

pharmacy consultations cut by PCTs

Commissioning of pharmacy services is being cut by Primary Care Trusts, and pharmacy groups are calling for more investment in the sector. According to a report in 'The Pharmaceutical Journal', there is evidence that Primary Care Trusts (PCTs) are renegotiating or decommissioning some pharmacy services in an effort to cut costs. However, pharmacy groups say that these services are valuable and proven, and that continued investment is required.

The National Pharmacy Association says that feedback from its members highlights the problem. Reports from pharmacy operators suggest that some services have been given one month's notice on existing Service Level Agreements, with new and reduced agreements being

introduced after that period. In some cases, where pharmacies are not considered to be located in 'areas of need', services are being decommissioned altogether over a period of around three months.

Among the services being cut are minor ailment schemes, covering conditions such as colds and flu, earache, minor cuts and burns, sprains and strains, verrucas and warts. The schemes allow patients to receive advice and treatment from pharmacists rather than waiting for an appointment to see a GP. Other services being cut include emergency hormonal contraception (EHC) and chlamydia testing.

Pharmacy groups have highlighted the fact that moving the management of areas such as minor ailments away from GPs to pharmacists can actually cut costs by tackling illnesses quickly,

cutting medicine wastage and reducing the burden on GPs. The amount spent by PCTs on community pharmacies is relatively small, and lobbyists campaigning to retain pharmacy services say they should be seen as a solution rather than a problem during times of budget reduction.

Sue Sharpe, the chief executive of the Pharmaceutical Services Negotiating Committee, told The Pharmaceutical Journal that plans to scale back pharmacy services in response to cost-cutting would be "penny-wise and pound-foolish".

The commissioning of pharmacy services is being moved away from PCTs to a central NHS Commissioning Board, and the challenges of the transition combined with the need to cut public spending make this a particularly uncertain period for pharmacists.



Dentists' expenses outpace earnings

Dentists' expenses are increasing at a faster rate than their earnings, according to an NHS report. Latest figures from the NHS Information Centre detail the earnings and expenses of full and part-time self-employed primary care dentists who carried out NHS work in England and Wales in 2008/09 – the third year of the current dental contract. Expenses borne by dentists increased by up to 8.2%, while average earnings rose by just 0.5%.

The average taxable income for self-employed primary care dentists in 2008/09 was £89,600, compared to £89,100 in 2007/08. The average taxable income for providing performer dentists, who hold a provider contract with a Primary Care Trust or Local Health Board and also perform dental services, was £131,000. The average taxable income for performer only dentists, who do not hold a provider contract but do perform dental services, was £67,800.



At the top end of the pay scale, almost 700 dentists in England and Wales earned more than £250,000 in 2008/09, while 410 earned more than £300,000.

Average allowable expenses for providing performer dentists, such as expenses associated with premises, equipment, staffing and materials, rose from 218,800 in 2007/08 to £235,500 in 2008/09, an increase of 7.6%. Expenses for performer only dentists rose by a greater margin, 8.2% from £33,500 in 2007/08 to £36,300 in 2008/09.

The chair of the British Dental Association's General Dental Practice Committee said that the figures underlined the fact that the costs associated with providing dentistry are rising dramatically. John Milne commented: *"Trends in expenses will need to be monitored carefully to ensure that dental practices are properly supported and are able to provide the resources they need to continue providing high-quality care to patients."*

To read the report go to: <http://snipurl.com/115pik>

GPs v the NHS

Government plans for the future of the NHS could lead to major differences in the way GPs work in different parts of the UK and could break up the existing UK-wide contract.

The UK Government's healthcare white paper 'Equity and Excellence: Liberating the NHS' sets out plans to give more responsibility for commissioning and budgets to GPs. The aim is to give GPs more control in matching the services they provide to the needs of their patients.

In England, the Department of Health is planning to introduce new contracts for GP practices with independent NHS boards, which includes handing the practices the responsibility for

commissioning and for out-of-hours provision.

However, the Scottish Government is firmly against GP commissioning, the use of the private sector and any plans to give out-of-hours responsibility to GPs. The General Practitioners Committee (GPC) Scotland has said that the UK-wide GMS contract "doesn't suit Scotland very well".

Scottish Health Secretary Nicola Sturgeon added that health policies in Scotland and England are increasingly going their separate ways and "diverging". She said that models of delivery "look very different" in the two countries and called for contract negotiations to reflect this.

Meanwhile in Northern Ireland, GPs are enthusiastic about commissioning responsibility. The GPC Northern Ireland has already held talks with the Department of Health about plans for groups of GPs to handle commissioning for areas with between 50,000 and 100,000 patients.

The British Medical Association (BMA) in Wales has said it is awaiting guidance from the Government on the possible impact of the contract.

To read the white page, go to: <http://snipurl.com/10pz2z>

in brief..

GPs can farm out commissioning services to private sector under Government plans

GPs will be able to contract out commissioning services to the private sector, under plans announced by the Government. The Department of Health's consultation, 'Commissioning for Patients', says that GPs will not be required to carry out all commissioning activities themselves, so will have the freedom to buy in commissioning support from local authorities, social enterprises or the private sector. To read more go to: <http://snipurl.com/10pz38>

NHS eyeing 'exciting' opportunities in private market

NHS hospital bosses have said they will be looking to exploit the 'exciting' opportunities thrown up by the Government's recent shake-up of the health service. Foundation trusts, which are self-governing hospitals, have always had a cap placed on their private income. However, the Government will remove this cap as part of its overhaul. A spokesperson for the Foundation Trust Network, which represents foundation trusts, said that this move could provide "huge opportunities to innovate". To read more on this story go to: <http://snipurl.com/10pz4c>

10% of GP practices 'to close due to cash crisis'

