

A National Update

Feedback from the NAPC Conference

November 2011

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Andrew Lansley

- Introduced as the Health Secretary that has visited the most practices, PCTs, Hospitals ever.
- First wife a Doctor who saved his life when he suffered a stroke at 35.



Andrew said.....

- 'In all my years of shadow Health Secretary and now Secretary of State, all I've heard from GPs is let us get on and do it, we can do it better than PCTs, so ...
- I have listened, and I'm asking you to get on and do it, and do it better than PCTs.'



He also said...

- As of today, the BMA have agreed that the new 2012/2013 GMS contract contractually obliges practices to be part of a Clinical Commissioning Group (CCG).
- Which means, our contract will be taken away if we are not in a CCG!



Public perception

- Doctors are the most trusted profession
- Patient satisfactory survey results for the NHS has increased from 56% in 2002 to 72% in 2010
- Public not totally bought into the new health bill

What is Clinical Commissioning?

What does it mean to us as GPs?

1. Quality of Diagnosis
2. Quality of Referrals (Follow guidelines)
3. Quality of prescribing
4. Tackling variation
5. When you refer – think of possible alternatives to feed back to Federation.

Who are we accountable to in this new world?

- Care Quality Commission (CQC) – Need to register by April 2013.
- Clinical Commissioning Group & Federation
- NHS Commissioning Board
- Health and Wellbeing Board
- Health Watch

Considerations

- How do we balance the day job with the external clinical commissioning work?
- CCGs payment will be approximately £25.00 per head of population, will that cover all the management costs to run a CCG?
- Do we give patients what they want, or what they need?

Challenges

- Money genuinely needs to follow the patient in real terms
- QP Indicators in QOF are 96.5 points – for this practice that equates to approximately £15,000 – not new money! Screws will get tightened on this each year – evidence of actually saving money and rates of referral and emergency admissions etc.
- Greater emphasis of meeting targets

Challenges contd

- Increasing requirement to demonstrate value for money
- Potential pressures on NHS income streams
- Potential of a reduction of 24% of practice income (enhanced services etc)
- Additional workload
- Delivering QIPP (Quality, Innovation, Prevention and Productivity) Rationing money – delivering more!
- Public not bought into the reforms

Practice Must Do's

- Don't panic
- Accept need for change
- Contact local councillors – need to engage with them
- Manage change
- Be proactive/market your practice, good news stories etc
- Skill mix – patient to the right health care professional.
- Environmentally friendly
- Engage – be visible - link in with LINKs, PIN, CCGs
- Trust and work together
- No blame, learning organisation

What not to do

- General practice is no longer just about medicine – it's much broader.
- Don't ignore organisation problems, ie people, communications, technology etc Disputes in partnerships causes dips in income.
- Think presentation doesn't matter – it does – market yourselves! 'It takes many good deeds to build a good reputation and only one to lose it.'
- Let non clinical staff add or change medication (MPS Warning)

Actions (Recommendations from MPS & CQC)

- Sort out weaknesses internally – no longer able to carry the weakest links
- I.T. – strive for no paper, no post it notes – everything should have an audit trail electronically.
- Don't cut training budgets (more essential than ever)
- Have up to date PDPs which fit into the organisational objectives
- Disability Aware - Hard of hearing – induction loops etc
- Texting – good, but be careful with children under 16.
- Talk to your patients and involve them

Essentials to have in place

- Up-to-date - website a must
- Communication with patients – up-to-date leaflets – different languages?
- Repeat Prescribing Protocol that all staff understand and have access to.
- A clinician (nurse or doctor) in every clinical area to monitor variation within the practice and review pathways

Other Ideas

- ?90 second update (FOR ALL STAFF INCLUDING DNS/HVS)
- B – Brief Intro
- R – Rotas and staffing issues
- I – I.T. issues
- E – Emergencies – gas man coming?
- F – Forecast or format of the day
- Nurse – non urgent, urine, respiratory, sore throats, ears.
- Patient leaflets – care plans!
- Use skills for health for training staff

MPS – Managing Risk

- **Confidentiality (98.3% Practices Fail when MPS Visit)**
- Reception, desks, computer screens
- Clear desk policy for clinicians and reception
- **Health and safety assessments (regular) (97.5% Practices Fail when MPS Visit)**
- Where do you leave your clinical waste?
- Security of staff – especially with extended hours
- **Communication**
- Practice Meetings – evidence needed by CQC, proper agendas and minutes
- No post it notes – audit trail of everything
- Put prescriptions on clinical system when back from a visit
- Electronic tracking system for patients and results etc

Accountancy Workshop (Tenons)

- PMS – watch out
- GMS – open ended and hard to terminate – watch nGMS
- MPIG – labour wanted to get rid of it, but this has slowed down!
- LES – most immediate reduction by 10% - capped, scrapped or reduced prices
- Need to restructure staff and think about not replacing when they leave
- Rent/Premises – where is that going too when PCTs go?

Continued.....

- Employers contribution for locums (14%) will this continue to be funded by the PCT – probably not as we employ them
- Maternity etc – plans to remove in the future?
- Cash flow problems potentially if shared services go – should have cash reserves to pay staff.
- Only 64% of partnerships have a current agreement! Solicitors fees in dispute will be huge!
- Medical expenses – review ordering/stock take/costs/monitoring
- Drug reimbursement – storing the prescriptions, monitoring the clinicians

In Summary

- Clinical Commissioning is here to stay
- We must engage with commissioning and constantly think - every time you refer or prescribe - is it what the patient wants or needs?
- We must deliver safe care to our patients and follow the guidelines in place.
- Everyone must work together to succeed
- NHS income is threatened, we must work effectively and efficiently.