

## **MPIG and QoF Changes for 2009**

Attached are the QoF calculator and an explanation of how the 19ths formula will operate

The extract below from the Oxon LMC minutes is also useful for those outside that county

### **MPIG and QoF Changes for 2009/10: QoF Prevalence and Square Root Formula**

Laurence Buckman's letter of 14/10/08 details the changes agreed for the GP contracts in 2009/10.

See <http://www.bma.org.uk/ap.nsf/Content/gmsconletter14Oct2008>

PHR has developed an Excel Calculator that allows practices to enter their own clinical points and prevalence using practice data that can be found at <http://www.qof.ic.nhs.uk> It calculates the likely practice loss in 1.4.09 (Square root goes) and 1.4.10 (5% cut off goes). The calculator is currently being assessed by the GPC and NHSE, before being sent to all practices in England.

PB has also analysed the prevalence of each QoF clinical performance indicator for each Oxon practice and compared it to the national average.

From this programme it looks as though the average practice will lose 9-10% of QoF income with the loss of the square root formula. Some practices will lose 45% of their QoF clinical earnings.

PB view was that as a result of the change to the square root formula the PCT will save about £600K.

PHR gave an example of a practice (high student list) earning £106K from QoF (clinical). After 2009 they will lose approximately £32.5K and this will rise to £41K with the changes in 2010.

The GPC have asked LMCs to work with PCTs to help lessen the burden on those practices that are worst affected by the changes and at risk of failing.

Colin Hobbs and GH (PCT) intend to work closely with LMC on the issue and other related matters.

LMC reps stressed the need for fairness.

University practices had a different type of workload.

The majority of the students were only in residence for half of the year, helping with practice leave arrangements during vacation time.

This benefit was not available to non-student practices.

Members asked if the LMC would be developing a fairness philosophy.

Reps from affected practices felt that if a practice loses £40K it would have to make redundancies.

They asked that the LMC and PCT develop a LES for looking after students.

PB felt some practices had an artificially low prevalence and this could be a recording problem.

That neighbouring practices can often have very different prevalences is likely to be due to coding artefact.

### **MPIG in the Future**

For an explanation of the nineteenth formula, Laurence Buckman's letter directs readers to:

[http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFgmscontractagreeme nt/\\$FILE/GMSContractAgreement.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFgmscontractagreeme nt/$FILE/GMSContractAgreement.pdf)

This document is a bit obtuse, so PHR has put this explanation into an Excel spreadsheet.

See: [www.bbolmc.co.uk](http://www.bbolmc.co.uk)

Whatever % uplift is recommended by the DDRB will be subjected to the calculator.

For 2009/10 only (ie the mechanism after this year will be subject to further negotiations), MPIG and Global sum will be handled as described in the boxes below and in the excel calculator.

Provided the DDRB does not advise a zero uplift all practices will receive an uplift to the second row below labelled MPIG (GS + CF).

The uplift in GS will be greater than the MPIG uplift so Correction Factor will be eroded.

The Government has made it clear that it will not tolerate MPIG existence in perpetuity, so this is a damage limitation exercise on behalf of the GPC.

For various DDRB uplifts the table below shows what % uplift will be applied nationally to each income stream of GPs' contracts:

	DDRB 1%	DDRB 2%	DDRB 3%
GS (7/19)	1.07%	2.13%	3.2%
MPIG (GS + CF) (2/19)	0.3%	0.61%	0.91%
QOF (5/19)	0.76%	1.52%	2.28%
ES 5/19)	0.76%	1.52%	2.28%
Locum Payments (0/19)	0%	0.00%	0%
Seniority (0/19)	0%	0.00%	0%

Across England, LMCs have received alerts of unexplained reduction to practices' MPIG (GSE).

The 2008/09 changes to Global Sum and Correction Factor were finally implemented after 1.10.08.

There has been speculation that the Exeter system is not handling the 6% OOH reductions correctly.

PHR reported that nationally he was getting opposing views on this explanation.

He asked that PMs analyse their recent MPIG payments and compare them to previous ones.

Any practice with an unexplained drop in MPIG should contact him.

Dr Paul Roblin  
CEO BBOLMC