  
**- New GMS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	10	7.2	7.2	7.2
	Agree	108	77.7	78.3	85.5
	Neither agree nor disagree	13	9.4	9.4	94.9
	Disagree	5	3.6	3.6	98.6
	Too early to tell	2	1.4	1.4	100.0
	Total	138	99.3	100.0	
Missing	Not applicable	1	.7		
Total		139	100.0		

**17.1 - d. Patient care within your PCT has improved as a result of the new primary care contracts**  
**- PMS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	9	6.5	6.6	6.6
	Agree	109	78.4	80.1	86.8
	Neither agree nor disagree	9	6.5	6.6	93.4
	Disagree	7	5.0	5.1	98.5
	Too early to tell	2	1.4	1.5	100.0
	Total	136	97.8	100.0	
Missing	Please select	3	2.2		
Total		139	100.0		

**17.1 - d. Patient care within your PCT has improved as a result of the new primary care contracts**  
**- Others**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	5	3.6	6.8	6.8
	Agree	52	37.4	70.3	77.0
	Neither agree nor disagree	11	7.9	14.9	91.9
	Disagree	3	2.2	4.1	95.9
	Too early to tell	3	2.2	4.1	100.0
	Total	74	53.2	100.0	
Missing	Not applicable	43	30.9		
	Please select	22	15.8		
	Total	65	46.8		
Total		139	100.0		

**17.1 - e. Due to the new contracts, access to GPs has not improved - New GMS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	5	3.6	3.6	3.6
	Agree	25	18.0	18.2	21.9
	Neither agree nor disagree	20	14.4	14.6	36.5
	Disagree	80	57.6	58.4	94.9
	Strongly disagree	7	5.0	5.1	100.0
	Total	137	98.6	100.0	
Missing	Not applicable	1	.7		
	Please select	1	.7		
	Total	2	1.4		
Total		139	100.0		

**17.1 - e. Due to the new contracts, access to GPs has not improved - PMS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	6	4.3	4.6	4.6
	Agree	25	18.0	19.1	23.7
	Neither agree nor disagree	13	9.4	9.9	33.6
	Disagree	79	56.8	60.3	93.9
	Strongly disagree	8	5.8	6.1	100.0
	Total	131	94.2	100.0	
Missing	Please select	8	5.8		
Total		139	100.0		

**17.1 - e. Due to the new contracts, access to GPs has not improved - Others**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	2	1.4	2.7	2.7
	Agree	9	6.5	12.0	14.7
	Neither agree nor disagree	20	14.4	26.7	41.3
	Disagree	39	28.1	52.0	93.3
	Strongly disagree	4	2.9	5.3	98.7
	Too early to tell	1	.7	1.3	100.0
	Total	75	54.0	100.0	
Missing	Not applicable	40	28.8		
	Please select	24	17.3		
	Total	64	46.0		
Total		139	100.0		

**17.1 - f. The 5 per cent QOF audit conducted by PCTs is robust**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	28	20.1	20.6	20.6
	Agree	79	56.8	58.1	78.7
	Neither agree nor disagree	12	8.6	8.8	87.5
	Disagree	13	9.4	9.6	97.1
	Strongly disagree	4	2.9	2.9	100.0
	Total	136	97.8	100.0	
Missing	Not applicable	1	.7		
	Please select	2	1.4		
	Total	3	2.2		
Total		139	100.0		

**17.1 - g. The guidance and procedures for exception reporting are not robust**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	10	7.2	7.4	7.4
	Agree	60	43.2	44.1	51.5
	Neither agree nor disagree	24	17.3	17.6	69.1
	Disagree	38	27.3	27.9	97.1
	Strongly disagree	4	2.9	2.9	100.0
	Total	136	97.8	100.0	
Missing	Not applicable	1	.7		
	Please select	2	1.4		
	Total	3	2.2		
Total		139	100.0		

