

# **PRIMARY MEDICAL SERVICES (PAYMENT ARRANGEMENTS) AMENDMENT DIRECTIONS 2004**

The Secretary of State for Health, in exercise of the powers conferred upon him by sections 28E(3A) and (3B) and 28T of the National Health Service Act 1977<sup>a</sup>, and of all other powers enabling him in that behalf, after consulting in accordance with (and in so far as is required by) section 28T(4) of that Act both with the bodies appearing to him to be representative of persons to whose remuneration these directions relate and with such other persons as he thinks appropriate, gives the directions set out in this instrument.

## **Citation, commencement and territorial application**

1.-(1) These Directions may be cited as the Primary Medical Services (Payment Arrangements) Amendment Directions 2004.

(2) These Directions are dated 17th September 2004 but shall have effect as from 1st April 2004.

(3) These Directions apply in relation to England only.

## **Amendments to the SFE**

2.-(1) The directions given in the Statement of Financial Entitlements (“the SFE”), which were authorised to be given on behalf of the Secretary of State for Health on 30th March 2004, are amended as follows.

(2) In paragraph 2.4 of the SFE (which relates to the calculation of the Adjustments added into a contractor’s Initial Global Sum Monthly Payment)–

(a) in sub-paragraph (b), for “£0” substitute “£0.21”; and

(b) in sub-paragraph (c), for “£0” substitute “£0.26”.

(3) In the following provisions–

(a) paragraph 5.37(a) of the SFE (which relates to calculation of the part of the Achievement Payment that relates to the clinical domain);

(b) 5.38 of the SFE (which relates to the calculation of the part of the Achievement Payment that relates to the other domains);

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<sup>a</sup> 1977 c.49. Section 28E(3A) and (3B) were inserted by section 177(8) of, and section 28T was inserted by section 171 of, the Health and Social Care (Community Health and Standards) Act 2003 (c.43).

- (c) paragraphs F.4 and F.5 of Annex F of the SFE (calculation of Additional Services Achievement Points); and
- (d) paragraph G.4(c) of Annex G of the SFE (adjusted practice disease factor calculations),

for “£75”, at each place where it occurs, substitute “£77.50”.

(4) In paragraph 13.3 of the SFE (Service that is Reckonable Service)–

(a) in sub-paragraph (a)–

- (i) after “doctor in the” insert “public service”, and
- (ii) after “EEA Member State” add “(including service in that system pre-Accession)”; and

(b) for sub-paragraph (e), substitute the following sub-paragraph–

“(e) it comprises up to a maximum of four years clinical service in a country or territory outside the United Kingdom–

- (i) which followed the date of first registration of the GP provider in that country or territory, and
- (ii) in circumstances where–
  - (aa) on 31st March 2003, that period of clinical service was counted by a PCT as a period of registration for the purposes of a calculation of the annual rate of the GP Provider’s Seniority Payment under the Red Book, and
  - (bb) that period of clinical service is not counted as reckonable service by virtue of any of the preceding sub-paragraphs in this paragraph.”.

(5) In paragraph 13.21(c) of the SFE (conditions attached to payment of Quarterly Seniority Payments), for “sub-paragraph (a)” substitute “sub-paragraph (b)”.

(6) 13.23 of the SFE (which relates to the sanctions to be imposed if the conditions attached to payment of Quarterly Seniority Payments are breached), for “13.21(c)” substitute “13.21 (d)”.

(7) In paragraph 14.2 of the SFE (standard payments under the Golden Hello Scheme)–

(a) for paragraph (i) in sub-paragraph (d) substitute–

- “(i) been included in the medical performers list, services list or medical list of any Health Authority or PCT, unless this was–
  - (aa) because of temporary arrangements made by a PCT for the provision of general medical services or the performance of primary medical services following the suspension of a doctor, or
  - (bb) solely related to employment as a locum or as a GP registrar (or employment as both),”; and
- (b) in sub-paragraphs (d)(ii) and (d)(iii) for “(except as a locum)”, at each place where it occurs, substitute “(except as a locum or a GP registrar)”.

(8) In paragraph 14.3 of the SFE (which relates to an exception to the eligibility criteria in paragraph 14.2(d)), for “(except as a locum)” substitute “(except as a locum or a GP registrar)”.

