Family practitioner committee records — a neglected resource. 1. An information service for general practitioners based on claims for fees

CONRAD M. HARRIS, MEd, FRCGP
Senior Lecturer, Department of General Practice, St Mary's Hospital Medical School, London

FRANCES HANSON, BA
Research Assistant, Department of General Practice, St Mary's Hospital Medical School, London

SUMMARY. Data held by a London family practitioner committee for the purpose of paying general practitioners' capitation and item of service fees were analysed every quarter for one year to provide an information service for general practices in the area. Each practice received a quarterly printout showing the age structure of its patient population, the numbers of new registrations and removals and data about items of service. These were expressed as rates which could be compared with those of the area as a whole, and with the highest and lowest rates found in individual practices. A survey at the end of the year showed that the service was welcomed and found useful by the practices. A fully computerized family practitioner committee could provide a similar service without great difficulty, and could make it more informative by linking items of service to specific age groups; data about prescribing and use of hospital and district services could also be incorporated when the relevant agencies are fully computerized too.

Introduction

IN processing claims for fees, allowances and reimbursements, family practitioner committees (FPCs) amass a mountain of information about general practitioners' activities, but this is rarely used for other purposes. Apart from the periodic revelation that 105% of the population is registered for general medical services, the sole use we have found at a national level for these FPC data is in the Chief Medical Officer's annual report *On the state of the public health* which gives statistics on family planning services and the immunization of children. The contribution made by general practitioners is derived from the accounts which each FPC presents annually to the Department of Health and Social Security (DHSS). As for research, two published studies about night visits quote the overall figures of their FPC areas,[1,2] but in general no advantage has been taken of these widely available sources of data.

Before 1974 most executive councils, as the FPCs were then known, used to publish local statistics, but few FPCs have carried on the tradition. The 1984 Health and Social Security Act has given FPCs the status of autonomous health authorities and imposes on them the responsibility of producing 'profile and strategy statements' on which policies will be based,[3] but it is not yet clear what sort of information these statements will incorporate.

© *Journal of the Royal College of General Practitioners,* 1986, 36, 111-113.

In a series of three papers some of the uses to which FPC data can be put will be demonstrated. This first paper describes an information service provided for the practices of one area; the second paper, to be published in the April issue of the *Journal,* will analyse selected figures to draw an area profile; while the third paper, to be published in the May *Journal,* shows the surprising results of comparing three inner city areas.

The information service

While general practitioners are increasingly urged to subject their work to audit it is often forgotten that some of their activities are already being counted, and if the figures were fed back in a suitable form they would provide a valuable supplement to those which practices collect for themselves.

Once a year every principal in general practice is sent a form (PD2) with data about one month's prescriptions; in Britain the PD2 gives far too little detail to provoke constructive thought, though doctors in Northern Ireland are more fortunate in receiving more detailed information. The much fuller PD8 analyses which were briefly advertised in 1979 provoked an unexpectedly large demand and showed that more detail would be welcomed, but the Prescription Pricing Authority has so far been unable to provide such analyses on an adequate scale. The Department of General Practice at St Mary's Hospital Medical School has demonstrated that PD8 data presented in an easily digested form are greatly appreciated by general practitioners and encourage them to change their prescribing habits.[4,5]

Each quarter FPCs send their general practitioners statements giving details of all payments of capitation and item of service fees, along with some of the figures on which these are based; unlike PD2 analyses they offer no comparisons with other practices to put the figures into perspective. The aim of this study was to see if general practitioners would find it valuable to have set before them their practice figures on which the payments were based, with some indication of how their practice compared with others in the same FPC area.

As the FPCs do not order their data with this purpose in mind certain practical problems were encountered in making the analyses, and these are outlined below.

The problems

1. The information that can be analysed is limited to claims submitted for payment which have been accepted by the FPC according to the rules of the *Statement of fees and allowances.* Failure to claim and faulty claims reduce the value of the analyses.

