

All Change for PCTs?

You have probably been given information, or heard rumours, regarding the reconfiguration of PCTs in Derbyshire. Following the publication of "Creating a Patient-led NHS" by the Department of Health in March, combined with the need to deliver savings and make service improvements, it became clear that the current PCT structures were not the best vehicle for delivering the necessary changes. This is true of PCTs across the country and in Trent Strategic Health Authority (SHA) the work to look at setting up more appropriate organisations has begun. The Chief Executives in Derbyshire are looking at a number of possible options and will make a recommendation for a new structure to the SHA in September with the aim of having the new organisation/s running from April 2006 (although this may only be in shadow form).

No decisions have yet been made but it is clear that in order to use resources more effectively and efficiently PCTs will need to be much larger organisations. Whilst some work will be able to be undertaken centrally, there will still be a need for some work to be carried out on a locality basis to reflect the needs of particular areas.

PCT roles most likely to be affected by these latest changes will probably be the senior management posts. We understand that no senior management vacancies can be filled without consent from the Chief Executive of the SHA. As a result you may find that your PCT has an increase in people "acting-up" into different roles. Obviously PCT staff are going to feel very unsettled during this period of change but they will try to ensure that work continues while we wait and see what the new organisation/s look like.

MMR

GPs are being asked to use an unlicensed form of MMR due to production shortages in this country. The GPC are trying to secure indemnity for GPs using this. Although there have been assurances that the vaccine is perfectly safe, the department seems unwilling to indemnify GPs and their practices. The GPC argues that if there is no risk, there is no reason why the department cannot state that, in the extremely unlikely event of there being a problem, they will accept responsibility. The GPC negotiators are keeping up the pressure on this matter. In the meantime GPC are advising practices not to use the unlicensed preparation

Financial Questions

Seniority and average superannuable income

Q What is the average superannuable income for 2005/06 so that I can find out my seniority entitlement?

A As from 1 April 2005 the average superannuable income rose from £75,000 to £80,940 for 2005/06

Pensionable pay Seniority entitlement

£53,960 +	100%
£26,980 – 53,960	60%
< £26,980	0

Global Sum 2005/06

Q What is the new global sum?

A As from 1 April 2005 the new global sum figure is £54.72 which consists of:

£54	'pure' global sum
£0.26	contribution to contractor's appraiser costs
£0.46	contribution to cover increase in employer superannuation contributions from 7-14%

QOF 2005/06

Q What is a QOF point worth in 2005/06?

A For 2005/06 each QOF point is worth £124.60.



How to contact us

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Connecting for Health – What does it all mean?

NHS Connecting for Health is the new agency that will deliver and support the implementation of the National Programme for IT (NPfIT); it is also responsible for national IT products and services previously delivered by the NHS Information Authority.



The main components of NPfIT are:

- An electronic NHS Care Records Service
- An electronic booking service – ‘Choose & Book’
- A system for the Electronic Transmission of Prescriptions
- A national network – N3

The NHS Care Records Service (NHS CRS) is a new electronic record management service. Each patient NHS Care Record is made up of full local records held on computer where treatment is provided (e.g. GP surgery or hospital) and a summary held on **the Spine** giving key details, demographics (e.g. name and address) and medical information (e.g. test results, allergies, medication).

The Spine will be a huge central database containing these summary patient records on every NHS patient in England.

When NHS CRS is fully implemented with each patient's summary held on the spine this will mean that wherever and whenever a patient seeks care (e.g. as a temporary resident, at A&E or a walk in centre, OOH) those providing the care will have secure access to patient information that will assist them with diagnosis and treatment. The summary record will also point clinicians to where full local records are held, helping to provide safer, more co-ordinated care.

The Spine also supports the other components of NPfIT.

Choose and Book is the new electronic booking service that allows staff to make initial hospital appointments at a convenient time, date and place for the patient. The aim is to enable most patients, by the end of 2005, to be able to make a choice between four or five hospitals (or other healthcare providers) commissioned by the PCTs.

Electronic Transmission of Prescriptions (ETP) will allow prescriptions generated by GPs to be transferred electronically from their surgeries to their local

pharmacies. GPs will send prescriptions to the Spine to make them available for dispensing. At the same time, prescribed medication details are added to the patients' electronic records held by the NHS CRS.

The dispenser will obtain the electronic prescription from the Spine via the pharmacy's computer system. Once the pharmacist has dispensed the medicine or appliance in the usual way, a message will be sent back to the Spine, recording what has been dispensed to the patient.

The Spine also contains the following elements:

Personal Demographics Service – the central source for patient demographics such as NHS number, name, address, date of birth

Personal Spine Information Service – provides an up-to-date summary of information and key events in a patient's life. When current treatment generates information for continuing care, such as discharge information or notes of a visit to walk in centre, summary information is added to the record.

Secondary Uses Service – protects patient confidentiality and provides timely, anonymous patient data and other information for purposes other than direct clinical care e.g. looking at public health trends, analysing effectiveness of treatment.

Spine Directory Service – a master source of information about accredited users and systems. Every transaction/message processed by the Spine will be checked to ensure it is from an authorised user and system. A key component of the security of the Spine.

Clinical Spine Application – provides healthcare professionals with access to the NHS CRS to gain controlled access to patient information. Enables clinicians and other staff to enter new information relating to a patient's healthcare.

Access Control Framework – registers and authenticates all users. It will provide a single login and a record of each healthcare professional accessing a patient NHS Care Record. All information will be provided on a need-to-know basis and based on a user's role and relationship with the patient. It will also store information to which patients have chosen to restrict access.

For more information and the latest progress of Connecting for Health visit www.connectingforhealth.nhs.uk.

Useful documents on www.derbyshirelmc.org.uk

Please note that the following two documents are on our website. Several requests have been received recently for advice on these matters.

Focus on Salaried GPs – in the “Focus on” section of the website.

Overseas Visitors – Who do you treat? – in the General Guidance section of the website.

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