

Secretary's Newsletter May 2005

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What PCTs don't tell you.

I try to obtain and read what all PCTs send to their practices. One theme emerging recently is the vague portrayal of some PCT requests of practices as being obligatory. This comment applies particularly to IT (access to the NHS spine) and choose & book sign up. These communications may occasionally come from the PEC. It surprises me that GP representatives on these committees sometimes fail to insist that this is made clear in the documents issued on their behalf. The LMC do not wish practices to be seen as luddite, but where a request feels burdensome, under funded or just wrong, it may be worth contacting the LMC office for guidance on how to respond.

QOF Achievement

Informal feedback from most practices suggests that they are pleased with their QOF points total and the income that should result. PCTs have varied in what they have queried as part of prepayment verification. Some have visited

practices deemed to be outliers for exception reporting. Others have requested irritating late alterations to organisational domain documents, despite apparently passing these at the QOF visit. Where disputed areas are still to be resolved, PCTs have tended to pay practices on account pending further discussions. The LMC office is happy to help in this process. Please contact us if needed.

At present, the LMC does not have summary information from PCTs or the Thames Valley Strategic Health Authority about the range of achievement. Reports in the GP Magazines suggest this information will be put on an NHS website within a few months. I will give you more details as I receive them.

Post Payment Verification QOF

The QOF payments will be a focus for the PCT auditors. There will be a check on 5% of practices in a PCT on an annual basis. This amounts to approximately 1 practice visit per small pct and 2 for the larger PCTs e.g. Reading, Oxford City. The checks will take place in the near future and practices will be given adequate notice. It has been agreed that in Oxfordshire and Berkshire the TVPCA will oversee the process and in Buckinghamshire, CEAC will provide the management of the process. A manager from these organisations will carry out the check in conjunction with a clinician who will come from out of your PCT area.

Practice Based Commissioning (PBC)

Extracting practical details from PCTs has been difficult. Responses often seem vague and PCT enthusiasm and momentum varies. Most are now about to send practices their historical referral activity data for 03/04. Provided the year is representative, it could be used both to predict future referral activity and to calculate indicative practice budgets.

Remember activity x price (tariff) = cost.

However, most PCTs would blow their budget if they allocated each PBC unit the arithmetic cost. Expect only a proportion of this to be offered and analyse it carefully for savings opportunities (efficiency gains). If realised these could be channelled back into patient services (e.g. premises).

By all accounts activity data is riddled with errors, often relating to miscoding. One quick financial win could therefore be to recode all expensive past activity as cheaper future activity.

It's a shame that the NHS rely solely on provider units for activity coding, counting and invoicing. Commissioners would be better motivated to get it right. Could we learn something from the way fundholders dealt with this problem, even if it incurs expense?

Many practices will be concerned about administration costs. GPs helping to re-design patient pathways or develop alternative provision will need payment if their surgeries are to be covered when they attend meetings or write plans. This funding should be paid upfront out of PCT funds and reclaimed at year end from any savings made. Across the Thames Valley it is suggested that the pot for this should be either 0.25% of the PBC budget or 78p per patient. Each PCT may do it slightly differently.

Choose & Book (C&B)

Not all PCTs have acted vigorously to John Reid's inducement of PCTs receiving £6,000 per average practice if they achieve 30% sign up to C&B by June 2005.

If approached remember sign up is a condition of PBC but otherwise C&B is voluntary and not part of a GPs contractual obligations. I would advise all practices to be clear when committing themselves on what obligations they are put under. It would seem sensible to ask your PCT for this in writing and gain clarification on any vague wording.

Please ask the LMC office for help as you see fit.

Enhanced Services (ES)

PCTs are currently trying to finalise their 04/05 ES spend spreadsheets. Some unexpected underspends against floor are appearing. The DoH has suggested that PCTs seek LMC approval to roll this forward into 05/06 as an addition to the 05/06 floor. This has been contentious. Many PCTs developed the ES specs late, and because such contracting was new tended to under price the services. As a goodwill measure, practices and local LMCs tended to accept this. Now that affordability is better understood many feel that under spends could be distributed to practices pro-rata as part of a late in-year re-pricing. PCTs seem reluctant to consider this, preferring to roll over under spends into 05/06 as a non recurrent ES. Several LMC representatives have commented that this means practices would then be earning the money twice and are understandably resentful.

GP views would be appreciated.