(9) After paragraph 14.5 of the SFE, insert the following paragraph–

***“Payment of employer’s superannuation contributions in respect of Golden Hello Payments***

14.5A The amounts in the above table are net of any employer’s superannuation contributions that are payable in respect of Golden Hello Payments. Where such contributions are payable, the PCT must forward a payment to cover the amount of those contributions to the pension provider (for example, the NHS Pensions Agency), and the amount of that payment must be notified to the contractor to whom the net amount of the Golden Hello Payment is paid.”.

(10) After paragraph 14.10 of the SFE (which relates to payment of further payments), insert the following paragraph–

“14.10A Subject to the following provisions of this Section, PCTs must pay to contractors, in respect of doctors who are eligible for a standard, additional or further payment under this Section, a payment to cover the amount of any employer’s national insurance contributions which are payable by the contractor in respect of that standard, additional or further payment.”.

(11) In paragraph 16.4 of the SFE (which relates to the amount of Flexible Career Scheme Contractor Payments), for sub-paragraph (a) substitute the following sub-paragraph–

- “(a) to include salary, national insurance contributions and NHS Pension Scheme employer’s superannuation contributions (where these are paid by the contractor);”.

(12) In paragraph 16.9 of the SFE (payments in respect of educational sessions), in sub-paragraph (a), omit the words “(to be determined in accordance with paragraph 16.5 above)”.

(13) After paragraph 22.6 of the SFE (which relates to monthly deductions in respect of superannuation contributions), insert the following paragraph–

“22.6A Employer’s superannuation contributions in respect of payments for specific purposes which are paid after the start of the financial year will, for practical reasons, need to be handled slightly differently. Golden Hello Payments will, in all cases, be paid net of the employer’s superannuation contributions – and in other cases of payments for specific purposes, the PCT and the contractor may agree that the payment is to be made net of employer’s superannuation contributions. In the absence of such an agreement, the default position is that a reasonable proportion of the total amount of those contributions will need to be deducted from the remaining Payable GSMPs that are due to the contractor before the end of the financial year.”.

(14) In Part 2 of Annex A of the SFE (glossary – definitions)–

(a) after the definition of “GP provider” insert the following definition–

““GP registrar” has the same meaning as in Part 2 of the Performers List Regulations.”;

(b) in the definition of “Performers List Regulations”, for “(Performers List)” substitute “(Performers Lists)”;

(c) in the definition of “Red Book”, for “paragraph 13.13(a)” substitute “paragraphs 13.3(e)(ii)(aa) and 13.13(a)”;

(15) In Section 2 of Annex E of the SFE (Quality and Outcomes Framework – Clinical Indicators)–

(a) in part 1 (general format), at the end of the final paragraph, which begins “For each indicator”, add “These have been replaced by the Logical Query Indicator Specification and the Dataset and Business Rules.”;

(b) after part 1.1 (rationale) insert the following part–

#### **“1.2 Use of Read codes**

The Logical Query Indicator Specification and the Dataset and Business Rules that support the reporting requirements of the Quality and Outcomes Framework in each home country are based entirely on Read codes (4 byte, Version 2 and Clinical Terms Version 3) and associated dates. Read codes are an NHS standard. Practices using proprietary coding systems and/or local/practice specific codes need to be advised that these codes will not be recognised within QOF

reporting. Practices utilising such systems should develop strategies to ensure that they are utilising appropriate Read codes in advance of producing their achievement report.”;

- (c) renumber the other part 1.2 (reporting and verification) part 1.3;
- (d) in part 1.3, at the end of the second paragraph, which begins “It is hoped” for “<http://www.bma.org.uk/ap.nsf/Content/newreadcodes>” substitute “[http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/Commissioning/CommissioningArticle/fs/en?CONTENT\\_ID=4078648&chk=nP7W%2Bs](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/Commissioning/CommissioningArticle/fs/en?CONTENT_ID=4078648&chk=nP7W%2Bs)”;
- (e) in part 2 (exception reporting), at the end of the final paragraph, which begins “Practices should report”, replace from “An IT solution is” to “were exception reported.” with “Exception codes have been added to systems by suppliers. Practices will not be expected to report why individual patients were exception-reported.”;
- (f) in the part headed “Summary of all Clinical Indicators”–
  - (i) in the first table, which is headed “Secondary Prevention in Coronary Heart Disease (CHD)”–
    - (aa) in the first column, in the entry for Indicator CHD 3, for “need be recorded only once” substitute “should be recorded at least once since diagnosis”, and
    - (bb) in the third column, opposite the entry in the first column for Indicator CHD 4, for “25-70%” substitute “25-90%”,
  - (ii) in the second table, which is headed “Stroke and Transient Ischaemic Attacks”, in the first column, in the entry for Indicator STROKE 3, for “who have a record of smoking status in the last” substitute “whose notes record smoking status in the past”,
  - (iii) in the third table, which is headed “Hypertension”, in the first column, in the entry for Indicator BP 2, after “at least once” add “since diagnosis”,
  - (iv) in the fourth table, which is headed “Diabetes Mellitus (Diabetes)”, in the first column, in the entry for Indicator DM 3, for “in whom there is a record of smoking status in the previous 15 months, except those who have never smoked where smoking status should be recorded once” substitute “whose notes record smoking status in the past 15 months, except those who have never smoked where smoking status should be recorded at least once since diagnosis”,

