

Survey of Primary Care Trusts

In October 2003 a two-part questionnaire was sent to all (303) primary care and care trusts (PCTs) in England by the Audit Commission and the Commission for Health Improvement. Part one of the questionnaire sought information about PCTs' arrangements for developing primary care, in particular arrangements for implementing the new GP contract, progress on redesign of care pathways and capacity to progress redesign. Part two of the questionnaire asked about PCTs' progress in implementing the Coronary Heart Disease National Service Framework. Findings from part two of the questionnaire will be published by the Commission for Health Improvement.

239 part one questionnaires were completed and returned: a simple response rate of 79 per cent. All data from the survey were self reported by PCTs. There was no difference in response rate in size, location, urban/rural or length of operation between PCTs and those that did not respond. Findings from part one of the survey are summarised below.

The Questionnaire



PCT Name

National Survey of PCTs: Shaping general practice (October 2003)

To be filled in by the GMS Implementation Lead

The questionnaire asked for data and information on how the PCT was managing to implement the new GMS contract and the extent to which the PCT was developing services in primary care as an alternative to services in secondary care. Some of the data were published in the following national reports: *Transforming primary care - the role of primary care trusts in shaping and supporting general practice* and *Quicker treatment closer to home - primary care trusts' success in redesigning care pathways*.

1. Name and job title of respondent
2. Contact e-mail address

A. Facts and figures

3. What was the resident population of the PCT at **1st April 2003**?
Number
4. Number of general practices in the PCT at **1st September 2003**
No. of practices
5. Number of general practices that provide PMS services in the PCT
Please write in 0 if none. No. of practices
6. How many practices does the PCT directly manage, i.e. where all clinical and non-clinical staff are employed by the PCT? *Please write in 0 if none.* No. of practices
- 7a. Does the PCT employ any salaried GPs? Yes
No
- If yes*
- 7b. How many WTE salaried GPs does the PCT employ? WTE
- 7c. Is the salaried GP(s) employed to work exclusively in general practice or is their time split between PCT work or some other work (such as academia or acute trust commitments) and general practice? *Please write in the WTE number for each group.*
- | | WTE |
|---|----------------------|
| General practice only | <input type="text"/> |
| General practice and other work commitments | <input type="text"/> |
- 8a. How many practices had closed lists in the PCT at **1st September 2003**?
Please write in 0 if none. Number
Don't know
- If one or more practices with closed lists*
- 8b. What proportion of your population did those practices with closed lists cover? %
9. How many patients were allocated to a GP list **by the PCT** between **1st April 2002 - 31st March 2003**? *Please write in 0 if none.* No. of patients
Don't know

10. How many practices will require the Minimum Practice Income Guarantee (MPIG)?
No. of practices
Don't know

11a. Does the PCT commission any pharmacists to support prescribing at practice-level?
Exclude pharmaceutical advisers. Yes
No

If yes

11b. How many WTE pharmacists does this include? No. of WTE pharmacists

11c. How is the pharmacist funded? Top-sliced from the prescribing budget
Employed by general practice and reimbursed through the "Red Book"
Some other way, please write in

B. Implementing the new GMS contract

12. Does the PCT have an agreed work programme to manage the implementation of the new GMS contract? Yes
No

13. How well prepared do you feel the PCT is to implement the new GMS contract in GMS practices? Where 1 is 'not at all prepared' and 5 is 'very well prepared'. Please circle a number.

1 2 3 4 5

14. How confident are you that the PCT will be ready to introduce the elements of the new contract that apply to PMS practices? Please leave blank if you have no PMS practices. Where 1 is 'not at all confident' and 5 is 'very confident'. Please circle a number.

