Glossary of terms

Achievement payments
These are payments according to the practice’s achieved number of points in the quality and outcomes framework.

Additional services
These cover:
(i) cervical screening
(ii) contraceptive services
(iii) vaccinations and immunisations
(iv) child health surveillance
(v) maternity services excluding intra partum care (which will be an enhanced service)
(vi) the minor surgery procedures of curettage, cautery, cryocautery of warts and verrucae, and other skin lesions.

Aspiration payments
These will be made to practices and will constitute advance payments of a third of the point score to which a practice is aspiring in the voluntary quality and outcomes framework.

Barnett formula
The Barnett formula translates changes to certain public expenditure programmes in England (Great Britain in the case of Northern Ireland) into equivalent changes in the overall budgets of Scotland, Wales and Northern Ireland on the basis of population shares.

Carr-Hill allocation formula
This is a new GMS resource allocation formula and will provide the basis for allocating funds for global sum resources and for quality payments. It takes account of determinants of relative practice workload and costs.

Directed enhanced services
Enhanced services that are under national direction with national specifications and benchmark pricing which all PCOs must commission to cover their relevant population.

These cover support services to staff and the public in respect of the care and treatment of patients who are violent, improved access, childhood vaccinations and immunisations, influenza immunisations, quality information preparation and advanced minor surgery.

Enhanced services
These are:
(i) essential or additional services delivered to a higher specified standard, for example extended minor surgery
(ii) services not provided through essential or additional services. These might include more specialised services undertaken by GPs or nurses with special interests and allied health professionals and other services at the primary-
secondary care interface. They may also include services addressing specific local health needs or requirements, and innovative services that are being piloted and evaluated.

**Essential services**

These cover the:

(i) management of patients who are ill or believe themselves to be ill, with conditions from which recovery is generally expected, for the duration of that condition, including relevant health promotion advice and referral as appropriate, reflecting patient choice wherever practicable

(ii) general management of patients who are terminally ill

(iii) management of chronic disease in the manner determined by the practice, in discussion with the patient.

**Expert patient initiatives**

Lay-led self-management training programmes for patients with some chronic diseases, encouraging effective self-management and better use of primary care and general practice by giving them greater knowledge of their condition so that they may improve their level of self-management and also help other patients.

**Global sum**

This money paid to practices includes provision for the delivery of essential and additional services, staff costs, and locum reimbursement including for appraisal, career development, and protected time. It does not include money for various other items including: premises, IT, doctor-based payments, the equivalent of target payments, more advanced minor surgery and others.

**Greenfield sites**

An area, or areas, within a PCO that, due to a significant increase in the local population, requires the provision of new primary care services.

**Gross Investment Guarantee**

This ensures that the resources promised in this document will be delivered in aggregate. It includes money for the global sum, quality, transitional payments, premises and IT.

**Guaranteed floor**

A minimum, centrally specified amount of protected money from the PCO-controlled unified budget to ensure that there are sufficient funds for enhanced services.

**Health Service Body**

A body, such as a PCT in England, which can contract to provide NHS services under a NHS contract. It is expected that most practices would opt to become Health Service Bodies under the new GMS contract.

**Holistic care payments**

Paid to practices under the voluntary quality and outcomes framework for recognition of the breadth of achievement across the range of different clinical areas.
Independent contractor status
The method by which three quarters of all UK GPs contract with the NHS to provide services as self-employed independent contractors. (See also Salaried contractor)

Local enhanced services
Enhanced services that are developed locally. The terms and conditions of these will be discussed and agreed locally between the PCO and the practice with, if wished, the involvement of the LMC.

Market forces factor
Part of the methodology for calculating the global sum payment to practices. This factor takes into account the differential costs of the employment of practice staff throughout the UK.

National enhanced services
Enhanced services that have national specifications and benchmark pricing, but are not directed. These include intra partum care, anti-coagulant monitoring, intra-uterine contraceptive device fitting, more specialised drug and alcohol misuse services, more specialised sexual health services, more specialised depression services, multiple sclerosis, enhanced care of the terminally ill, enhanced care of the homeless, enhanced services for people with learning disabilities, immediate care and first response care and minor injury services.

NHS contract (in England)
An arrangement under which one health service body (‘the acquirer’) arranges for the provision to it by another health service body (‘the provider’) of goods or services - Section 4 of the National Health Service and Community Care Act 1990.

Patient Forum
In England, established by Section 15 of the National Health Service Reform and Health Care Professions Act 2002, inter alia, to monitor and review the range and operation of services provided by, or under arrangements made by, the Primary Care Trust for which it is established.

Patient Services Guarantee
This will ensure that patients will continue to be offered at least the range of services that they currently receive under the existing contract, particularly in the case of patients whose practice has opted out of certain additional services.

Preparation payments
Preparations payments will be made to practices to aid their implementation of the quality and outcomes framework. These payments are not conditional on achievement but they will enable practices to collect initial data to establish their current position in the framework.

Primary care performer lists
The term for the new single list that will encompass the current three separate list arrangements for GPs: the medical list for principals, the supplementary list for non-principals and the forthcoming services list for PMS providers.
**Primary care provider**

The new definition of a GMS or PMS practice. A GMS contract is with a contract between a PCO and a provider made up of one or more individuals, at least one of whom must be a GP, who act on their own behalf in their beneficial interest and not as representatives of commercial bodies.

**Remedial notice**

The notice served by the PCO on a provider concerning the action to be taken, where the PCO believes that a provider has failed to perform a service or is otherwise in breach of the contract. This would include failure to meet minimum standards in accordance with the provisions in the contract.

**Quality practice payment**

Paid to practices in recognition of the breadth of achievement across the organisational, additional services and patient experience domains of the quality and outcomes framework.

**Salaried contractor**

A GP who is employed by either a PCO or a practice under a nationally agreed model contract, with a salary within a range set by the Review Body.

**Strategic Service Development Plan**

The proposals containing the strategic plans of PCOs for health service development and capital investment, including the plans for premises development and enhanced services.

**Transition scheme/transitional protection**

The funding arrangements designed to ensure that no practice loses out financially under the new funding formula. Transitional protection will apply from 2004 on a practice basis.

**UK tariff**

The nationally agreed percentage of a practice’s global sum if it chooses to opt out of additional services, or out-of-hours.

**Unified budget**

The discretionary health service budget allocated to PCOs centrally. This is separate from the global sum allocated to practices and quality payments, which are non-discretionary.