- (v) in the fifth table, which is headed “Chronic Obstructive Pulmonary Disease (COPD)”, in the first column, in the entry for Indicator COPD 4, for “in whom there is a record of smoking status in the previous 15 months” substitute “whose notes record smoking status in the past 15 months, except those who have never smoked where smoking status should be recorded at least once since diagnosis”, and
- (vi) in the tenth table, which is headed “Asthma”, in the first column, in the entry for Indicator ASTHMA 4, after “at least once” add “since diagnosis”;
- (g) in the part headed “Details of the rationale for indicators, and proposed methods of data collection and monitoring” in the table at the start of that part, which is headed “Secondary Prevention in Coronary Heart Disease (CHD)”–
  - (i) in the first column, in the entry for Indicator CHD 3, for “need be recorded only once” substitute “should be recorded at least once since diagnosis”, and
  - (ii) in the third column, opposite the entry in the first column for Indicator CHD 4, for “25-70%” substitute “25-90%”;
- (h) in the box, which describes CHD Indicator 3, before part CHD 3.1 (rationale), for “need be recorded only once” substitute “should be recorded at least once since diagnosis”;
- (i) in the table in the part headed “Stroke and Transient Ischaemic Attacks (TIA)”, in the first column, in the entry for Indicator STROKE 3, for “who have a record of smoking status in the last” substitute “whose notes record smoking status in the past”;
- (j) in the box, which describes Indicator STROKE 3, before the part headed “Stroke 3.1 Rationale”, for “who have a record of smoking status in the last” substitute “whose notes record smoking status in the past”;
- (k) in the part headed “Stroke 9.1 Rationale”, in the paragraph beginning “All patients who”, omit “or dipyridamole MR 200mg twice daily”;
- (l) in the part headed “Stroke 9.2 Reporting and Verification”, in the paragraph beginning “Practices should”, omit “, dipyridamole” and after “aspirin” add “updated in the last 15 months”;
- (m) in the table headed “Hypertension” before part BP 1.1 (rationale), in the entry for Indicator BP 2, after “at least once” add “since diagnosis”;
- (n) in the box, which describes Indicator PB 2, before part BP 2.1 (rationale), after “at least once” add “since diagnosis”;

- (o) in the table in the part headed “Diabetes Mellitus (Diabetes)”, in the first column, in the entry for Indicator DM 3, for “in whom there is a record of smoking status in the previous 15 months,, except those who have never smoked where smoking status should be recorded once” substitute “whose notes record smoking status in the past 15 months, except those who have never smoked where smoking status should be recorded at least once since diagnosis”;
- (p) in the box, which describes Indicator DM 3, before part DM 3.1 (rationale), for “in whom there is a record of smoking status in the previous 15 months, except those who have never smoked where smoking status should be recorded once” substitute “whose notes record smoking status in the past 15 months, except those who have never smoked where smoking status should be recorded at least once since diagnosis”;
- (q) in the table in the part headed “Chronic Obstructive Pulmonary Disease (COPD), in the first column, in the entry for Indicator COPD 4, for “in whom there is a record of smoking status in the previous 15 months” substitute “whose notes record smoking status in the past 15 months, except those who have never smoked where smoking status should be recorded at least once since diagnosis”;
- (r) in the box, which describes Indicator COPD 4, before part COPD 4.1 (rationale), ,for “in whom there is a record of smoking status in the previous 15 months” substitute “whose notes record smoking status in the past 15 months, except those who have never smoked where smoking status should be recorded at least once since diagnosis”;
- (s) in the table in the part headed “Asthma”, in the first column, in the entry for Indicator ASTHMA 4, after “at least once” add “since diagnosis”; and
- (t) in the box, which describes Indicator ASTHMA 4, before the part headed “Asthma 4.1 Rationale”, after “at least once” add “since diagnosis”.