1 2 3 4 5

15. What would you say are the three main challenges facing the PCT in implementing the new GMS contract?
Please write your answer in the box

16a. Has the PCT agreed a programme with its practices for discussing how to implement the new GMS contract? Yes
No

If yes

16b. How many practices has the PCT held discussions with on implementing the new GMS contract arrangements? All practices
Some practices
None of the practices

C. Provision of primary care services

17. Has the PCT mapped current provisions of essential, additional and enhanced services as defined in the new GMS contract? *Write in yes, no, partly.*

	All practices	Some practices	None
Essential	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enhanced	<input type="text"/>	<input type="text"/>	<input type="text"/>

18. Has the PCT planned how it wants to use its Practitioners with Special Interests (PwSIs) to deliver primary care services? *PwSIs include GPs and nurses with special interests.*

Yes

No

Does not have any PwSIs

19. How many out of hours providers are there operating in the PCT patch at the moment? *Please include the number of practices providing out of hours services.*

No. of OOH providers

20. Does the PCT know how many practices intend to opt out of providing out of hours services in April 2004?

Yes

No

21. How is the PCT planning to provide out of hours services in the future?

Providing its own services

Commissioning other OOH providers

Both of the above

Don't know

D. Quality and outcomes

22a. Does the PCT carry out systematic performance reviews with **all** its practices now?

All practices

Some practices

None of the practices

*If systematic performance reviews are only conducted at **some** but not all practices*

22b. Please explain why some practices are subject to systematic performance reviews and other practices are not. *Please write in the box below.*

23. How confident are you that the PCT will be able to monitor practice performance based on the quality and outcome framework?

Where 1 is 'not at all confident' and 5 is 'very confident'. Please circle a number.

1 2 3 4 5

E. Developing human resources and modernising infrastructure

24. Does the PCT provide any human resource services to its general practices, e.g. advising on appointment procedures and appraisals? Yes
 No

25. What proportion of GPs in the PCT have been appraised? *Please write in 0 if none.* %

26. Does the PCT provide occupational health services to its practices?
 Yes, all practice staff
 Yes, GPs only
 No

27. Has the PCT carried out a recent IM & T inventory for **all** its practices?
Please tick the appropriate box(es) No inventory

	Inventory carried out in the last 12 months	Latest inventory carried out between 2001-02	Latest inventory carried out before 2001
All practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. What proportion of practice premises have been assessed against minimum standards?
 All practice premises
 More than half
 Less than half
 None

29. What proportion of practice premises fell below the minimum standards as set out in the new GMS contract?
 All practice premises
 More than half
 Less than half
 None

30a. Has the PCT ever made a LIFT application? Yes
 No

If yes

30b. Was the LIFT application a joint bid? Yes
 No

30c. Was the LIFT application successful? Yes
 No
 Outcome not yet known

If no LIFT application has been made

30d. What have been the reasons for not applying?
 Reasons for not applying for LIFT

F. Primary care services as alternatives to secondary care

31a. How many GPwSIs provide services as an alternative to a secondary care referral, or triage referrals to secondary care (or both)? *Please exclude GPwSIs that only take referrals from their own practice.*

Number of GPwSIs

Total GPwSI sessions per month

31b. How many ESPs (e.g. nurses and physios with extended roles) provide services as an alternative to a secondary care referral, or triage referrals to secondary care (or both)? *Please exclude ESPs that only take referrals from their own practice.*

Number of ESPs

Total ESP sessions per month

32a. Please list the specialties in which GPwSI and ESP services are available in primary care. *Please tick the appropriate boxes*

Specialty name	Specialty available to all practices within the PCT, i.e. practices can refer to it		Specialty provided by other PCTs also referring to the same acute trust	
	Yes	Don't know	Yes	Don't know
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have not mentioned echocardiography above, please answer the following question

32b. Is **echocardiography** provided in primary care by GPwSIs and/ or ESPs? *Please tick the appropriate boxes*

Yes, available to all practices

No

Don't know

Echocardiography provided by other PCTs also referring to the same acute trust

33a. Are GPs able to refer patients **direct to a named consultant** in secondary care for all, some or no specialties? *Please do not include emergency/urgent cases.*