**17.1 - h. There is now a better skill mix - New GMS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	8	5.8	5.8	5.8
	Agree	82	59.0	59.9	65.7
	Neither agree nor disagree	28	20.1	20.4	86.1
	Disagree	14	10.1	10.2	96.4
	Too early to tell	5	3.6	3.6	100.0
	Total	137	98.6	100.0	
Missing	Not applicable	1	.7		
	Please select	1	.7		
	Total	2	1.4		
Total		139	100.0		

**17.1 - h. There is now a better skill mix - PMS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	14	10.1	11.0	11.0
	Agree	88	63.3	69.3	80.3
	Neither agree nor disagree	12	8.6	9.4	89.8
	Disagree	9	6.5	7.1	96.9
	Too early to tell	4	2.9	3.1	100.0
	Total	127	91.4	100.0	
Missing	Please select	12	8.6		
Total		139	100.0		

**17.1 - h. There is now a better skill mix - Others**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	7	5.0	9.5	9.5
	Agree	42	30.2	56.8	66.2
	Neither agree nor disagree	16	11.5	21.6	87.8
	Disagree	7	5.0	9.5	97.3
	Too early to tell	2	1.4	2.7	100.0
	Total	74	53.2	100.0	
Missing	Not applicable	41	29.5		
	Please select	24	17.3		
	Total	65	46.8		
Total		139	100.0		

**17.1 - i. The contract has not helped develop the roles of nurse practitioners and health care assistants - New GMS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	1	.7	.7	.7
	Agree	22	15.8	16.1	16.8
	Neither agree nor disagree	17	12.2	12.4	29.2
	Disagree	86	61.9	62.8	92.0
	Strongly disagree	9	6.5	6.6	98.5
	Too early to tell	2	1.4	1.5	100.0
	Total	137	98.6	100.0	
Missing	Not applicable	1	.7		
	Please select	1	.7		
	Total	2	1.4		
Total		139	100.0		

**17.1 - i. The contract has not helped develop the roles of nurse practitioners and health care assistants - PMS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	1	.7	.8	.8
	Agree	13	9.4	9.8	10.5
	Neither agree nor disagree	8	5.8	6.0	16.5
	Disagree	99	71.2	74.4	91.0
	Strongly disagree	10	7.2	7.5	98.5
	Too early to tell	2	1.4	1.5	100.0
	Total	133	95.7	100.0	
Missing	Please select	6	4.3		
Total		139	100.0		

**17.1 - i. The contract has not helped develop the roles of nurse practitioners and health care assistants - Others**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	9	6.5	12.0	12.0
	Neither agree nor disagree	16	11.5	21.3	33.3
	Disagree	44	31.7	58.7	92.0
	Strongly disagree	6	4.3	8.0	100.0
	Total	75	54.0	100.0	
Missing	Not applicable	41	29.5		
	Please select	23	16.5		
	Total	64	46.0		
Total		139	100.0		

**17.1 - j. The contracts have facilitated the expansion of primary care services - New GMS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	8	5.8	5.8	5.8
	Agree	99	71.2	72.3	78.1
	Neither agree nor disagree	18	12.9	13.1	91.2
	Disagree	10	7.2	7.3	98.5
	Too early to tell	2	1.4	1.5	100.0
	Total	137	98.6	100.0	
Missing	Not applicable	1	.7		
	Please select	1	.7		
	Total	2	1.4		
Total		139	100.0		

**17.1 - j. The contracts have facilitated the expansion of primary care services - PMS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	8	5.8	6.2	6.2
	Agree	102	73.4	78.5	84.6
	Neither agree nor disagree	10	7.2	7.7	92.3
	Disagree	8	5.8	6.2	98.5
	Too early to tell	2	1.4	1.5	100.0
	Total	130	93.5	100.0	
Missing	Not applicable	2	1.4		
	Please select	7	5.0		
	Total	9	6.5		
Total		139	100.0		

**17.1 - j. The contracts have facilitated the expansion of primary care services - Others**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	5	3.6	7.0	7.0
	Agree	44	31.7	62.0	69.0
	Neither agree nor disagree	15	10.8	21.1	90.1
	Disagree	3	2.2	4.2	94.4
	Strongly disagree	1	.7	1.4	95.8
	Too early to tell	3	2.2	4.2	100.0
	Total	71	51.1	100.0	
Missing	Not applicable	44	31.7		
	Please select	24	17.3		
	Total	68	48.9		
Total		139	100.0		

