










October 2010

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WH.C's Transition from PBC to GPCC

Following the LMC Study day and the Wyvern countywide event that we held on 29 September, we thought it would be useful to summarise our position. Taking encouragement from the BMA statements on Friday 1 October urging "evolution not revolution" and "co-operation not competition" which capture Wyvern's sentiment, we hope to work with practices, the LMC and other key stakeholders in developing the transition process. We aim to understand your thoughts and share our thinking at Locality meetings over the next few weeks and to build on the feedback we have received at the two county events. Further information on the locality meetings can be found under "Dates for your Diary".

It is clear that WyvernHealth.Com as a company limited by guarantee is not a vehicle to become the GPCC organisation for Somerset, it is however relatively easy to change the company structure. Wyvern recognise that GPCC is going

to be more complex than PBC, however, we believe that four years' experience gained from PBC is an excellent foundation on which GPCC can be developed. We need to remain a functioning organisation until GPCC is established as a statutory entity. There still remains a lot of detail to emerge about the formation of GPCCs and we have the flexibility to respond to the way the national directives influence your wishes.

DVT Pathway

Following on from the EMail that Barry Moyle issued to all practices regarding the new DVT pathway, this is a pathway that WH.C has been working on with NHS Somerset for some time. It was developed because there were opportunities to improve the quality of care for patients by ensuring that there was a consistent approach to the management of patients presenting in the surgery with DVT symptoms. We have worked with the acute trusts to put in place a pathway, replacing the Belfast Boot and venograms with better evidence and painless ultrasound. There were also benefits to practices because many of these patients are referred to hospital where they are sometimes admitted or at least managed in such a way that attracts a tariff which impacts on the practice's PBC budget and ultimately impacts on the availability of freed up resources available for practices to invest in patient services.

WH.C, in developing the DVT pathway, examined other pathways from across the country, some of which did have a local enhanced service, and we did suggest to the PCT that a LES was available to practices to deliver this work, but their view was that this was not necessary as there was insufficient additional work required of practices.

The PCT has also argued that there is a potential double benefit to practices from these local enhanced services as the practices would be paid for doing the work and they would receive the freed up resource delivered by shifting the care closer to home.

However, we are now in further debate with the PCT around the additional work for practices that pathway redesign results in. The QIPP long-term conditions work is going to require a significant input from primary care and from the work done to date in Bridgwater we have been able to ensure that practices will receive additional income from the work that they will need to do.

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Repeat Dispensing - Basic Guide

This is a brief summary of how Repeat batch dispensing can be implemented, the PCT has a more detailed document for EMIS practices which can be found on the Intranet or is available from the PCT Medicines Management Team.

Patient Selection - Repeat dispensing is not suitable for all patients. It is for patients (adults or children) with a stable condition or long-term medication.

Suggestions

- Patient taking Levothyroxine
- Patient taking a long-term conditions medicine – reviewed and ask to come back in six months time (CHD, diabetics)
- Patient taking hay fever medication as needed
- Patients taking contraceptives
- Patients who have been identified by the pharmacist for their own repeat schemes – remember not all medication has to be on the repeat batch eg leave warfarin, occasional creams
- Start with small numbers while staff gain familiarity with the scheme.

FP10 - The authorising prescription is the legal authority to supply the medication. The reverse side is the same as the normal FP10. This form must be computer generated and must not be hand changed in anyway.

Choose the number of occasions that the drugs/appliances may be provided. This will determine the number of batch issues printed. Best practice has been six months – this may be 3 x 2 month batches or 6 x 1 month batches or 2 x 3 month batches (contraceptives).

There are very few occasions when instalment intervals need to be added, this allows the pharmacist to use professional judgment if a batch is dispensed a few days early or late for example on a Saturday or patients going on holiday.

Only computer-generated prescriptions may be used in the scheme - handwritten prescriptions are not acceptable

The batch issue is automatically generated by a computer along with the authorising prescription and is generated on the same date as that prescription. It is not signed by the GP.

Best practice is for the repeat authorisation and batch prescriptions to be given to the pharmacy to keep. Patients must select a regular pharmacy and stay for six months. The practice should keep a record of which pharmacy the patient has opted for as there may be changes to the prescription in future.

After six months the pharmacy should inform the GP of the last batch being issued. At this point the GP can decide whether to review the patient or re-issue another batch

The read code 8BM1 – repeat dispensing with consent given should be recorded in the patients records. Some computer systems need consent given free text.

- The system saves GP's time – only sign on prescription every six months.
- Repeat prescription clerks will have only one phone call every six months.
- Pharmacists have better stock control, patient prescriptions should be ready when the patient needs it rather than having to collect an item out of stock.
- The pharmacist keeps a diary so that the patient should not have to ring for the prescription it should be ready to collect each month.

Some practices have been using this system for a few years and have noticed a difference in work patterns. Some practices have over 15% of all prescriptions on the scheme.

