



## **Raw patient list size (number of registered patients)**

The number of patients registered with the practice. The number as at Quarter 2 end, in the financial year, or otherwise the last available figure (Q1, Q3 or Q4) where a practice has opened or closed during the financial year.

*(Source: NHS payments to general practice)*

## **Practice weighted population**

The practice population following the application of the [Carr-Hill global sum allocation formula](#).

The global sum allocation formula is designed to ensure that resources are directed to practices based on an estimate of their patient workload and unavoidable practice costs. It includes an assessment of the drivers of workload at GP practice level and an adjustment for GP practices experiencing different “unavoidable costs” for meeting the same workload. Each adjustment within the formula generates a separate practice index, comparing the practice score on the adjustment to the national average. The indices are then simultaneously applied to the practice list to produce a practice weighted population. This is calculated quarterly.

*(Source: BMA)*

## **Capitated payments**

Capitated payment, or capitation, means paying a provider or group of providers to cover the majority (or all) of the care provided to a specified population across different care settings. The regular payments are calculated as a lump sum per patient.

*(Source: NHS – finance and payment approach for ACOs)*

## **Activity based payments**

Payments made according to activity performed (eg, immunisations).

## **Outcomes based payments**

A mechanism where all or part of the payment depends on the provider achieving outcomes specified by the commissioner. Providers may, to a greater or lesser extent, be free to choose the interventions needed to secure the desired outcomes.

*(Source: National Audit Office)*



## Global sum

The GMS (general medical services) global sum formula ([the Carr-Hill formula](#)) distributes the core funding (global sum) to general practices for essential (and some additional) services. Payments are made according to the needs of a practice's patients and the cost of providing primary care services. The formula takes into account issues such as age and deprivation.

The formula for calculating the global sum is included in the Statement of Financial Entitlements (SFE).

Payments are made to practices according to the needs of their patients and the costs of providing primary care services, and are calculated using the [Carr-Hill formula](#). These services are defined as "essential" and "additional" services in the contract and are listed below.

Practices are required to provide these essential services:

- management of patients who are ill or believe themselves to be ill with conditions from which recovery is generally expected
- general management of patients who are terminally ill
- management of chronic disease.

Practices have a preferential right to provide additional services, and normally do. The services cover:

- cervical screening
- contraceptive services
- vaccinations and immunisations
- child health surveillance
- maternity services
- minor surgery services.

*(Source: NHS employers)*