**17.1 - k. There has been a reduction in administration time for clinicians - New GMS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	14	10.1	10.3	10.3
	Neither agree nor disagree	41	29.5	30.1	40.4
	Disagree	71	51.1	52.2	92.6
	Strongly disagree	10	7.2	7.4	100.0
	Total	136	97.8	100.0	
Missing	Not applicable	1	.7		
	Please select	2	1.4		
	Total	3	2.2		
Total		139	100.0		



**17.1 - k. There has been a reduction in administration time for clinicians - PMS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	13	9.4	10.2	10.2
	Neither agree nor disagree	33	23.7	26.0	36.2
	Disagree	73	52.5	57.5	93.7
	Strongly disagree	8	5.8	6.3	100.0
	Total	127	91.4	100.0	
Missing	Not applicable	1	.7		
	Please select	11	7.9		
	Total	12	8.6		
Total		139	100.0		

**17.1 - k. There has been a reduction in administration time for clinicians - Others**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	7	5.0	10.3	10.3
	Neither agree nor disagree	25	18.0	36.8	47.1
	Disagree	32	23.0	47.1	94.1
	Strongly disagree	3	2.2	4.4	98.5
	Too early to tell	1	.7	1.5	100.0
	Total	68	48.9	100.0	
Missing	Not applicable	44	31.7		
	Please select	27	19.4		
	Total	71	51.1		
Total		139	100.0		

**17.1 - l. Deprived populations are better served - New GMS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	1	.7	.7	.7
	Agree	42	30.2	31.1	31.9
	Neither agree nor disagree	52	37.4	38.5	70.4
	Disagree	25	18.0	18.5	88.9
	Strongly disagree	3	2.2	2.2	91.1
	Too early to tell	12	8.6	8.9	100.0
	Total	135	97.1	100.0	
Missing	Not applicable	2	1.4		
	Please select	2	1.4		
	Total	4	2.9		
Total		139	100.0		

**17.1 - l. Deprived populations are better served - PMS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	2	1.4	1.7	1.7
	Agree	48	34.5	40.0	41.7
	Neither agree nor disagree	38	27.3	31.7	73.3
	Disagree	21	15.1	17.5	90.8
	Strongly disagree	1	.7	.8	91.7
	Too early to tell	10	7.2	8.3	100.0
	Total	120	86.3	100.0	
Missing	Not applicable	3	2.2		
	Please select	16	11.5		
	Total	19	13.7		
Total		139	100.0		

**17.1 - l. Deprived populations are better served - Others**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	1	.7	1.4	1.4
	Agree	30	21.6	42.3	43.7
	Neither agree nor disagree	23	16.5	32.4	76.1
	Disagree	10	7.2	14.1	90.1
	Too early to tell	7	5.0	9.9	100.0
	Total	71	51.1	100.0	
Missing	Not applicable	39	28.1		
	Please select	29	20.9		
	Total	68	48.9		
Total		139	100.0		

**17.1 - m. Patients are allowed to choose their own length of consultation - New GMS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	1	.7	.7	.7
	Agree	9	6.5	6.7	7.4
	Neither agree nor disagree	19	13.7	14.1	21.5
	Disagree	97	69.8	71.9	93.3
	Strongly disagree	9	6.5	6.7	100.0
	Total	135	97.1	100.0	
Missing	Not applicable	1	.7		
	Please select	3	2.2		
	Total	4	2.9		
Total		139	100.0		

**17.1 - m. Patients are allowed to choose their own length of consultation - PMS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	1	.7	.8	.8
	Agree	10	7.2	7.8	8.6
	Neither agree nor disagree	13	9.4	10.2	18.8
	Disagree	96	69.1	75.0	93.8
	Strongly disagree	8	5.8	6.3	100.0
	Total	128	92.1	100.0	
Missing	Please select	11	7.9		
Total		139	100.0		