All specialties

Some specialties

None of the specialties

33b. Are GPs able to refer patients **direct to a specialty team** in secondary care for all, some or no specialties? *Please do not include emergency/urgent cases.*

All specialties

Some specialties

None of the specialties

33c. Do GPs have to refer patients via a **central referral point** in the PCT for all, some or no specialties? *Please do not include emergency/urgent cases.*

All specialties

Some specialties

None of the specialties

34a. Does the PCT have sufficient **staff numbers** to manage change projects at the primary - secondary care interface, such as redesigning care pathways?

Yes, sufficient staff available

Partly, but staff are stretched

No

34b. Does the PCT have staff with the **right skills** to manage change projects at the primary - secondary care interface, such as redesigning care pathways?

Yes

No

34c. Does the PCT have the **physical capacity** (premises) to house any new services resulting from change projects at the primary - secondary care interface, such as redesigning care pathways?

Yes, sufficient premises available

Partly, but premises are stretched

No

35. Does the PCT have GPs and other practitioners who are able (and willing) to extend their roles to provide a GPwSI and ESP service?

Yes, enough to meet PCT needs

Partly, but not enough

No

36. How much revenue funding is your PCT investing in new service developments or expansions in 2003/04?

Mental health providers £

Primary care/ community care providers £

NHS acute providers £

Non-NHS acute providers £

Total £

Thank you for your cooperation and time in completing this form.

Findings

Data are presented for those PCTs who responded to the survey. They are presented in tabular format following the format of the questionnaire. Simple statistics have been presented. This is due to non-response in some cases while the question may not be applicable in others.

A – Facts and figures

B – Implementing the new GMS contract

C – Provision of primary care services

D – Quality and outcomes

E – Developing human resources and modernising infrastructure

F – Primary care services as an alternative to secondary care

A: Facts and figures about the PCT

Table 1

Resident population within PCTs	Number
Minimum	73,000
Median	160,000
Mean	171,332
Maximum	383,111
<i>Base no</i>	<i>231</i>

Table 2a

Number of general practices within PCTs	Number
Minimum	8
Median	25
Mean	29
Maximum	96
<i>Base no</i>	<i>239</i>

Table 2b

Number of PMS practices within the PCTs	Number
Minimum	0
Median	9
Mean	11
Maximum	55
<i>Base no</i>	<i>236</i>

Table 2c

Percentage of PMS practices within the PCT	Per cent
No PMS practices	5%
Some PMS practices	94%
All PMS practices	1%
<i>Base no</i>	<i>236</i>

Table 3a

Percentage of PCTs that directly managed general practices	Per cent
No practices	58%
Some practices	42%
<i>Base no</i>	239

Table 3b

Number of practices directly managed by managed by the PCT	Number
Minimum	0
Median	1
Mean	1.8
Maximum	8
<i>Base no</i>	101

Table 4a

Percentage of PCTs that employed salaried GPs	Per cent
Yes	58%
No	42%
<i>Base no</i>	238

Table 4b

Whole time equivalent (wte) number of salaried GPs, where GPs employed by the PCT	wte
Minimum	0.5
Median	2.6
Mean	3.9
Maximum	26
<i>Base no</i>	134

Table 5

Percentage of PCTs that knew whether practices were operating closed lists	Per cent
No closed lists	32%
Some closed lists	50%
Did not know	17%
<i>Base no</i>	228

Table 6

Percentage of PCTs that allocated patients to a practice list	Per cent
No patients allocated	5%
Some patients allocated	76%
Did not know	19%
<i>Base no</i>	226

Table 7

Percentage of PCTs that knew whether general practices would require the Minimum Practice Income Guarantee (MPIG)	Per cent
No practices	<0.5%
Some practices	9%
All practices	8%
Did not know	83%
<i>Base no</i>	225