Enhanced Services 05/06 Plans

PCTs have varied in the quality of their preparation for 05/06. What characterised last year was frequent poor contract documentation so I have asked all PCTs to contract more clearly this year. Each practice should be offered a bundle of DES/NES/LES contracts where the specification, pricing, activity volume, monitoring and payment arrangements are clearly spelt out. Both PCT and practices should sign a covering summary document detailing any

practice opt-outs. The agreed monitoring and payment arrangements need also to be given early to the payment agency so that practices do not meet cash flow problems or agency act without authority.

Enhanced Services Floor (ESF)

Agreeing with PCTs what could be included within the floor was a time consuming and stressful exercise in 04/05. I have submitted a motion to conference asking the GPC to renegotiate the definitions pdq. In the absence of helpful definitions, I have tended to support ESF inclusion where:

1. Practices receive funding, either for clinical activity or administrative input to the PCT.
2. Funding goes to non practice services that take workload away from GP consultations.

The latter has been contentious and not everyone agrees with me. Many practices tell me they don't necessarily want to contest to provide some services that others are best placed to provide, the hassle factor is just too great. However, they do value services such as counselling and community physiotherapy dealing with problems that would otherwise present more frequently for GP consultation. Workload reduction is perceived as being the same as (or better than) direct payment for extra services.

Please feedback to me where you stand on this issue.

There have also been problems of inequity, often the result of not addressing redistribution of secondary care to primary care shift under PMS. Some practices have continued to receive funding for in-house services that are denied to others in the same PCT. Resentment about such unfairness is understandable and I have pushed hard to have these inequities corrected. Most PCTs are now moving on this. Please let me know if you feel this is not the case.

Statement of Financial Entitlement 2005/06

This is now available for practices on

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4107508&chk=dc/lzz

Remember

There is no cost of living rise to Global Sum and MPIG Correction Factor this year, but QOF pounds per point rise from 77.5 to 124.60

For your aspiration payment you should receive 12 monthly instalments of 60% of your 04/05 achievement multiplied by 05/06 price.

The Department of Health and NHS Employers, on reflection, have now agreed to increase the level of locum payments, the prolonged study leave allowance and the retainer scheme payment for 2005-06 by 3.225 per cent, in line with the other relevant increases in the SFE.

NHS Licensing arrangements for Microsoft products.

GPC has become aware that some practices and PCTs are still not aware of the English NHS Licensing arrangements for Microsoft products. NHS organisation in England (including GP practices) are covered by the national licence and are therefore entitled to free access to Microsoft products - Word, Access, Excel, Outlook, Powerpoint and FrontPage. Practices should contact their PCT if they wish to take up this offer. If practices encounter any problems they should contact Rachel Merrett (rmerrett@bma.org.uk).

Freedom Of Information Act FAQ

New GPC Document available on

<http://www.bma.org.uk/ap.nsf/Content/freedomfaqs?OpenDocument&Highlight=2,Freedom,information,Act,guidance>

New Out of Hours Webpage on Pensions Website

<http://www.nhspa.gov.uk>

or

<http://www.nhspa.gov.uk/library/ooh/OOH%20WEBSITE%20GUIDANCE.pdf>

or

<http://www.nhspa.gov.uk/nhsgplocums.cfm>

Agenda for Change (AfC)

Nationally some practices are reporting being put under pressure to implement AfC

- The GPC has said
 - nGMS Practices are under no obligation to implement AfC
 - PMS practices may have specific extra obligations written into their local contract

- Some AfC costs were put into the global sum but were eroded by the MPIG deal
- When the global sum formula is renegotiated in 2006 GPC will be arguing that AfC will add significantly to practice costs and should be reflected in the new formula.
- Practices operate in a competitive market and need to offer attractive terms and conditions if they are to recruit and retain staff.

Code of Practice on Confidentiality and Disclosure of Information

GPC and DOH have now reached agreement

“Although not entirely satisfactory is acceptable to both parties” (GPC comment)

see

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4107303&chk=GiJc0B

Npfit (now “Connecting for Health”) and Choice of GP IT System

DOH has announced that all practices in England will get a choice between all the accredited practice systems offered by any of the four local service providers (LSPs) within NPfit

Practices will therefore be able to choose between iSOFT (Torex), In Practice Systems, Phoenix and EMIS.

Secretariat Discount Buying Group news

The Secretariat has negotiated with Farla to supply discounts of 10% on sterile disposable instruments and 20% discounts on some vaginal speculae. Farla has sent out catalogues to all our constituents. Their contact numbers are Telephone 020 8809 9105 or e mail medical@farla.co.uk. Please be aware that the discounted offers are only available to practices which pay both the statutory and voluntary levies.

The Secretariat has also negotiated a very good discount on Prostag, the details of which will be sent out to you next week.