



Investment in General Practice, Northern Ireland

Background Quality Report



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk



NISRA

Northern Ireland
Statistics and Research Agency

Gníomhaireacht Thuaisceart Éireann
um Staitisticí agus Taighde

Dimension	Assessment by the author
Introduction	<i>Context for the quality report.</i>
	This report assesses the quality of the annual publication of Investment in General Practice, Northern Ireland. The publication is produced by Project Support Analysis Branch (PSAB), part of Information and Analysis Directorate, Department of Health (NI). Background on the GMS Contract: In June 2003, GPs voted throughout the United Kingdom to accept a new contract for the delivery of general medical services. This contract was the culmination of protracted negotiations which had lasted for approximately 2 years and represented a landmark in the development of general practice. The new GMS Contract was introduced on 1st April 2004 across all 4 UK countries. The new contract was designed to bring about a range of improvements in primary care in providing demonstrable benefits to general practitioners, to other healthcare professionals, to the health service in general and most importantly to patients. The major changes introduced by the Contract were: • Fairer funding to remove historic anomalies in the current system, where funding had followed the GPs in post rather than the needs of patients. This was achieved through introduction of a global sum allocation distributed via a capitation based workload formula. The Contract allocates resources on a more equitable basis and allows practice flexibility as to how these are deployed from the global sum. • New mechanisms to allow practices greater flexibility to determine the range of services provided, including opting out of additional services and out-of-hours care. GPs were enabled to better manage their workload through the categorisation of services. All GMS practices have to provide essential services. Practices also provide a range of additional services and have the opportunity to increase their income further through opting in to the provision of a wider range of enhanced services. • Guaranteed levels of investment through a Minimum Practice Income Guarantee (MPIG). • Better management of chronic diseases through a new framework which provided significant rewards to practices to recognise improvements in clinical standards (Quality and Outcomes Framework). • The modernisation of practice infrastructure including premises and IT. • Improved organisational standards by rewarding practices for better record keeping and more effective communication with patients.

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	This publication reports in line with the main GMS Funding Streams: • Global Sum and Minimum Practice Income Guarantee • Quality and Outcomes Framework • Enhanced Services • Premises • Information Management and IT • Primary Care Organisation (PCO) Administered Funds • Out-of-Hours Services • Drug Reimbursement and Dispensing Fees
Relevance	<i>The degree to which the statistical product meets user needs in both coverage and content.</i> This report collates data on spend in general practice and the reimbursement for drugs dispensed in general practices in Northern Ireland to enable analysis for the latest year and to analyse a 5-year trend. The publication meets these needs. Previously, country level information from all 4 UK countries was discussed by the Technical Steering Committee (TSC), which was chaired by NHS Digital¹ and had representation from the Department of Health and Social Care, UK Health Departments, NHS England and NHS Improvement, NHS Employers and the British Medical Association (BMA). From 2003-04, NHS Digital provided a rolling five-year time series of Investment in General Practice for each UK country. As well as providing UK-level figures, the report was intended to facilitate comparison of spending across the countries. However, changes to general practice contractual arrangements in each country over recent years mean the payment categories and spending practices are no longer comparable. As a result, the Technical Steering Committee, which oversaw this series, decided that this UK-level report was no longer relevant or appropriate and have discontinued the series. From 2020, each country agreed to produce and publish its own report, with NHS Digital providing links to these reports once released. The TSC/NHS Digital series no longer met user needs in terms of comparability and so it was appropriate to discontinue the series. This new NI publication will meet needs in terms of NI trends, but it is not intended to facilitate comparisons with other UK countries. Data for the other UK countries will be published and meet the needs of each individual country without being misleading in suggesting comparability is possible. ¹ NHS Digital legally merged with NHS England on 1st February 2023. All references to NHS Digital now, or in the future, relate to NHS England. NHS England has assumed responsibility for all activities previously undertaken by NHS Digital.

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Accuracy and Reliability	<i>The proximity between an estimate and the unknown true value.</i> Figures are an accurate summary of how investment and spend in general practice in Northern Ireland has changed over time. The report draws on: (i) information from the financial reporting system of the Strategic Planning and Performance Group (SPPG) in the Department of Health* (Financial Information Monitoring System Returns - FIMS) and (ii) other data on reimbursement and remuneration for dispensing activity derived from the Family Practitioner Services Pharmacy Payments System maintained by the BSO. The data also contain some financial flows which do not reach GP Practices but contribute towards overall General Medical Services (GMS) investment. These include payments for Information Management and Technology (IM&T) and out-of-hours services. This data is also drawn from the FIMS return. PSAB carefully checks the figures and highlight any anomalies with the data suppliers. Once the figures are prepared for publication in excel format, internal quality assurance is carried out by PSAB and Primary Care Directorate, DoH. The report is drafted and the figures in tabular and chart form are inserted into the report; at this point, further internal quality assurance is carried out by PSAB to ensure the report matches the excel file. The draft report is then shared with the data suppliers for final quality assurance against the data they provided. * The regional Health & Social Care Board (HSCB) officially closed on 31 March 2022; responsibility for its functions transferred to the SPPG, DoH.
Timeliness and Punctuality	<i>Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates.</i> The NHS Digital/TSC discontinued series was published in September each year, approximately 6 months after the financial year-end. The first year of this NI-specific publication was delayed to 16 December 2020, due to the lag in time of setting up new arrangements between the data suppliers and the new report producers (PSAB). However, the release date since 2021 has been October each year. There is a financial year-end process whereby the FIMS Report is reconciled to the SPPG Final Accounts for inclusion within the DoH Annual Accounts; information from FIMS therefore cannot be used prior to that reconciliation exercise. This timescale is therefore in line with publication of Investment in General Practice taking place in October each year. Normal procedure is that twelve months advance notice of publications is given in the IAD Statistical Releases Calendar on the DoH website. This can be found on the DoH website at: https://www.health-ni.gov.uk/publications/statistical-releases-calendar