(16) In Section 3 of Annex E of the SFE (Quality and Outcomes Framework – Organisational Indicators), in the part headed “Organisational Indicators – Medicines Management (E)”, in the table at the start of that part, which is headed “Summary of Indicators”, in the second column, opposite the entry in the first column for Medicines Indicator 3, for “on at lea Basis” substitute “on at least an annual basis”.

(17) In Section 4 of Annex E of the SFE (Quality and Outcomes Framework – Patient Experience), in the first table in that section–

- (a) beneath the heading “**PE 1 Length of Consultations**” insert the sub-heading “**30 points**”;

- (b) beneath the heading “**PE 2 Patient Surveys (1)**” insert the sub-heading “**40 points**”;
- (c) beneath the heading “**PE 3 Patient Surveys (2)**” insert the sub-heading “**15 points**”; and
- (d) beneath the heading “**PE 4 Patient Surveys (3)**” insert the sub-heading “**15 points**”.

(18) In Section 4 of Annex E of the SFE (Quality and Outcomes Framework – Patient Experience), in part PE 2.1 (practical guidance) for the paragraph from “The aim of” to “50 questionnaires back.” substitute–

“If surveys are carried out in the surgery, these should be conducted on consecutive patients. If carried out by post, adult patients should be randomly sampled.”.

(19) In paragraph G.4(d) of Annex G of the SFE (adjusted practice disease factor calculations), for “£90” substitute “£93”.

### **Amendments to the PMS Payments Directions**

3.-(1) The Personal Medical Services Agreements (Payments for Specific Purposes) Directions 2004 (“the PMS Payments Directions”) are amended as follows.

(2) In direction 2 of the PMS Payments Directions (interpretation), insert each of the following definitions at the appropriate place in the alphabetical order–

““GP registrar” has the same meaning as in Part 2 of the National Health Service (Performers Lists) Regulations 2004<sup>a</sup>.”; and  
 ““PCT” means Primary Care Trust;”.

(3) In direction 6 of the PMS Payments Directions (standard payments under the Golden Hello Scheme)–

(a) for sub-paragraph (i) in paragraph (d) substitute–

“(i) been included in the medical performers list, services list or medical list of any Health Authority or PCT, unless this was–

(aa) because of temporary arrangements made by a PCT for the provision of general medical services or the performance of primary medical services following the suspension of a doctor, or

(bb) solely related to employment as a locum or a GP registrar (or employment as both),”;

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<sup>a</sup> S.I. 2004/585.

(b) in paragraphs (d)(ii) and (d)(iii) for “(except as a locum)”, at each place where it occurs, substitute “(except as a locum or a GP registrar)”.

(4) In direction 7 of the PMS Payments Directions (which relates to an exception to the eligibility criteria in direction 6(d)), for “(except as a locum)” substitute “(except as a locum or a GP registrar)”.

(5) After direction 9 of the PMS Payments Directions, insert the following paragraph–

***“Payment of employer’s superannuation contributions in respect of Golden Hello Payments***

14.5A The amounts in the above table are net of any employer’s superannuation contributions that are payable in respect of Golden Hello Payments. Where such contributions are payable, the PCT must forward a payment to cover the amount of those contributions to the pension provider (for example, the NHS Pensions Agency), and the amount of that payment must be notified to the contractor to whom the net amount of the Golden Hello Payment is paid.”.

(6) After direction 14 of the PMS Payments Directions (which relates to payment of further payments), insert the following direction–

“14A. Subject to the following provisions of this Part, PCTs must pay to contractors, in respect of doctors who are eligible for a standard, additional or further payment under this Part, a payment to cover the amount of any employer’s national insurance contributions which are payable by the contractor in respect of that standard, additional or further payment.”.

(7) In direction 21 of the PMS Payments Directions (which relates to the amount of Flexible Career Scheme Contractor Payments), for paragraph (a) substitute the following paragraph–

“(a) to include salary, national insurance contributions and NHS Pension Scheme employer’s superannuation contributions (where these are paid by the contractor);”.

(8) In direction 26 of the PMS Payment Directions (payments in respect of educational sessions), in paragraph (a) omit the words “(to be determined in accordance with direction 22 above)”.

Signed by authority of the Secretary of State for Health

A handwritten signature in black ink, appearing to read 'R. Armstrong', with a long horizontal flourish extending to the right.

*Richard Armstrong*  
A member of the Senior Civil Service  
Department of Health

17 September 2004