2. An FPC pays the doctors for which it is responsible the capitation fees for all their registered patients, but item of service fees are paid only for those patients who live in the FPC area. It is therefore necessary to restrict the analyses to fees relating to resident patients earned by 'responsible' doctors.

3. Different types of claim are counted on different dates within the FPC, so that quarterly payments may cover different periods for each type of claim and never correspond with the work performed in the quarter just ended.

EXPERIMENTAL INFORMATION SERVICE JAN–MAR 1985

THIS IS THE FOURTH OF FOUR QUARTERLY TABLES PREPARED FROM INFORMATION COLLECTED ROUTINELY BY KENSINGTON, CHELSEA & WESTMINSTER FPC IN ORDER TO PAY THE GENERAL PRACTITIONERS WITH WHOM IT IS IN CONTRACT.
PLEASE NOTE THE FOLLOWING POINTS:

1. THE FIGURES SHOWN ARE BASED ON CLAIMS SUBMITTED AND MAY NOT REFLECT ACCURATELY WHAT A PRACTICE HAS ACTUALLY DONE
2. PRACTICES WITH FEWER THAN 500 PATIENTS REGISTERED WITH KCW HAVE BEEN OMITTED FROM ALL THE ANALYSES
3. MATERNITY AND IMMUNISATION FIGURES ARE PRESENTED IN TERMS OF MONEY – ANALYSIS BY ITEM OF SERVICE WOULD BE TOO COMPLICATED
4. PATIENT NUMBERS ARE AS AT 1.1.85. TEMPORARY RESIDENT NUMBERS ARE THOSE OF THE PREVIOUS QUARTER, IE OCT-DEC.
NIGHT VISITS, CERVICAL SMEARS, EMERGENCY TREATMENTS, IMMUNISATIONS AND MATERNITY SERVICES COVER CLAIMS FOR ANY PERIOD, COUNTED BETWEEN MID-NOV AND MID-FEB

THE FOLLOWING FIGURES RELATE ONLY TO YOUR 2353 KCW PATIENTS – 87.4% OF ALL PATIENTS REGISTERED WITH YOUR PRACTICE

	PRACTICE TOTAL	YOUR PRACTICE	AREA AVERAGE	HIGHEST PRACTICE	LOWEST PRACTICE
		PERCENTAGE OF REGISTERED PATIENTS			
AGE <65	1899	80.7	85.5	98.4	63.9
AGE 65–74	258	11.0	7.7	17.6	1.1
AGE 75+	196	8.3	6.8	18.5	0.5
ONS	42	1.8	3.8	20.3	0.0
OFFS	61	2.6	3.9	31.6	0.3
		PER 1000 REGISTERED PATIENTS			
TRs TWO WEEKS	4	1.7	3.0	15.6	0.0
TRs THREE MONTHS	23	9.8	14.6	118.9	0.0
NIGHT VISITS	9	3.8	1.5	6.9	0.0
EMERGENCY TR.	0	0.0	0.9	51.6	0.0
£ PAID FOR ALL IMMUNISATIONS	24	10.2	22.9	219.3	0.0
		PER 1000 REGISTERED PATIENTS AGED <65			
CONTRACEPTIVE ADVICE	82	43.2	55.8	209.0	0.0
IUDs	0	0.0	2.6	28.4	0.0
CERVICAL SMEARS	0	0.0	1.0	11.5	0.0
£ PAID FOR ALL MATERNITY SERVICES	339	178.5	77.2	466.6	0.0

Figure 1. *Sample print-out for one of the practices participating in the scheme for the quarter January–March 1985.*

4. The fees for some services are more complicated than others: those for contraceptive advice and coil insertions are spread over four quarters; immunizations and maternity services are divided into many categories; and the regulations about which cervical smears are deemed to be items of service are notoriously misunderstood by doctors.

5. The registration section of the FPC works with gross figures which relate to the patients actually on a doctor's list; the finance section works with net figures which relate to the payments made after allowing for any necessary adjustments. For research purposes the gross figures would usually be more appropriate, but for a feedback service the net figures will be less liable to cause confusion.

