

Newsletter

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Practice Based Commissioning LES

The PBC LES was explained at the WH.C countywide meeting earlier this month. There are some significant differences to the PBC LES compared to previous years. In summary they are:

- LES1 now comprises three elements with payments of 41p/patient totalling £1.23;
- To achieve two elements practices will need to be members of WH.C and to have completed a PBC Action Plan (with appropriate support from WH.C) to receive .82p/patient in July 2009;
- The third element is payable in July 2010 on completion of the Action Plan;
- The LES2 is payable to all practices up to the value of 75p/patient based on the delivery of work done to reduce avoidable emergency admissions, reviewing elective referrals; and undertaking work on five of the eight prescribing quality markers (see below for further details);
- This is not dependant on the level of FUR as was the case for 2008/09;
- Freed-up resources have been simplified compared to previous years, the key difference being that practices achieving a prescribing underspend will retain up to £2/patient of this underspend before any calculations being made in respect of the practice's overall performance on its PBR budget.

Paul and the team will be happy to discuss the LES or any other questions that practices might have.

Prescribing

Budget Envelope 2010/11

- 1) Most PCTs in the country are setting their budgets on out-turn. WyvernHealth.Com has negotiated on behalf of practices to set the total budget against last year's actual budget, which means that:
 - No risk (that the percentage increase on out-turn) results in this being a reduced budget;
 - Practice budgets can be issued in May rather than July or August;
 - There will be no reduction in total envelope except where areas are moving out of prescribing budget completely (ie enteral prescribing).
- 2) In negotiating for the budget we have been able to agree with the PCT to take into account the following potential pressures:

We have negotiated the final budget on predicted out-turn at month nine of £69,900,000 and the following agreed cost pressures.

Reason for change	Cost Pressure £
Category M (effect not known for next year)	-£250,000
PPRS (negotiations still in progress) [drug price changes]	-£250,000
Drug treatment for CVD Risk (due to VRA)	£300,000
COPD (new NSF due April)	£400,000
Dementia	£100,000
NICE/QOF(tighter targets likely to lead to higher cost statins increasing to treat to target for diabetes HBA1C and cholesterol)	£200,000
NEW Osteoporosis DES	£150,000
New Drugs/ new indications (mostly diabetes)	£350,000
Growth in volume of 5% (national rate of year on year growth)	£3,495,000
Total	£4,495,000

And the final proposed budget from the PCT is £74,400,000 a **6.5%** increase on current predicted out-turn.

- 3) Through the negotiations there has been recognition that there is a need for a 'risk pool/contingency' for prescribing particularly high cost drugs, we have requested an additional 0.5% (£372,000) be allocated above budget for this, but this has not been progressed for 2009/10.
- 4) Through the process we have achieved a better understanding of the prescribing cost pressures for 2009/10, which we feel will benefit us throughout the year.
- 5) The mechanism for Practice level budget setting remains with the PCT. The WH.C Prescribing and Medicines Management Committee will be looking at this and suggesting an alternative method for next year for your approval prior to negotiation with the PCT.

Practices will see a reduction in their prescribing budgets because enteral feeds are now managed differently, but we are concerned that costs are still being incurred by practices. If any practices are still writing FP10s for these items please could they inform Shaun Green.

PBC LES2 - Prescribing

The prescribing element of the LES2 has the objective of encouraging practices to work to improve safe, clinical and cost effective prescribing. Key points to note are:

- Practices will be encouraged and facilitated to review all areas of prescribing and medicines management as this will lead to release of freed up prescribing resources for reinvestment.
- Practices will be monitored on all quality markers (see below) but payments will be made based on performance of their 'best five' quality markers at the year end.
- Payment of 5p per patient will be made for achievement of each target achieved up to a maximum of five (ie total max payment of 25p per patient).
- End of year (09/10) performance will be assessed by calculating the monthly average from the Quarter 4 (Jan 2010 – Mar 2010) data unless otherwise specified.

