

One in five GP practices are underperforming

13 January 2011 | By [Dave West](#)

Nearly one in five GP practices are underperforming across a significant number of quality and performance measures, according to HSJ analysis.

The finding, from one of the first attempts to collect such information, has sparked warnings about the confused responsibility for monitoring and improving primary care under the government's [commissioning](#) proposals.

The findings are based on an analysis of primary care trusts' own GP performance scorecards, which rate practices red, amber or green on a range of priority quality indicators. Very few are made public but they were supplied to HSJ on request.

Forty-three of the 110 PCTs that responded said they produced a scorecard. Twenty-three PCTs provided useable information for the analysis, covering approximately 15 per cent of the 8,500 practices in England. Of those, 241 practices (19 per cent) were rated red on more than a third of their indicators.

PCTs use different indicators - all agreed with their local medical committee - depending on their priorities. They also use different thresholds to define a "red" rating, so direct comparisons cannot be made between areas and practices.

[See list of practices rated red on more than a third of measures](#)

Commonly used indicators include the proportion of a practice's patients reporting they can get appointments easily in the GP patient survey; the proportion of its eligible population receiving relevant immunisations; success identifying and monitoring patients with serious long term conditions; and the rate of [accident and emergency](#) attendances or admissions among their patients.

Other widely used performance indicators include measures from the quality and outcomes framework used nationally to reward [GPs](#) with performance-related bonuses; screening uptake; and the use of generic rather than branded drugs.

[King's Fund](#) policy director Anna Dixon said there may be good reasons for some poor performance, for example a deprived practice population.

However, she said: "This shows a lot of variation and at least some of those at the low end probably fall below what is acceptable. These need to be looked at more carefully and, if there are problems, they need to be addressed."

Ms Dixon said the present lack of clarity about who would be responsible for commissioning services from GP practices could exacerbate the problem.

The government has said it will give the “formal responsibility” to the NHS Commissioning Board, but consortia

will have “an explicit duty” to support the board, and “a systematic role in helping to [monitor](#), benchmark and improve” GPs.

Ms Dixon said the King’s Fund’s inquiry into primary care quality, which will report in the spring, had found many PCTs had little success in improving GP quality, and “the commissioning board would probably find it more difficult than PCTs”, because it would be more distant.

She said the government should make it clear consortia will be expected to take the lead. “It wouldn’t be a good thing to delay on that,” she said.

Others fear GPs holding each other to account could stifle early development of consortia.

NHS Alliance chair Michael Dixon said: “In their initial stages at least, consortia should focus on developing trust, goodwill and a common mission.”

Royal College of GPs chair Clare Gerada told HSJ the analysis was limited as measures often did not fully reflect GP performance.

She said: “On the whole they [the scorecards] give a crude analysis of how a practice is performing and need to be understood in the context. For example, some balanced scorecards include referral data and attendances at A&E and these can be affected by factors other than GP performance.”

Dr Gerada said: “What we should be aiming for is practices to be accountable for continuous improvement and to engage in a developmental programme, such as RCGP practice accreditation.”

The analysis appears to show GP quality benchmarking and transparency is underdeveloped in many areas.

Nearly a third of respondents - 34 PCTs - said they did not produce a scorecard or anything similar. A further 30 PCTs planned to. Of the 12 which gave a reason for not benchmarking, eight said practices or local medical committees had not agreed. Of the 43 PCTs producing scorecards, only six were made available to the public.

In a later statement, a Department of Health spokeswoman said: “We recognise that there are currently variations in the quality of primary care across the country, and we will address that by introducing an explicit legal duty for all GP consortia to support the NHS commissioning board in continuously improving the quality of primary medical care services.

“As set out in the NHS white paper, the government intends to establish an independent and fully accountable NHS commissioning board responsible for commissioning primary medical care services. The board will support development of the new commissioning system and focus on delivering outcomes for patients that are among the best in the world.

“In addition, from April 2012 primary medical care providers will be brought into the new Care Quality Commission registration system. The government is strengthening the role of the CQC further so that it becomes a more effective quality inspectorate which will be able to take tougher enforcement action where requirements are not met.”