Health

Briefing

Transforming primary care

The role of primary care trusts in shaping and supporting general practice

The Audit Commission is an independent body responsible for ensuring that public money is spent economically, efficiently and effectively, to achieve high-quality local and national services for the public. Our work covers local government, housing, health, criminal justice and fire and rescue services.

As an independent watchdog, we provide important information on the quality of public services. As a driving force for improvement in those services, we provide practical recommendations and spread best practice. As an independent auditor, we monitor spending to ensure public services are good value for money.

This study reviews primary care trusts' (PCTs') readiness to become proactive commissioners of primary care. It aims to help PCT managers to maximise the benefits from additional planned investments in primary care and the new national contract with general practitioners (GPs) that will be implemented from April 2004. The intentions of the new contract are to improve services for patients, adequately reward GPs and improve their working lives. Extra funding of £1.9 billion for the UK is planned by 2006. There will also be more investment in practice premises, information systems and specialist services outside hospitals.

The Audit Commission visited nine PCTs across England in mid 2003 collecting evidence of PCTs' arrangements for shaping general practice and data from practices. All PCTs were asked about their readiness for their new role in a national survey in October 2003 and a survey of 2,000 practice nurses was conducted with the help of the Royal College of Nursing.

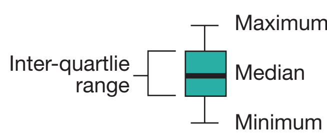
Our findings

Most PCTs were making progress to implement the new contract in late 2003, but capacity was stretched and some still lacked critical information.

- Most PCTs had agreed a work programme to implement the new contract and had taken some steps to improve their knowledge about practices, but some PCTs were ill-prepared on some issues.
- The capacity available to manage new relationships with practices varied considerably between PCTs, with finance capacity being particularly stretched.
- The Audit Commission contributed this evidence to the Department of Health and the NHS Modernisation Agency to assist them in devising implementation programmes to support PCTs.

Resources and services vary widely between general practices, with consequential wide variation in value for money. PCTs were often unaware of these differences.

- In most study sites, the best resourced practices had over twice as much income per registered patient as the least well resourced practices **(Exhibit 1)**.
- The cost per consultation varied between practices by a factor of at least two and some practices were twice as busy as others measured by the number of consultations per whole time equivalent GP.



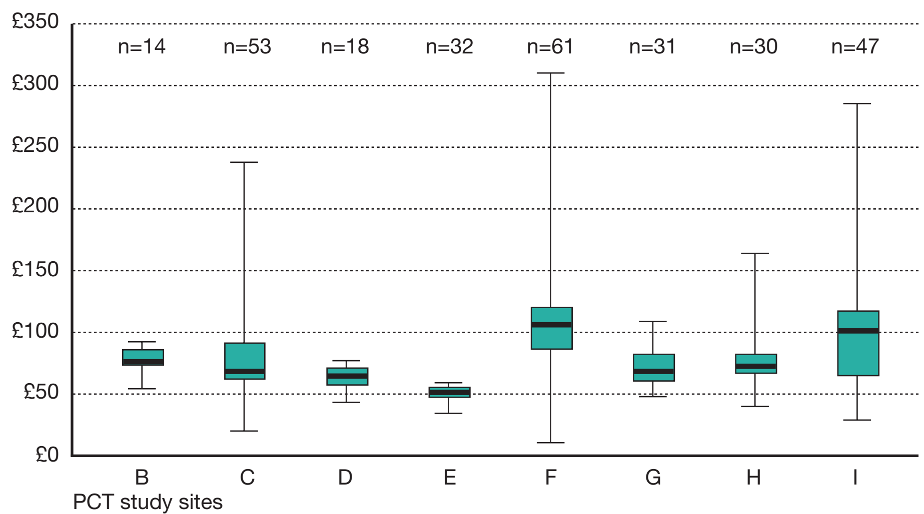
Notes:
*All income sources except premises and prescribing, i.e. Non Discretionary and Discretionary General Medical Services, Personal Medical Services and Hospital and Community Health Services. Inclusion of premises costs changes the numbers but not the extent of variation, for example median expenditure per registered patient including premises costs was £78 and £74 excluding them.

Source: *Audit Commission study sites (spring/summer 2003)*

Exhibit 1

Expenditure on general practice*

Funds available to general practices vary widely with a median of £74 and very wide variations within some PCTs per registered patient.



- Actual consultations with GPs and nurses were consistently longer than planned – an average of nearly 13 minutes compared with planned booking slots of 10 minutes – a discrepancy only partly explained by non-attendance of patients who had booked. PCTs should encourage practices to use the available incentives to improve the scheduling of appointments .
- The average ratio of whole time equivalent GPs to practice nurses was 2.4:1, with a range from 1:1 to 34.5:1; in 5 per cent of practices, practice nurses were not employed. This suggests scope for greater use of nurses in some practices.
- Proxy workload indicators such as practice population aged over 65 and number of patients per GP or practice nurse do not explain why some practices have closed lists. Reasons for list closure are often about difficulties particular to each practice and PCTs need to understand these in order to offer the most appropriate support.

Recommendations

To PCTs:

Improve the information base they use to make sound managerial decisions to tackle variations in resources and services between practices.

- PCTs must improve their understanding of the different levels of resources available to general practices and the way in which they are used, using the Audit Commission's benchmarking tool[I] or another similar one.
- This information, and information about population health needs and patients' views, should then be used to develop strategies for commissioning and supporting primary care that will raise standards and deliver equity.

Improve accountability, information and access to the public

- PCTs should seek to publish the achievements of practices in the quality and outcomes framework to support patient choice and public accountability.
- They should ensure that all practice populations have access to disease management services, according to the standards set out in the national service frameworks, commissioning such services from alternative providers where practices choose not to implement the quality and outcomes framework, or where they achieve very low standards and have no plans for improvement.

Ensure that there is sufficient capacity to proactively commission and support primary care

- PCTs should review the deployment of staff to primary care compared with other functions to ensure that sufficient capacity is available to secure the best value from primary medical services, developing shared arrangements with other PCTs where appropriate.

To local auditors:

Variation in capacity and information is an issue for local audit work

- Auditors should consider the level of PCT knowledge about general practice and capacity to implement the new contract when assessing the risks faced by each PCT and the way they are being managed.
- The management information that is routinely available to PCTs should be audited in order to ensure that they are in a position to fulfil their responsibility to provide services efficiently, effectively and economically.

To national bodies:

- The value for money and service improvement obtained through the expenditure of an additional £1.9 billion on the new primary medical services arrangements should be independently evaluated and assessed.
- The differential resourcing and provision of primary medical services between PCTs and between practices within PCTs should be addressed in implementing policies to improve choice and equity.

I Available at www.audit-commission.gov.uk/pcts

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