

Practice Based Commissioning – Newsletter

This newsletter may be of use to GPs and practice managers in your area.

Welcome to the third of our monthly series of newsletters highlighting the current issues around Practice Based Commissioning. This newsletter has again been produced by **Alpha Medical, Bennett Brooks and Scott McKenzie Consultancy** in order to deliver the very latest information on PBC.

This month we take a look at what information you should you be requesting from your PCT; which they **MUST** provide..... and how to use what you get!

In terms of data from the PCT to get you started on **Practice Based Commissioning**, you request vthe following (all of which is outlined in the document "Practice Based Commissioning - Achieving Universal Coverage", which we looked at last month):

1. Your indicative budget for everything covered in the national tariff, along with your prescribing budget.
2. Budgets for services you would like to consider redesigning (Phlebotomy, Podiatry, Chiropody etc); make sure there is enough money in the pot before you set about redesigning the service.
3. Data which compares your share to that of the other practices in the PCT
4. Historical referral pattern data (according to Achieving Universal Coverage they should be able to give you 2005)
5. Historical practice spend data (again, according to Achieving Universal Coverage they should be able to give you 2005)

The PCT should also provide activity and financial information on:

1. Elective activity:- inpatient and day case
2. Non elective admissions; length of stay
3. First outpatient appointment
4. Follow up appointment
5. Use of diagnostic tests and procedures
6. Consultant to consultant referrals
7. Prescribing
8. Community and Mental Health services
9. A & E attendances
10. Primary Care, including essential and enhanced PMS / GMS services

The PCT should also provide benchmarked data to allow you to compare your practice with other practices in the PCT, and with the National average. This should cover:

1. Referral rates
2. Admission rates
3. First outpatient attendance
4. Follow up rates

Finally, with regard to what to ask the PCT for; you should be able to obtain, **for information**, your share of PCT allocation.

- Based on historic (2005/06) activity, current formulae (e.g. prescribing) and weighted capitation.
- Actual 2005/06 activity, converted to 2006/07 prices.
- Current formulae for Prescribing, including inflationary uplift.

What to do with the data.

At basic level PBC; incorrect coding of procedures can lead to increased charges for some procedures. With the introduction of payment by results, there is further potential for practices to be charged the wrong amount for treatments. It will be valuable for practices to carry out regular audits on coding validation from hospital discharge letters. This will also confirm whether the patients are in fact registered with your practice and therefore the cost is chargeable to your budget.

You should also examine follow up ratios for outpatient specialisms to see whether the profile in your practice is different from the average. You should explore anomalies by reviewing patients' notes and highlighting this to the PCT, so that this can be challenged.

Develop internal reporting systems to look at referrals to individual specialities by doctor. Review these regularly within the practice alongside the PCT referral guidelines. You should also seek assistance from the PCT where there appears to be outlying referral behaviour patterns, and use the URID (unique referral ID) system to number your referrals to help predict future activity

Finally, you could also now start to think about the specific services (if you were to progress with PBC now), you would like to put in place or redesign, either within the practice; or (potentially) where you could refer to other practices around you for service, instead of hospital. These are the things which would form the basis of your pre-commencement agreement, and we will look more at these next month.

In next month's newsletter.....

1. More on what to do with your data, particularly round the next step.....
2. Moving on to Intermediate level PBC.

Bennett Brooks: For specialist accountancy and financial services for the medical sector visit our web site www.bennettbrooks.co.uk

Alpha Medical: For specialist management support toolkits including access to an on-line HR package visit our web site www.alphamedical.org.uk

Scott McKenzie Consultancy: Produce PBC agreements between, either individual practices or groups of practices, and the Primary Care Trusts. In short, turning the policy into practice and getting you engaged in PBC. For information contact: scott@scottmckenzieconsultancy.com or www.scottmckenzieconsultancy.com