



# PBC NEWSLETTER

The regular Practice Based Commissioning bulletin

Issue 1 - 6th October 2006

As a result of feedback from General Practice to improve communication, we welcome you to the first edition of the LCRPCT Practice Based Commissioning Newsletter. As part of a concerted effort to engage and promote PBC with all practices, we plan to make this a regular bulletin which provides you with information on key developments across the patch. We encourage two-way communication and welcome your views, suggestions and articles. Please contact [paul.sherriff@lcrpct.nhs.uk](mailto:paul.sherriff@lcrpct.nhs.uk).

## Information

Information reports are being sent out monthly to Practice Managers' SORD accounts. SORD (Secure Online Report Distribution) enables PCT information staff to send patient identifiable information to practices in a secure way.

**If you have problems with your SORD password, please contact the IT Service Desk on 0116 295 3500.**

Further development on IM&T support and software is currently taking place.

If you need help using or understanding the data in the reports contact Stephanie Webb on 01509 567715 or by email: [stephanie.webb@lcrpct.nhs.uk](mailto:stephanie.webb@lcrpct.nhs.uk).

## PBC team appointments

We are pleased to announce that Heather Norgrove has joined the PBC team and will be working in the south of the county, Heather brings a significant amount of primary care experience having previously been a practice manager and Director in PCT's in both the West and East Midlands.

## Finance

Following discussions with practices, revised budgets have now been sent out, these will be used for monitoring purposes from now on.

Any queries regarding the calculation of these budgets should be directed to your link manager, Stephanie Webb or Richard Huddleston.

Further work is required to clarify the operation of the risk pool and the number of potential calls on the pool that have already taken place since April. In addition, information regarding the capitation shares of mental health and community nursing budgets for each practice (to be blocked back to the PCT in 2006/07) is being developed. A mechanism for practices to apply to provide new or alternative services for patients is in the process of being agreed and will be circulated to practices shortly.

## Practice management support

All practices should have received contact from a PCT link manager, if you are not familiar with your key contact please get in touch with the relevant team so an appointment can be made to visit you at the practice.

## H Pylori

It is estimated that 20% of Upper GI endoscopy could be avoided by management in primary care.

New referral guidelines based on NICE guidance will require H Pylori testing, unless red flag symptoms are present, prior to referral. H Pylori breath testing is simple and non-invasive and will result in a significant saving for the practice as the cost of the test is minimal in comparison to Tariff price for outpatient appointment and procedure.

Further details are available from your link manager.

## British Pregnancy Advisory Service (BPAS)

From 1 October 2006, all GPs in the new Leicestershire and Rutland County PCT have the option to refer patients (including those below 12 weeks gestation) directly to BPAS for a termination of pregnancy. Local services available include clinics in Birmingham, Leamington, Coventry and Peterborough. Referral forms and a briefing sheet, detailing further information, have been sent to all practices via the link managers.

Benefits of this service include widening patient choice, improving access and promoting cost effectiveness.

For further information please contact Tim Loveridge, Commissioning and Contracts Manager, on 0116 2865042.

## DATES FOR YOUR DIARY

CNWL PBC locality workshop is scheduled for 9th November; please contact Evelyn Tivey to reserve a place, [evelyn.tivey@lcrpct.nhs.uk](mailto:evelyn.tivey@lcrpct.nhs.uk).

H&B and SL localities are planning a joint event in the near future - details will be announced in the next bulletin.

## COPD

Evidence suggests that 35 - 50% of COPD admissions could be avoided through further improving the management of patients in primary care.

The aim of the redesigned care pathway is to reduce hospital admission. It has 3 streams:

- primary care - COPD register will allow identification of patients to develop & tailor the care. NICE guidelines form the basis for the care in practice including antibiotic pre-prescribing, introduction of self-management plans & a new patient support group starting this month supported by 'Breatheasy'.

There is a pack available for practices highlighting the recent changes and most up to date evidence based medicine and management.

- The ambulance services have participated in the redesign with the aim of avoiding admission or when this is required ensuring patients are taken to the appropriate place - CDU, not A&E.
- UHL can admit patients to the intermediate care teams & community hospitals. They also use the SPRINT & early discharge teams based at GH.

These actions collectively should reduce the number of avoidable admissions thereby improving patient care.

For more information contact Marie Patchett- [marie.patchett@lcrpct.nhs.uk](mailto:marie.patchett@lcrpct.nhs.uk) or your local link manager.

## ABOUT THE NEXT ISSUE:

The next issue will focus on: Promoting Clinical Involvement and the relationship to the clinical reference group.

Please forward any articles, suggestions or comments to: [paul.sherriff@lcrpct.nhs.uk](mailto:paul.sherriff@lcrpct.nhs.uk).