Method

In July 1984 one of the authors (C.M.H.) attended a meeting of Kensington, Chelsea and Westminster Local Medical Committee and offered to provide practices with a confidential quarterly information service based on doctors' claims for fees. The data would be processed in the department of general practice at no cost to either the Local Medical Committee or the FPC. An agreement was reached that this would be done as an experiment for a year, the analyses being distributed by the FPC, and that the practices would be asked at the end of that time how valuable they had found the service to be. The administrator of the FPC readily agreed to cooperate.

Shortly after the end of each quarter the net figures on which each practice's capitation fees and item of service fees were based were extracted from the records of the finance section of the FPC; only the numbers of patients newly registered or removed from lists were obtained from the registration section. This took four working days for one person to complete.

Analyses were performed for 'responsible' practices with 500 or more patients registered with Kensington, Chelsea and Westminster FPC. For each practice the percentages of resident patients in three age groups (under 65 years, 65–74 years and 75 years or over) were calculated and new registrations, removals and all items of service were expressed as rates per 1000 registered patients. Certain special provisions were made: to avoid the complication of numerous sub-headings the rates for immunizations and maternity services were expressed as £ per 1000 patients; and because of the considerable variation between practices in the proportion of elderly patients registered the practice population aged under 65 years was used as the baseline for cervical cytology, contraceptive advice, coil insertions and maternity services.

For each heading the mean rate for the area and the rates of the highest and lowest practices were given, and on every print-out a brief reminder was included of the limitations of the data. Figure 1 shows a sample print-out for one practice in the last quarter of the experiment.

All the data were kept in complete confidence throughout the year and the only print-outs made were those which were sent out to the practices.

A brief questionnaire was appended to the print-out for the last quarter, but no reminders were sent to non-responding practices. As well as leaving room for comments about content and format the questionnaire asked four questions:

1. Did you find the information interesting?
2. Was it useful in reviewing the practice organization?
3. Was it useful for financial reasons?
4. Would you like it to continue if possible?

Results

The numbers of practices sent print-outs for the four quarters were 135, 135, 135 and 133 respectively, starting with the April–June 1984 quarter.

Occasional comments and suggestions were received from the doctors during the year, and one practice invited the authors to a lunchtime meeting to discuss the implications of its figures.

Replies to the questionnaire were received from 73 practices (55% response rate) within a month, as set out in Table 1. For an unsolicited postal enquiry with no stamped return envelope and no reminders this is a good response. One reply consisted of abusive remarks, but many doctors stated that the service was very valuable. Three suggested that a six-monthly or annual print-out would suffice, while a few asked for the inclusion of information we did not have, such as the number of patients aged under five years. There were several expressions of incredulity at some of the 'highest practice' rates quoted.

Table 1. End of year questionnaire: responses of practices according to size of partnership.

	Number of practices				
	Single-handed	Two partners	Three partners	Four and more partners	Total
Questionnaires sent out	85	31	10	7	133
Replies received	45	16	7	5	73
The information service:					
Was interesting	44	16	7	5	72
Was useful for practice organization	24	9	5	4	42
Was useful for financial reasons	28	9	6	5	48
Should continue	37	11	7	5	60

A short report about the experiment and the response to the questionnaire was presented to the Local Medical Committee in September 1985.

Discussion

Though the FPC routinely provides general practitioners with some information about their lists, temporary residents and contraceptive claims, our information service was undoubtedly appreciated, with 82% of the responding practices (45% of the total) wanting it to continue. Neither the Local Medical Committee nor the FPC, however, had funds from which to pay for this when the experiment came to an end.

The method used for presenting the area figures for comparison was not entirely satisfactory. It worked well where the range was not too great and the distribution reasonably normal, as with the age group percentages, but it was less satisfactory where the distribution was highly skewed. The most extreme example of this occurred with emergency treatments; though these were uncommon in most practices, one practice in the heart of London's West End had such high rates that the mean value had little meaning. Some kind of graphic presentation, showing the percentages of practices falling into different ranges, might have expressed the situation more helpfully.

