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A cross-sectional study evaluating the predictive value of general practice funding and primary care outcomes in England

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Background & Aim: Studies of the role of financial incentives in primary care in England have focussed primarily on the Quality and Outcomes Framework (QOF); the impact of broader aspects of practice funding on performance has not been examined. In early 2015, detailed primary care financial data were released. We aimed to explore the relationship between non-QOF NHS payments made to general practices in England and primary care performance.

Methods: Practice funding data were extracted from the National Health Applications and Infrastructure Services. We confined our analysis to practices with GMS contracts (n = 4338); data were not available for the locally determined contracts used by PMS practices. We constructed regression models to explore the relationship between practice funding ('global sum' plus 'MPIG') and QOF outcomes, secondary care usage (attendance rates per 1000 registered patients) and patient satisfaction (% satisfaction, based on responses to the General Practice Patient Survey, (GPPS)), adjusting for practice and demographic variables.

Results: The median funding per patient was £67.74 (5th centile: £59.83; 95th centile: £81.12). Higher funding per patient was significantly associated with lower emergency admissions (B, -0.23), lower admissions for Ambulatory Care Sensitive Conditions (ACSCs) (B, -0.03), and lower Accident and Emergency attendances (B, -0.67). Higher funding per patient was positively associated with overall patient experience, (B, 0.1), ease of access (B, 0.1), nurse domain questions (B, 0.5) and doctor domain questions (B, 0.2).

Discussion: Higher levels of practice funding received by GMS practices for the provision of 'essential services' were associated with lower secondary care usage and higher reported patient satisfaction. We found no association between higher funding and QOF performance, possibly because this is incentivised through separate funding. Our findings support the argument for investment in primary care. Further data will allow us to present findings concerning Out Patient attendance rates.