

QMAS Bulletin December 2008 - Guidance for PCTs and Practices

This bulletin provides an overview of changes to QMAS which come into effect on 9th February 2009 to support the quality and outcomes framework for 2008/09. It is aimed at all QMAS users at the NHS Bank, SHAs, PCTs and all GMS and PMS practices participating in the national Quality and Outcome Framework (QOF).

For all QMAS Bulletins and Guidance notes visit:

www.connectingforhealth.nhs.uk/delivery/programmes/qmas/

For QMAS training:

www.qmastraining.nhs.uk

An overview of QOF changes for 2009/10 can be found at:

<http://www.nhsemployers.org/pay-conditions/primary-890.cfm>

Guidance on the end-of-year process for PCTs and practices

Accessing QMAS

In order to carry out any of the year end activities on QMAS covered within this bulletin, users will require access to QMAS. To avoid delays at year end, organisations are asked to ensure that all appropriate staff have their own user accounts set up and in working order. For example, user accounts may become 'locked' or require 'resetting' following periods of inactivity by users.

Practice and PCT users are reminded that the QOF Lead/Support team at their PCT can unlock accounts and reset passwords. The QOF Lead/Support team should be the first point of contact for user account issues. If the PCT is unable to resolve the issue, then the issue should be raised with the QMAS helpdesk. SHA and NHS Bank users should contact the QMAS helpdesk for any user account issues.

Any communications regarding user account issues should include reference to the relevant **User Id** and **Organisation Code** (e.g. Practice NACS Code for a Practice User).



Calculation of the final achievement payment – an overview

On 2 April 2009, at the end of the QOF period, the practice's final achievement payment for the year is calculated. This calculation is based on four separate data submissions to QMAS from the practice.

1. On 1 April 2009, the practice GP clinical system will automatically submit disease register sizes to QMAS. These will be based on disease registers as at 31 March 2009 (National Prevalence Day). Please note that in line with the SFE for 2008/9, National Prevalence Day has moved from 14 February to 31 March. The intervening month can be used by practices to ensure that all data relevant to 31 March and before has been entered correctly. On 2 April, the practice list size and disease register sizes provided in this submission are used to calculate the end of year national prevalence figures.
2. The practice's clinical achievement is calculated from the March 2009 regular report that is automatically submitted on 1 April 2009.
3. The practice's non-clinical achievement is calculated from the most recent non-clinical data submission made by the practice on QMAS on the date of the calculation. **The accuracy of this data is dependent on the practice using the web entry pages on the QMAS system to ensure it reflects the current situation at the end of March 2009. Non-Clinical submissions must be completed before the national calculations runs.**
4. The practice list size. The list size that QMAS uses is provided to QMAS from the Exeter system which is managed by PCT payment agencies. The Exeter system will take a practice list size count on 1 January 2009 from individual GP clinical systems. This list size will be used to calculate Global Sum and QOF achievement payments. Please ensure that all work on your practice list size is completed before 1 January 2009.

Those practices that do not have a compliant GP clinical system able to automatically submit data to QMAS need to submit their data manually. The end of year payment calculation for these practices will be based on the clinical and national prevalence data being entered on QMAS by the practice or PCT (on behalf of the practice), using the QMAS web-forms.



Practice reviews achievement reports via QMAS

On 2 April 2009 the practice should review its final achievement report on QMAS via the 'Current and Forecast Achievement' and agree the 'Achievement Declaration'. This report will be the regular report submission for March 2009, or a variant of that report that has been adjusted by the PCT. It must be noted that payment will not be made against any interim report submitted by the practice.

What practices need to do to prepare for the end-of-year

1. Practices need to ensure that their QOF disease registers are validated and complete.
2. Between January, when list sizes are finalised, and 31 March, practices should run an interim report on QMAS to ensure that their disease registers are accurate
3. Ensure that all patient consultations up to, and including, 31 March 2009, are added to the patient record.
4. Ensure that all non-clinical indicators are updated by 31 March 2009.

QMAS determines each practice's achievement

On 2 April 2009 QMAS will calculate the end of year achievement payment values for all practices which are participating in national QOF. This calculation will include the determination of the final national disease prevalence figures, based on the National Prevalence Day submissions. These will be used in calculating the final achievement payment value.

The practice achievement declaration

When QMAS has made the achievement calculation, each practice can view and approve the details on QMAS using 'Approve Achievement'. A member of the practice will need to agree an on-line 'Achievement Declaration'. This legally binding declaration will be made to the PCT in relation to the accuracy of the practice's achievement submission. Once agreed, this submission will be sent to the PCT via QMAS.

QMAS role for Achievement Declaration

The role within QMAS called "Practice QOF Management" will allow one practice member (usually a partner of the practice – i.e. a signatory to the contract with the PCT) to approve the Year End Report on behalf of the practice and complete the achievement declaration. This is a legally binding statement.



The PCT conducts pre-payment verification

The PCT may have conducted a QOF Annual Review Visit and will have other practice knowledge from PCT-wide activities. Pre-payment verification will be undertaken by the PCT. In the vast majority of cases this will be straightforward and the PCT will approve the practice's achievement for payment. This approval will initiate the actual payment to practices via the PCT payment agency's Exeter system. The PCT will use the QMAS 'Approve Achievement for payment' function to approve and initiate the payments.

The PCT approves payment via QMAS

After the practice's end-of-year achievement payments have been calculated, the practice has approved the payment value and submitted an achievement declaration, the PCT will need to approve the payment value and initiate the actual payment via their PCT payment agency's Exeter system. The PCT will use the QMAS 'Approve Achievement for payment' function to approve and initiate the payment.

