

JANUARY NEWSLETTER



2009 ISSUE 1

**HAPPY NEW YEAR
FROM PAUL BEARMAN AND THE TEAM**

IN THIS NEWSLETTER...

Invoice and VAT Issue, Mental Health Waiting List Initiative, ACGP, Locality Meetings and PBC Q2 Information Packs.

QUARTERLY PBC INFORMATION PACK: QUARTER 2, 2008/9

Just before Christmas all practices received an email from Irina Holland with a copy of the PBC Q2 pack and a covering letter from Kevin Hudson explaining that although the pack is provided in standard Excel format a version using the pilot PBC Dashboard is also available. The key messages from the pack are:

- Overall practices are breaking even on their PBC budgets with the use of the Payment by Results (PbR) contingency. If this had not been applied there would have been an overspend on the PbR element of the budget of £3.9million. There is a risk that there will not be Freed Up Resources (FUR) from the PbR element of the budgets.
- At the end of September there was a prescribing underspend of £3million based on a predicted prescribing outturn of £6million (more recent prescribing data suggests that this will be £4.5million). The PCT is currently undertaking work to understand how the underspend has been achieved and whether some of this is a 'windfall' gain.

The practice summary is an important workbook and this shows the practices Q2 position on PBC budgets. PbR figures have been adjusted to take account of missing data which totalled over £5million). The workbooks providing more information at a practice level (Practice EL; Practice NEL, Practice OP) have excluded the adjustment for the missing data. For those practices which have a PbR overspend we would encourage you to review the relevant workbooks to identify whether there is a specific issue with a particular HRG code or specialty. We are aware that there are still data quality problems to be resolved.

Practice EL = elective, NEL = non-elective and OP = outpatient

www.wyvernhealth.com

Please remember to check the website. Your feedback is appreciated.

CONTINUED FROM PAGE 1

At a PCT level the key issues are:

- The £1.8million overspend on NEL so we need to ensure we utilise the various admission avoidance schemes that we have commissioned
- The £1.1million overspend on elective work and we should encourage the use of Shepton Mallet when appropriate as much as possible as this is not part of PbR budgets.
- Outpatients have an overspend of £1.8million and in Somerset we have an 8% variance on the cost of outpatients. We would encourage practices to review the GP referral trend reporting tool that Kevin Hudson will be making available in the next few weeks which will allow practices to track their referring trends in individual specialties and compare referral rates against other practices.

The overarching message is that as PBC becomes embedded there will be a greater need for practices and WH.C to review this data and, although data quality is an issue, we will only see it improve if we start to challenge more in 2009.

PBC INFORMATION SUMMARY- WE WOULD BE GRATEFUL FOR YOUR HELP!

We need your practice's participation in an audit comparing Acute Trust and GP records of episodes of secondary care. This would involve completing a proforma and returning it to us, using information in the patient's discharge summary. The list of patients will be drawn from that used by the Audit Commission in their annual visit to the Trusts. It is anticipated that any one practice would not be asked to look at more than a dozen sets of records and we hope that this could be completed by a member of the practice admin support staff.

WH.C and the Information Team will analyse the returns and use the information to develop systems to improve the quality of coding accuracy both for budgetary and commissioning purposes.

Being able to get a clear picture of secondary care activity (both in-patient and out-patient) is proving challenging but significant progress has been made.

From a broad PBC perspective it is important on two fronts:

- Budget management: i.e. has an episode of activity been appropriately charged to the appropriate budget?
- Informing commissioning: i.e. identifying areas of high activity with potential for commissioning projects.

The acute hospital trusts use the national system of "HRG codes" not dissimilar to Read codes used in primary care to describe episodes of hospital / secondary care and each of these has a tariff / price attached. After a patient has been through an episode of care, that episode is coded (based on their clinical journey) and is then submitted to the national system for payment. It's the information held in this national system that provides the basic data for the various pieces of PBC software such as Dr Foster and Ardentia to analyse and present in an interesting and informative way.

CONTINUED FROM PAGE 2

Many will be familiar with the Ardentia software rolled out to practices a couple of years ago. Those who braved its complexities and tried to understand its reports very quickly realised that the information appeared to be riddled with errors and inaccuracies. Fundamental issues such as patients not being registered with the practice, duplicate entries, entries with no apparent discharge information back to the GP, admissions lasting more than 12 months and so on. Ardentia had got it all wrong and was duly ignored thereafter.

WH.C has been working with the PCT and the Information Team (led by Kevin Hudson at the Referral Management Centre) over the last 12 months, on trying to understand where the errors are creeping in. Is it the hospitals coding incorrectly, or is it the subsequent data processing systems (for which Ardentia is simply the reading device) the source of the problem?

By all the best measures, we can now be certain that Ardentia and the data processing systems are introducing very little in the way of error into the data and so the focus has now shifted to the hospital coding.

The Audit Commission is tasked with auditing the Acute Trusts annually for the accuracy of their coding against national standards. This involves a random sample of in-patient and out-patient episodes across the specialities and looks at all aspects of the coding process. Both Somerset Acute Trusts were audited in 2008 and Yeovil did extremely well (one of the best results in the country) with a coding accuracy of 87%. Taunton did less well with an accuracy of 73+%.