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	In the majority of cases, the target publication deadlines are met. However, in the event of a change to a pre-announced release date, the delay is announced, explained and updated regularly.
Accessibility and Clarity	<i>Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.</i> The report is accessible on the DoH Internet site via the Statistics section provided by Information and Analysis Directorate. This can be found at: https://www.health-ni.gov.uk/articles/investment-general-practice The report is self-contained without separate documentation on metadata. The Background Quality Report and 24-hour pre-release list are published alongside the statistical report online. The report is fully accessible for those using assistive technology.
Coherence and Comparability	<i>Coherence is the degree to which data that are derived from different sources or methods, but refer to the same topic, are similar. Comparability is the degree to which data can be compared over time and domain.</i> PSAB are not aware of other data sources or methods to derive GMS expenditure. The FIMS Report is reconciled to the SPPG Final Accounts which are in turn incorporated within the DoH Annual Accounts; however, the FIMS report includes additional expenditure in respect of GMS including allocations to Health and Social Care Trusts, Out-of-Hours expenditure, capital grant payments for GP premises and transformation expenditure (additional funding which formed part of the “Confidence and Supply” agreement between the Conservative Party and Democratic Unionist Party on 26 June 2017). The figures include expenditure relating to dispensing by GP practices, but not the costs of drugs dispensed by high street pharmacies. The total cost of all prescriptions dispensed in the community by community pharmacists, appliance contractors and dispensing doctors can be found in the Prescription Cost Analysis produced by the BSO. This can be found on the BSO’s website at: https://bso.hscni.net/directorates/operations/family-practitioner-services/directorates-operations-family-practitioner-services-information-unit/general-pharmaceutical-services-and-prescribing-statistics/prescription-cost-analysis/ The methodology in this report with regards the reimbursement of dispensed drugs and the cost of dispensing fees is defined as: The total dispensing costs for dispensing doctors is considered to be reimbursement for drugs (net ingredient cost) plus the cost of stock order (net ingredient cost) plus the remuneration for dispensing (fees). To be consistent with reporting in the other UK countries, total dispensing costs also include the stock order for non-dispensing doctors (both net ingredient costs of drugs and fees).

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	The data categories as presented in the report are comparable year-on-year and across the rolling 5-year period. The loss of comparability between UK countries due to differing general practice contractual arrangements has led to the TSC/NHS Digital series being discontinued. However, data for NI will be comparable between the discontinued series and this new NI series from 2009/10 onwards. In the NHS Digital release covering 2009/10 to 2013/14, Northern Ireland figures prior to 2013/14 were revised. This was due to methodology changes to how dispensing figures were calculated, to ensure consistency with the other countries. NI figures prior to 2009/10 were not revised and will therefore not be comparable.
Trade-offs between Output Quality Components	<i>Trade-offs are the extent to which different aspects of quality are balanced against each other.</i>
	None
Assessment of User Needs and Perceptions	<i>The processes for finding out about users and uses, and their views on the statistical products.</i>
	The publication will be used for a range of purposes by researchers and other users such as the NI Assembly and the DoH. PSAB will ensure that the publication remains relevant to users' needs by taking on comments and feedback regularly. User feedback is invited in this publication. Readers are provided with contact details for the relevant statistician. Regular interaction with Departmental policy colleagues, ensures their user needs are met. We also gain awareness of users of our data from ad hoc requests for information.
Performance, Cost and Respondent Burden	<i>The effectiveness, efficiency and economy of the statistical output.</i>
	The publication represents a secondary use of the data and therefore adds no additional burden on health service organisations. The data are obtained from administrative systems within Northern Ireland.
Confidentiality, Transparency and Security	<i>The procedures and policy used to ensure sound confidentiality, security and transparent practices.</i>
	Neither the financial data nor dispensing data provided by the data suppliers contains any information about individual patients. Given the nature of the information published, disclosure controls are not required but would be implemented were they judged necessary. Statisticians in PSAB receive the data from the SPPG and the BSO via the secure network. Following this, it is held on a network that is only accessible to the statisticians who need access.

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	The Code of Practice for Statistics is adhered to from data collection to publishing. DoH's 'Statistical Policy Statement on Confidentiality' can be found in the Statistics Charter at: https://www.health-ni.gov.uk/publications/doh-statistics-charter