**17.1 - m. Patients are allowed to choose their own length of consultation - Others**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	1	.7	1.4	1.4
	Agree	7	5.0	10.0	11.4
	Neither agree nor disagree	15	10.8	21.4	32.9
	Disagree	42	30.2	60.0	92.9
	Strongly disagree	4	2.9	5.7	98.6
	Too early to tell	1	.7	1.4	100.0
	Total	70	50.4	100.0	
Missing	Not applicable	42	30.2		
	Please select	27	19.4		
	Total	69	49.6		
Total		139	100.0		

**17.1 - n. There is no increase in freedom for patients to see their GP of choice - New GMS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	5	3.6	3.7	3.7
	Agree	64	46.0	47.1	50.7
	Neither agree nor disagree	21	15.1	15.4	66.2
	Disagree	45	32.4	33.1	99.3
	Strongly disagree	1	.7	.7	100.0
	Total	136	97.8	100.0	
Missing	Not applicable	1	.7		
	Please select	2	1.4		
	Total	3	2.2		
Total		139	100.0		

**17.1 - n. There is no increase in freedom for patients to see their GP of choice - PMS**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	5	3.6	3.9	3.9
	Agree	59	42.4	45.7	49.6
	Neither agree nor disagree	18	12.9	14.0	63.6
	Disagree	46	33.1	35.7	99.2
	Strongly disagree	1	.7	.8	100.0
	Total	129	92.8	100.0	
Missing	Please select	10	7.2		
Total		139	100.0		

**17.1 - n. There is no increase in freedom for patients to see their GP of choice - Others**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	2	1.4	2.9	2.9
	Agree	33	23.7	48.5	51.5
	Neither agree nor disagree	16	11.5	23.5	75.0
	Disagree	16	11.5	23.5	98.5
	Strongly disagree	1	.7	1.5	100.0
	Total	68	48.9	100.0	
Missing	Not applicable	45	32.4		
	Please select	26	18.7		
	Total	71	51.1		
Total		139	100.0		

**17.1 - o. The 2006-07 revisions to QOF were an improvement**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	9	6.5	6.7	6.7
	Agree	107	77.0	79.3	85.9
	Neither agree nor disagree	11	7.9	8.1	94.1
	Disagree	4	2.9	3.0	97.0
	Strongly disagree	1	.7	.7	97.8
	Too early to tell	3	2.2	2.2	100.0
	Total	135	97.1	100.0	
	Missing				
Missing	Not applicable	1	.7		
	Please select	3	2.2		
	Total	4	2.9		
Total		139	100.0		

**15.5. Since April 2006, has your PCT used remedial notices to compel improvement in a practice's performance?**

15.7. Has your PCT introduced any supplementary quality and performance management systems, such as Balanced Scorecards to manage GP contracts?			Frequency	Percent	Valid Percent	Cumulative Percent
No	Valid	Yes	10	13.7	13.9	13.9
		No	60	82.2	83.3	97.2
		Don't know	2	2.7	2.8	100.0
		Total	72	98.6	100.0	
	Missing	Please select	1	1.4		
	Total		73	100.0		
Yes	Valid	Yes	27	40.9	40.9	40.9
		No	38	57.6	57.6	98.5
		Don't know	1	1.5	1.5	100.0
		Total	66	100.0	100.0	

**15.6. Since April 2006, how many times has your PCT used the contract termination provisions contained within the new GMS contract?**

15.7. Has your PCT introduced any supplementary quality and performance management systems, such as Balanced Scorecards to manage GP contracts?			Frequency	Percent	Valid Percent	Cumulative Percent
No	Valid	0	62	84.9	87.3	87.3
		1	6	8.2	8.5	95.8
		2	2	2.7	2.8	98.6
		3	1	1.4	1.4	100.0
		Total	71	97.3	100.0	
	Missing	System	2	2.7		
	Total		73	100.0		
Yes	Valid	0	56	84.8	86.2	86.2
		1	6	9.1	9.2	95.4
		2	2	3.0	3.1	98.5
		3	1	1.5	1.5	100.0
		Total	65	98.5	100.0	
	Missing	System	1	1.5		
	Total		66	100.0		