Table 8

Percentage of PCTs that ‘provided’ prescribing support for general practices	Per cent
Yes	67%
No	33%
<i>Base no</i>	237

Section B: Implementing the new GMS contract

Table 9

Percentage of PCTs that had an agreed work programme to manage implementation of new general medical services contract	Per cent
Yes	91%
No	9%
<i>Base no</i>	233

Table 10

Percentage of PCTs that felt “not at all prepared” to “very well prepared” to implement the new general medical services contract (scale of 1 to 5)	Per cent
1 = “Not at all prepared”	<1%
2	7%
3	54%
4	35%
5 = “Very well prepared”	3%
<i>Base no</i>	237

Table 11

Percentage of PCTs that felt “not at all confident” to “very confident” to introduce the elements of the new general medical services contract that applied to PMS practices (scale of 1 to 5) Left blank if there were no PMS practices within the PCT.	Per cent
1 = “Not at all confident”	2%
2	11%
3	46%
4	35%
5 = “Very confident”	6%
<i>Base no</i>	225

Table 12

Percentage of PCTs that had an agreed work programme to discuss how to implement the new general medical services contract	Per cent
Yes	76%
No	24%
<i>Base no</i>	232

Table 13

Percentage of PCTs that had held discussions with general practices on implementing new general medical services contract	Per cent
All practices	39%
Some practices	50%
None of the practices	11%
<i>Base no</i>	215

Section C: Provision of primary care service

Table 14

Percentage of PCTs that had mapped essential services as defined in the new general medical services contract	Per cent
Comprehensive (<i>all aspects in all practices</i>)	58%
Partial mapping (<i>some aspects in all practices or all aspects in some practices</i>)	33%
No mapping	9%
<i>Base no</i>	227

Table 15

Percentage of PCTs that had mapped additional services as defined in the new general medical services contract	Per cent
Comprehensive (<i>all aspects in all practices</i>)	53%
Partial mapping (<i>some aspects in all practices or all aspects in some practices</i>)	39%
No mapping	8%
<i>Base no</i>	226

Table 16

Percentage of PCTs that had mapped enhanced services as defined in the new general medical services contract	Per cent
Comprehensive (<i>all aspects in all practices</i>)	40%
Partial mapping (<i>some aspects in all practices or all aspects in some practices</i>)	49%
No mapping	11%
<i>Base no</i>	226

Table 17

Percentage of PCTs that had planned how it would use its Professionals with a Special Interest (PwSIs)	Per cent
Yes	63%
No	26%
PCT has no PwSIs	11%
<i>Base no</i>	227

Table 18

Percentage of PCTs that knew the number of practices that intended to opt out of providing out-of-hours services	Per cent
Yes	75%
No	25%
<i>Base no</i>	233

Table 19

Types of out-of-hours provision planned by the PCT	Per cent
Provide its own services	7%
Commissioning OoH providers (current and new)	48%
Combination of provision and commissioning	35%
Did not know	10%
<i>Base no</i>	239

Section D: Quality and outcomes

Table 20

Percentage of PCTs that carried out systematic performance reviews with its practices	Per cent
All practices	45%
Some practices	47%
None of the practices	8%
<i>Base no</i>	235

Table 21

Percentage of PCTs that felt “not at all confident” to “very confident” to monitor practice performance based on the quality and outcome framework (scale of 1 to 5) Left blank if there were no PMS practices within the PCT.	Per cent
1 = “Not at all confident”	<1%
2	8%
3	42%
4	40%
5 = “Very confident”	9%
<i>Base no</i>	238

Section E: Developing human resources and modernising infrastructure

Table 22

Percentage of PCTs that had carried out an IM&T inventory in the last 12 months	Per cent
Carried out in all practices	68%
Carried out in some practices	19%
Not carried out	13%
<i>Base no</i>	201

Table 23

Percentage of PCTs that provided HR services to its general practices	Per cent
Yes	72%
No	28%
<i>Base no</i>	237

