GENERAL MEDICAL SERVICES CONTRACT

Obesity and Primary Care

Primary care is ideally placed to tackle the increasing burden of obesity. More than 90% of patient contact with the NHS is in primary care. Primary care, therefore, has a particularly important role in the prevention and management of obesity. Yet, despite the unequivocal evidence of the cost of NOT funding obesity strategies (£2.5 billion to the NHS in England by 2010[1]), healthcare professionals working within the NHS do not have sufficient resources to treat obesity adequately. The **Action for Obesity Resources Campaign** is particularly concerned about the lack of focus on prevention and structured management of overweight and obese individuals in primary care and the knock-on effects this has on society. Obesity, as a disease, and as a socio-economic issue, has widespread ramifications, not just for the health service, but also for industry, education and government.

What is the GMS contract?

The General Medical Services contract governs the provision of primary care services in the UK and is commonly known as the GMS contract. Under the contract, primary care service provision is measured against a Quality and Outcomes Framework (QOF). There is a national framework; alternatively Primary Care Trusts can adopt local policies provided they fall within set criteria. Primary Care providers' services are measured in points, up to a maximum of 1,050. Each point is worth between £77 and £124 in terms of income for individual practices.

Obesity and the GMS contract

Weight management services are not mentioned as an additional service in the current GMS contract. Similarly, obesity does not appear as a clinical domain in its own right. However, obesity is widely recognised as a

contributory factor for many of the conditions which ARE listed in the QOF, such as coronary heart disease, diabetes, stroke and hypertension.

Unfortunately, currently the QOF devotes just three points to obesity in the form of the measurement of body mass index in patients with diabetes.

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[1] National Audit Office, Tackling Obesity in England, 2000

The current contract review

The GMS contract, together with the QOF, is in the course of being reviewed and renegotiated. A revised version will take effect from April 2006.

It was envisaged from the outset that the QOF would have to be reviewed and updated in the light of changes to evidence base, advances in healthcare, changes in legislation or regulation and the need for further clarity, or to include new, evidence-based areas. The document *Delivering Investment in General Practice* (December 2003) published by the Department of Health, made clear that an independent UK-wide expert group would be established to oversee this process.

The remit of the group is to consider all aspects of the QOF, including whether existing indicators should be amended and whether new indicators should be included. To what extent new indicators can be added will depend on appropriate resources being made available to fund such extra work. Counteracting any proposals for change is of course the need to balance changes to the QOF with stability for practices.

As such, the Action for Obesity Resources Campaign is calling for obesity to be properly represented in the QOF of the GMS Contract. The Campaign believes that there should be between 30-40 QOF points devoted to obesity in the context of cardiovascular risk management, including measuring waist circumference (a more accurate predictor of risk than BMI[2]) and recording, registering and assessing obese patients and offering weight management advice.

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[2] Lean MEJ et al. Lancet; 1998; 351:853-6