The PCT payment agency makes achievement payment

After the PCT has approved the practice's end-of-year achievement payment the payment details will be automatically passed by QMAS to its payment agency's Exeter system. For PMS Practices not paid via Exeter (i.e. where no payment records are found for a particular practice on the PMS Payment system), a report will be produced showing the gross achievement payment value, as calculated by QMAS. The PCT will then have to adjust this value 'off system', for any aspiration payments made in respect of the achievement as well as any achievement advances. PCTs need to ask their payment agency if they are using the Exeter System and the process by which practices will be paid.

Before making the payment, for all GMS practices and PMS practices paid via Exeter, the Exeter system will deduct from the payment value any previously made aspiration payments and/or any achievement advances. The PCT payment agency will initiate the actual payment.

The payment instruction will be sent to the Exeter system on the same day as the PCT approves the achievement payment value. It is then the PCT or its payment agency which will determine when the payment is made.



The practice does not agree with the practice's achievement value

If, after viewing the final achievement report, the practice does not agree with the achievement payment values calculated in QMAS then it will need to assemble evidence in support of the disagreement before entering into discussions with its PCT.

If the payment value is incorrect due to discrepancies in the data held on the practice GP clinical system then the assembled evidence might take the form of a QMAS interim report (based on the whole of the previous year) submitted after the data on the GP clinical system has been corrected. After assembling the evidence the practice will need to contact its PCT in order to review the evidence and negotiate an adjustment.

The PCT does not agree with the practice's achievement value

If, during pre-payment verification, the PCT disagrees with a practice's achievement value as calculated by QMAS, then it may choose to assemble evidence in support of its disagreement before entering into discussions with the practice. After assembling the evidence the PCT will need to contact the practice in order to review the evidence and negotiate an adjustment.

Practice/PCT review and negotiate adjustment

If either the practice and/or the PCT disagree with the practice's achievement payment value then they will need to enter into a negotiation in order to agree whether an adjustment to the payment value is appropriate.

This might involve reviewing and agreeing evidence in support of an adjustment that has been produced by the practice and/or the PCT. Where agreement is reached this might require an adjustment to the practice's clinical/non-clinical achievement data. If an adjustment is made, then a new achievement report will be generated and will need to go through the full approval process.

If, after negotiation, it is agreed that no adjustment is required, the process will return to the activity which triggered the need for the negotiation as follows:

- If the practice disagreed with the payment then it will now need to agree its achievement payment report on QMAS and submit its 'Achievement Declaration'.
- If the PCT disagreed with the payment then it will now need to approve the achievement payment report on QMAS and initiate actual payment.



Where no agreement can be reached it might be necessary to invoke local dispute resolution processes, and if these do not resolve the situation then the formal dispute resolution process. A full description of this process can be found in the December 2003 guidance.

PCT makes payment on account via Exeter

If either the PCT or practice disagrees with the practice's final achievement payment then dispute resolution activities will be required to resolve the disagreement.

If, for any reason, it becomes apparent that the dispute will cause a significant delay in payment, then the PCT can make a payment on account to the practice. If the practice is paid via the Exeter payment systems, this payment will be automatically deducted from the actual achievement payment as and when it is made. If the practice is not paid via the Exeter payment systems, the PCT will need to deduct this payment from the actual achievement payment as and when it is made.

Although a PCT may wish to make a 'payment on account' earlier, the SFE instructs that all practices will be paid by the end of June. So for June, the PCT will have to pay the element of achievement that is not in dispute whilst negotiations continue over the disputed amount.

PCT adjusted achievement submission(s)

The practice's final payment is always based on its regular March submission of clinical achievement data to QMAS and the practice's latest non-clinical achievement submission. The only means of subsequently amending either the clinical achievement or non-clinical achievement data is by the PCT amending the data on QMAS.

This activity can be triggered from a number of points within the dispute resolution process as follows:

1. Following negotiation and agreement of revised payment values between the PCT and practice.
2. Following a dispute resolution process.
3. Following a fraud investigation.

These adjustments can be made using QMAS.



Frequently Asked Questions

This section outlines the most common questions asked of the end of year process.

Who in the practice can sign the on-line achievement declaration?

It is entirely a decision for each practice to make. In most practices it will be either the senior partner or the practice/business manager.

In what way can a PCT adjust my achievement report?

A PCT can adjust the following:

- Numerator
- Denominator
- Boolean value (Yes/No)
- Points (PMS Points Deduction only)
- Practice list size (only for those list sizes NOT provided by Exeter)
- Disease register size
- Additional service target populations

Once the PCT has completed the adjustment, the end-of-year achievement is recalculated. Holistic Care Achievement will also be recalculated based upon the PCT adjustment.

We are a manual practice. What do we do for National Prevalence Day – 31 March 2009?

If you do not have an automatic feed into QMAS this data will no longer have to be entered manually via QMAS web forms and the web forms will no longer be available. Practices must make their normal year end submission and this will be used to calculate their National Prevalence figures. If a manual practice has no access to a personal computer with NHS net access they will need to ask their PCT to enter the data for them.

Is there any training available on the end of year process?

Yes. Training materials, including tutorials and user manuals, are available for practices and PCTs at the QMAS training website: www.qmastraining.nhs.uk

There are a number of other QMAS-related FAQs available on the same website at: <http://www.qmastraining.nhs.uk/qmastrain/faq.htm>