Despite all this, some data still appears to be awry, particularly where acute admissions are concerned. There are a number of possible explanations for this and include:

- Simple coding error
- Lack of clarity regarding rules: should an immediate re-admission with the same problem or a failed discharge count as a separate episode?
- HRG codes *do not necessarily describe a patient's clinical journey*: They are the means by which a hospital is paid and there are (sometimes complex) rules regarding which code to use and when.
- Episodes of day care (transfusion, ward follow-up, some procedures) can be erroneously counted as separate "admissions", which are then picked up in frequent hospital admission reports.
- Where a patient has moved area and not re-registered with a GP practice, some hospitals are billing the last known GP, rather than the local PCT.

Accuracy matters, as we are being measured and judged on our performance against indicative budgets. As practices and as a consortium we must have the means and mechanisms with which to correct any inaccuracies. An understanding of the size and nature of the issue is a good starting point and it goes without saying that savings against budget are the funds with which we can commission new projects - the reason for WH.C's existence.

The Audit Commission will be carrying out their annual audit in Taunton in January 2009 and Yeovil in March 2009. We would like to take the opportunity to use their patient sample and analysis to make a comparison with the GP record. We hope to gain insight in to the nature and size of the issues and whether there are any recurring themes which then need to be addressed. The help and cooperation of practices is vital to this process, which we hope will not be onerous.

Nick Matthews, Board Lead for Information

THE SOMERSET ACUTE CARE GP SERVICE – LOOKING BACK ONE YEAR ON

A reminder of what it's all about

The Somerset Acute Care GP service was set up in early 2008 and provides an experienced, local GP in the secondary care settings at Yeovil and Taunton acute hospitals. The service is available from 10am to 7pm, seven days a week and provides telephone advice, more detailed risk assessment, simple diagnostics and a working diagnosis for patients to enable community GPs to manage their patients more effectively in the community when they do not require the intensive care of a hospital admission. The service was a WH.C initiative, commissioned by Somerset PCT and managed by Devon Doctors.

This is a primary care service based in secondary care which shortens the patient journey whilst providing appropriate treatment, reduces the number of unnecessary hospital admissions and brings clinicians from secondary and primary care closer together. The Acute Care GP service works in cooperation with Somerset Primary Link to provide a wider and more appropriate range of services to patients in the community.

What has it achieved?

A great deal!! In Yeovil from January to October, the service saw 725 patients of which 425 were sent home after the appropriate tests, diagnostics and assessment. In Taunton, from April the service saw 549 patients with 364 sent home after assessment.

The average length of time the patient is in the service is less than two hours from arrival to discharge – this includes all tests. The finances are still being added up but we know that the service has more than paid for itself and has saved tens of thousands of pounds on admissions to the acute sector. Patient feedback has been very positive with over 85% of patients rating the service as “excellent” or “very good”.

From a deliberately low profile beginning, the service is now widening its remit with the approval and support of the hospitals. The ACGP service now works more closely with MAU and A&E who both refer patients to the service. In addition, GPs are now an accepted part of regular ward rounds at Yeovil hospital.

For more information please contact:

Sara Frost, the GP Clinical Lead at dafandsara@btinternet.com

Lee Grant, Devon Doctors Business Development Manager at lee.grant@devondoctors.nhs.uk

To access an ACGP please call SPL on 01749 836700.

PBC AND PRESCRIBING

Yesterday we issued an invitation asking for volunteers to contribute towards progressing practice based commissioning in Somerset. The time commitment is likely to be attendance at three early evening meetings (first meeting proposed on either 13/14 January depending on availability then four weekly intervals up to the end of March 2009); remuneration per session will be available. Please contact Lisa Hulford to express an interest (lisa.hulford@wyvernhealth.nhs.uk).

INVOICE AND VAT ISSUE

The invoices issued to practices in November 2008 for their contribution towards WH.C for 2007/08 and 2008/09 included VAT at 17.5%. Following the change in the VAT rate to 15%, for the last four months of 2008/09 we will be issuing credit notes to practices to take account of the change in the VAT rate. These should be with practices later this month.

COUNSELLING WAITING LIST INITIATIVE

You should all now have received an invitation to bid for additional counselling support. We appreciate that this additional workload has not come at the best time of year but we would encourage practices to submit bids, the closing date is 16 January. If you have any queries as to how to complete this, please contact Lucksri Hewawasam on 01460 238647.

HEART FAILURE CARE—LEVEL 2 MODULE

There are two study days taking place this year (February and June). The sessions are open to all Community Matrons and Practice Nurses within NHS Somerset (formerly Somerset PCT) and is accredited by the Open University with 30 credit accumulation transfer scheme points at academic level 2 (diploma). For more information please see the attached flyer or contact Wenda Hobbs (wenda.hobbs@virgin.net or 07879 474049).

DATES FOR YOUR DIARIES

HALF DAY AWAY DAY

Wednesday 21 January at Dillington House.

Following our AGM it was agreed that WH.C would facilitate a half day session to discuss the merits of a provider organisation in Somerset.

The session will start with lunch from 1pm with the meeting commencing at 2pm.

Please confirm your attendance to lisa.hulford@wyvernhealth.nhs.uk

WH.C LOCALITY MEETINGS

The structure of these meetings will be lunch available from 12.30 with posters on various PBC projects underway followed by a formal meeting commencing at 1pm.

Park Medical Practice - Monday 26 January 2009

Irnham Lodge Surgery - Tuesday 27 January 2009

Crown Medical Centre - Wednesday 28 January 2009

Ryalls Park Medical Centre - Thursday 29 January 2009

Taunton Road Medical Centre - Friday 30 January 2009

Axbridge, Essex House and Queen Camel - dates to be confirmed.