Though the print-outs clearly provoked thought and discussion in many practices we do not know if they stimulated any changes in the policies or organization of practices. The authors' previous experience with the feedback of prescribing data suggests that meetings at which doctors can discuss their own data with colleagues from other practices are effective in motivating change, and some activity along these lines would accord well with the 'quality initiatives' that are being proposed by the Royal College of General Practitioners and other bodies. The purpose of this experiment was to provide practices with the kind of information which would help them to make their own decisions.

A fully computerized FPC could provide a much more sophisticated service than this one, linking a practice's claim rates to appropriate age and sex groups of its patients. When the Prescription Pricing Authority, hospitals and district health authorities are also fully computerized, further data will be available to enrich the feedback. Though much of a general practitioner's work cannot be reduced to figures, it seems sensible to use whatever information does exist in a thorough and imaginative way.

References

1. Hobday PJ. Night workload in one health district. *Br Med J* 1985; **290:** 607-611.
2. Sheldon MG, Harris SJ. Use of deputising services and night visit rates in general practices. *Br Med J* 1984; **289:** 474-476.
3. Ellis N. Family practitioner committee independence: what will it mean? *Br Med J* 1985; **290:** 607-611.
4. Harris CM, Jarman B, Woodman E, White P. *Prescribing - a suitable case for treatment. Occasional paper 24.* London: Royal College of General Practitioners, 1984.
5. Harris CM, Fry J, Jarman B, Woodman E. Prescribing — a case for prolonged treatment. *J R Coll Gen Pract* 1985; **35:** 284-287.

Acknowledgements

We thank the Kensington, Chelsea and Westminster Local Medical Committee for allowing us to work with confidential data and Leon Screene and his staff at the FPC for their ready cooperation at all times.

Address for correspondence

Professor C.M. Harris, Department of General Practice, Clinical Sciences Building, St James's Hospital, Leeds LS9 7TF.

Management Appreciation Programme

FOR

General Practitioners and Practice Managers

As part of a developing service on management, the Royal College of General Practitioners is pleased to offer a series of two-day MANAGEMENT APPRECIATION COURSES for general practitioners and their senior practice staff. These events will be held at 14/15 Princes Gate, where overnight accommodation is available if required.

The Course leader is Mrs June Huntington, Fellow in Organizational and Professional Studies at the Kings Fund College. The programme director is Mrs Sally Fountain, General Administrator of the Royal College of General Practitioners.

The Course aims are:

- To alert course members to changes in the nature of general practice as an organization and the corresponding need for more effective management.
- To clarify the management task and its relationship to better patient care.
- To explore in depth four specific areas of management in general practice — the management of self, others, the organization and meetings.
- To enhance the competence and confidence of course members in these aspects of practice management.

The cost of the course for members and their staff is £140 (inclusive of Friday's accommodation). For those not requiring overnight accommodation, the cost is £115. For non-members, the course fee is £160 inclusive of Friday's residential accommodation, and £135 exclusive. The fees include all meals, refreshments and extensive course notes. If further accommodation is required, an additional charge will be made.

These courses are zero-rated. Under paragraph 52.9 (b) of the Statement of Fees and Allowances practice staff attending the courses may be eligible for 70% reimbursement. Staff should confirm eligibility for reimbursement with their FPC.

The dates for forthcoming courses are as follows:

29–30 August 1986 course number MA5
10–11 October 1986 course number MA6
7–8 November 1986 course number MA7
19–20 December 1986 course number MA8

A follow-up RCGP/ICI Pharmaceuticals (UK) management consultancy advice service generously sponsored by ICI Pharmaceuticals (UK) for delegates on return to their practices will be available for a small additional fee.

Application forms and further details are available from: The Information Service, The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Tel: 01-581 3232.