The quality markers are:

- 1) **Generic Simvastatin + Pravastatin as % of all statins** – target 80% **or**
 - For practices with end March 2009 level between 70% – 77.4%: an improvement (increase) of 2.5% **or**
 - For practices with end March 2009 level <70%: an improvement (increase) of 5%.
- 2) **Generic Alendronic acid 70mg as % of bisphosphonates + strontium** – target 80% **or**
 - For practices with end March 2009 level between 70% – 77.4%: an improvement (increase) of 2.5% **or**
 - For practices with a March 2009 % level <70%: an improvement (increase) of 5% .
- 3) **ACEIs as % ACEIs + ARBs** - target 80% **or**
 - For practices with end March 2009 level 70% – 77.4%: an improvement (increase) of 2.5% **or**
 - For practices with end March 2009 level <70%: an improvement (increase) of 5%.
- 4) **% Generic savings** - target 0.3% or below **or**
 - For practices with Jan 2009 – Mar 2009 level > 0.3%: an improvement (decrease) of 0.25%.
- 5) **High dose formulary PPIs as % of all formulary PPIs** - target < 20% **or**
 - For practices with end March 2009 level 22.4% – 30%: an improvement (decrease) of 2.5% **or**
 - For practices with end March 2009 level >30%: an improvement (decrease) of 5% (for the purposes of this marker, high dose formulary PPIs = lansoprazole 30mg and omeprazole 40mg)

NB: To participate in the PPI indicator a practice would need to be by Q4 a minimum level of formulary PPI prescribing (75%)

- 6) **Hypnotics (BNF 4.1.1)** (excludes anxiolytics eg diazepam) Target = ADQ/ STAR-PU <2.0

- 7) **Co-proxamol**

Measured as No increase in co-proxamol items (Q4 09/10) compared to (Q4 08/09) (practices are reminded that for every patient prescribed co-proxamol there should be a minimum of an annual recorded medication review which includes discussion about using a licensed analgesic)

- 8) **Approved repeat dispensing (using batch prescriptions)**

Target = 2% of all prescriptions as batch prescriptions by April 2010

(For dispensing practices this will be 2% of their eligible non dispensing patients prescriptions)

PBC Budgets

The PCT has now issued the indicative budgets for 2009/10 to all practices, which is a considerable improvement on previous years. Next month practices should be receiving details of the financial performance for 2008/09. Preliminary indications are that the PBR budget was a net overspend of £2M, with a significant overspend on outpatients (£4M) but an underspend on inpatient activity. More detailed information will be available via the PBC Information Dashboard which should be updated next month by the PCT.

Future Dates

We are proposing to hold a number of locality meetings in July – dates to be confirmed in early June.

The date for the AGM has been set for Wednesday 18 November 2009 at 7.00 pm - venue to be confirmed.

Membership Agreement and Contributions to WH.C

We have sent out and distributed the Membership Agreements at the countywide meeting. Please can you return the Agreement by Tuesday 30 June 2009 as this is key to practices receiving the PBC LES 1 payment in July 2009.

At a Board Meeting earlier this year it was considered that it would be appropriate that practices contribute 20p/patient (including VAT) for 2009/10 – invoices will be issued in September.

Countywide Meeting

This was held on Wednesday 13 May at The Monks Yard, Ilminster. Papers from this meeting are on our website.

Website Competition

Suggestions/ideas/designs wanted to improve our website. Please forward your contributions to Sue Vowles – contact details shown below.

New Member Joins the WH.C Team

Sue Vowles joined the team as our PA on Friday 1 May 2009 having previously worked at Tarmac. She can be contacted at the office on telephone number 01749 836709 or via Email sue.vowles@wyvernhealth.nhs.uk

Board Recruitment

As planned, when we were initially established, we are looking for GPs and Practice Managers to join the WH.C Board. Details have been sent to Practice Managers. Please contact Sue Vowles for further information.