Table 24

Percentage of PCTs that provided occupational health services to services to its practices	Per cent
For all practice staff	79%
For GPs only	10%
None	11%
<i>Base no</i>	231

Table 25

Percentage of PCT practice premises assessed against minimum standards as set out in the 'Red Book'	Per cent
All practice premises	76%
More than half	7%
Less than half	7%
None	9
<i>Base no</i>	225

Table 26

Percentage of PCT practice premises that will fall below minimum standards set out in the new general medical services contract	Per cent
All practice premises	0.5%
More than half	13%
Less than half	50%
None	37%
<i>Base no</i>	225

Table 27

Percentage of PCTs that had made a LIFT application	Per cent
Yes	46%
No	54%
<i>Base no</i>	236

Table 28

Percentage of PCTs that made a joint LIFT application	Per cent
Yes	85%
No	15%
<i>Base no</i>	108

Table 29

Percentage of PCTs that made a successful LIFT application	Per cent
Yes	84%
No	14%
Decision still pending	2%
<i>Base no</i>	<i>108</i>

Section F: Primary care services as an alternative to secondary care

Table 30a

Number GPs with a special interest (GPwSIs) in the PCT that provided services as an alternative to a secondary care referral, or triage referrals to secondary care (or both)	Number
Minimum	0
Median	2
Mean	3.3
Maximum	31
<i>Base no</i>	<i>226</i>

Table 30b

Number of GPwSI sessions per month providing services as an alternative to a secondary care referral, or triage referrals to secondary care (or both)	Number sessions
Minimum	1
Median	12
Mean	16.6
Maximum	129
<i>Base no (39 PCTs did not answer although GPwSIs in post)</i>	<i>139</i>

Table 31a

Number of Extended Scope Practitioners (ESPs) in the PCT that provided services as an alternative to a secondary care referral, or triage referrals to secondary care (or both)	Number
Minimum	0
Median	1
Mean	1.9
Maximum	62
<i>Base no</i>	<i>188</i>

Table 31b

Number of ESP sessions per month in the PCT providing services as an alternative to a secondary care referral, or triage referrals to secondary care (or both)	Number
Minimum	1
Median	12
Mean	28.5
Maximum	100
<i>Base no</i>	81

Table 32

Percentage of GPs able to refer patients direct to a named consultant in secondary care for all, some or no specialties, excluding emergency/urgent cases	Per cent
All specialties	43%
Some specialties	53%
None of the specialties	4%
<i>Base no</i>	227

Table 33

Percentage of GPs able to refer patients direct to a specialty team in secondary care for all, some or no specialties, excluding emergency/urgent cases	Per cent
All specialties	32%
Some specialties	63%
None of the specialties	5%
<i>Base no</i>	225

Table 34

Percentage of GPs who had to refer patients via a central referral point in the PCT for all, some or no specialties, excluding emergency/urgent cases	Per cent
All specialties	6%
Some specialties	30%
None of the specialties	64%
<i>Base no</i>	229

Table 35

Percentage of PCTs that had sufficient staff to manage change projects at the primary - secondary care interface, such as redesigning care pathways	Per cent
Yes	3%
Partly	65%
No	32%
<i>Base no</i>	234

Table 36

Percentage of PCTs that had staff with the right skills to manage change projects at the primary - secondary care interface, such as redesigning care pathways	Per cent
Yes	78%
No	22%
<i>Base no</i>	223

Table 37

Percentage of PCTs that had the physical capacity (premises) to house any new services resulting from change projects at the primary - secondary care interface, such as redesigning care pathways	Per cent
Yes	11%
Partly	60%
No	29%
<i>Base no</i>	232

Table 38

Percentage of PCTs that had GPs and other practitioners who were able (and willing) to extend their roles to provide a GPwSI and ESP service?	Per cent
Yes	26%
Partly	70%
No	4%
<i>Base no</i>	231