One in ten GP practices will shut down over the next three years because of a squeeze on NHS funding, the Government has predicted. The forecast was made during a meeting of Primary Care Trust (PCT) bosses and senior civil servants. The most vulnerable practices to closure will be low-earning and financially inefficient practices, as well as rural and commuter belt practices. To read more go to: <http://snipurl.com/10pz4g>

Pharmaceutical entrepreneurs changing the pharmacy market

The pharmacy sector is increasingly becoming populated with small and medium-sized businesses, according to a report in 'PJOnline'. The article highlights that recent mergers and acquisitions in the pharmacy sector, and firms' subsequent decisions to move out of the UK, signalled a possible drop in demand for pharmacists. However, this spate of mergers and acquisitions has led to more small and medium-sized businesses being established, which are generally run by pharmaceutical entrepreneurs. To read more go to: <http://snipurl.com/10pz43>

GPs demand deregulation of dispensing system

GPs have called for the dispensing sector to be deregulated so that they can compete with the pharmacy sector and protect their income. Delegates at the Local Medical Committees (LMC) conference tabled a motion, which proposes giving GPs universal dispensing powers, as they claim their income is being affected by new pharmacy openings. Delegates claimed that full dispensing rights would allow GPs to compete with these newly opened pharmacies.

One GP said the move would "*increase competition in primary care and boost access for patients*" as the pharmacy sector is seeing a "one-way" movement of primary care to the 'for profit' pharmacy sector. It is hoped the motion will shape the General Practitioners Committee's (GPC) policy on dispensing. It could also be included in discussions with the Department of Health.

Prescription vending machine on trial in UK

A remote pharmacy dispensing machine will go on trial in five UK hospitals later this year. Canadian firm PharmaTrust is providing its MedCentre product, which is similar to a vending machine but provides a video link between patient and pharmacist. The machine processes prescriptions electronically or via the

patient's paper prescription. The five UK hospitals where the trial is taking place have not yet been named. These machines can contain up to 2,500 different drugs and are likely to cost between £40,000 and £50,000. <http://snipurl.com/10pz3u>

Patient material now requires licence fee

The British Dental Health Foundation has announced that a licence fee now must be paid to access its' patient information leaflets online. The annual licence fee will permit dental surgeries and other users to access the Foundation's series of 52 educational leaflets, which are used to educate patients about oral health matters, and previously were only available in hard copy. The fee paid by dental practices depends on the number of leaflets used, but it starts at £100 (excluding VAT) for access to between one and ten leaflets. For more on this story go to: <http://snipurl.com/10pz48>

GPs face pay freezes for next three years

GPs will not receive a pay rise for the next three years, after the Chancellor announced a pay freeze for all public sector staff earning more than £21,000 in 2010/2011. The Government has already announced they would freeze pay for public sector workers earning more than £18,000 during 2011/2012. However, George Osborne went one step further in his Emergency Budget and said that he would actually put a hold on public sector pay for the next two years as well. This means that GPs' pay will be frozen for 2010, 2011 and 2012.

The acting chief executive of the NHS Confederation warned that the pay freeze comes at the same time as a VAT increase, which will mean a rise in the cost of goods and equipment.

A Department of Health spokesperson said that everyone in the public sector must "play their part" in helping to reduce the budget deficit, which includes GPs. They added that proposals for GPs' pay will be outlined "in due course".

end of life care needs improving

A new report assessing end of life care in England has recommended improvements to training and strong investment in community services. The second annual report on the Department of Health's End of Life Care Strategy highlights specific progress such as the allocation of £40 million worth of capital grants for hospices to improve their facilities, but concludes that more needs to be done.

Each year in England there are around 500,000 deaths. Around 20% of those occur at home, with 55% occurring in hospitals, 16% in care homes and 5% in hospices.

According to the report, up to 74% of people would prefer to die at home than elsewhere. The Department of Health's strategy aims to allow more people to receive care at home and die at home if they wish.

In order to achieve this, services in the community need to be supported and developed, and the report highlights investments and initiatives, such as the launch of an e-learning programme for end of life care staff. According to the report, steps also need to be taken to change public attitude towards discussing death and dying in order to make it easier for people to express how and where they wish to be cared for at the end of their life. The Dying Matters Coalition is an initiative designed to raise public awareness of issues surrounding the end of life.



Launching the report, Care Services Minister Paul Burstow said: "We need to ensure that the care people receive at the end of life is compassionate, appropriate and gives people choices in where they die and how they are cared for. More work will be done to improve training, promote best practice and make sure good end of life care is embedded across the NHS."

To read the report go to:
<http://snipurl.com/117rly>



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commercially backed GPs

The number of GP services that are run by commercial companies has been significantly understated, according to a report by the NHS Support Federation.

According to the 'NHS Unlimited' report, as many as 227 GP surgeries and health centres in England are currently run by commercial companies and many are rapidly expanding their businesses. The 227 GP surgeries and health centres are run by 23 commercial companies. Nine of these commercial companies hold ten or more contracts.

Many of these companies are described as being GP-led, which the NHS Support Federation claims is "misleading" and understates the number of commercialised GP services.

The report quotes the example of Chilvers McCrea, which started by managing one failing GP practice

but now has contracts for more than 35 surgeries in England. Other large players in the sector include Care UK and Assura Medical, which is controlled by Virgin Healthcare.

Many local GP practices are "finding it hard" to bid for contracts, according to the report's findings. It predicts that this could lead to local GP practices being "squeezed out" of contract bidding as the NHS market matures.

The NHS Support Federation also claims that these companies are difficult to keep track of. The complex ownership structure makes it difficult to track who controls the service, the report claims, while information on the contracts are not easily accessible and the tendering process is not open to scrutiny.

To read the 'NHS Unlimited' report, go to: <http://snipurl.com/10pz5e>