If a practice needs help setting up repeat dispensing they should either contact their Medicines Management Pharmacy support or contact Maria Chapman, Medicines Management Support, WyvernHealth.Com, Telephone 07773 345093 or Email maria.chapman@somerset.nhs.uk

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Somerset Diabetes Service – New Documents

Dr Andrew Dicks has written to all practices with an updated Diabetes Specialist Nurse contact list, the latest DESMOND referral form, a Frequently Asked Questions and a newsletter for patients and carers. All of these documents may be found on our website: <http://www.wyvernhealth.com/pathways.htm>

Community COPD Service

As part of the Practice Based Commissioning LES, all practices are required to have Care Plans for 2% of patients. All patients referred to the Community COPD service will have a care planning discussion with a health care professional which will be automatically recorded. The referral form and leaflets can be found on our website: <http://www.wyvernhealth.com/pathways.htm>

DVT Community Pathway

The pathway has commenced for all practices using Yeovil Foundation Trust Hospital and documents are available on our website: <http://www.wyvernhealth.com/pathways.htm>

A DVT Community Pathway Education session is planned for those practices using **Taunton and Somerset** Foundation Trust Hospital on **Wednesday 13 October at Taunton Rugby Club**, with two opportunities to attend – **12.00 or 13.00** hours for a 45 minute presentation and will include a finger lunch. Further details will shortly be circulated to all practices, but meanwhile places may be reserved by contacting rhian.lucas@leo-pharma.com

A further education date is to be arranged in Bridgwater and details will be circulated once confirmed.

Support Available for Terminally Ill People and their Carers

Marie Curie Helpers are trained volunteers who are able to spend up to three hours each week with terminally ill people and their carers, offering them one-to-one practical and emotional support. They can lend a hand and talk through any worries people may have. They can also provide information about local support services and give the family a short break from their caring role.

This service, which is provided by Marie Curie Cancer Care, is completely free and can be tailored to the needs of the individual person and their family. The service aims to help terminally ill people get the best quality of life and offer their carers support so that they can remain at home towards the end of their lives.

For more information and to request the support of a Marie Curie Helper, please contact 0845 30 32 777, email somersethelper@mariecurie.org.uk or visit www.mariecurie.org.uk/helper . People can refer to this service themselves, or they can be referred by their care providers.

Somerset Chronic Fatigue Syndrome Service (CFS/ME)

The Somerset Chronic Fatigue Syndrome Service (CFS/ME) is now taking referrals via Choose and Book. The service can be located as follows:

Specialty: Rehabilitation

Clinic: Not Otherwise Specified

Service Name: Somerset CFS/ME and Chronic Fatigue Syndrome Service – PCT 5QL

Following diagnosis usually made by the General Practitioner, the Service offers assessment and support to implement a programme of self-management strategies aimed at improved management of the condition. Treatment is based on NICE Guidance and is offered in individual and group settings and available in Wells, Taunton and Yeovil. The Service is open to adults and a transition clinic is held for young people moving from the paediatric CFS Service. Support for carers is also provided.

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Dates for your Diary

- **Thursday 21 October 2010, 7.00 pm until 8.00 pm** (refreshments at 6.30 pm) - **Taunton and the Wedge locality** meeting being held in Musgrove Park Academy, Department of Postgraduate Medical Education, Musgrove Park Hospital, Taunton, TA1 5DA. Please Email sue.vowles@wyvernhealth.nhs.uk to confirm your attendance at this meeting.
- **Wednesday 27 October 2010, 7.00 pm until 8.00 pm** (refreshments at 6.30 pm) - **South Somerset locality** meeting being held at **Ryalls Park Medical Centre**, Marsh Lane, Yeovil, BA21 3BA. Please Email sue.vowles@wyvernhealth.nhs.uk to confirm your attendance at this meeting.
- **Friday 29 October 2010, 1.30 pm until 2.45 pm** (refreshments at 1.00 pm) - **Mendip locality** meeting being held at **Park Medical Practice**, Cannards Grave Road, Shepton Mallet, BA4 5RT. Please Email sue.vowles@wyvernhealth.nhs.uk to confirm your attendance at this meeting.
- **Thursday 4 November 2010, 1.30 pm until 2.30 pm** (refreshments at 1.00 pm) – **North Sedgemoor locality** meeting being held at the Isle of Wedmore Golf Club, Lineage, Lascot Hill, Wedmore, BS28 4QT. Please Email sue.vowles@wyvernhealth.nhs.uk to confirm your attendance at this meeting.
- **Date/time/venue to be advised – Bridgwater locality** meeting.
- **Wednesday 10 November 2010, 2.00 pm until 5.00 pm** (lunch at 1.00 pm) – WH.C is holding a **Leading Meetings and Facilitation Workshop** at the The Mount Somerset Hotel, Lower Henlade, Taunton, Somerset, TA3 5NB, for its Board Members/Management Team and GPs/Practice Managers. **This event is now fully subscribed.**
- **Wednesday 17 November 2010, 7.00 pm until approximately 8.30 pm** (buffet available from 6.15 pm) – WH.C is holding its **AGM** at Taunton Racecourse, Orchard Portman, Taunton, TA3 7BL. Please Email sue.vowles@wyvernhealth.nhs.uk to reserve your place.
- **Thursday 9 December 2010, 1.30 pm until 4.30 pm** (buffet available from 1.00 pm) – WH.C and NHS Somerset are holding a **Prescribing Leads Countywide Meeting** at Lyngford House Conference Centre, Selworthy Road, Priorswood, Taunton, TA2 8HD. Please Email debbie.chapman@wyvernhealth.nhs.uk to reserve your place.

Deadlines

Outstanding - Practices that have yet to submit their PBC Plans for 2010/11 are asked to send them to sue.vowles@wyvernhealth.nhs.uk (office address shown below). As you know, these plans identify the areas on which practices will be focussing and form part of the PBC LES.

Friday 29 October 2010 – practices and/or federations have been asked to submit their FUR bids for 2009/10 to sue.vowles@wyvernhealth.nhs.uk by this date

Tuesday 30 November 2010 – practices have been asked to complete and return their PBC Progress Report (Appendix 2 of the PBC LES) to sue.vowles@wyvernhealth.nhs.uk by this date.

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