

Primary Care News

Welcome to the first issue of the newsletter for primary medical care providers.

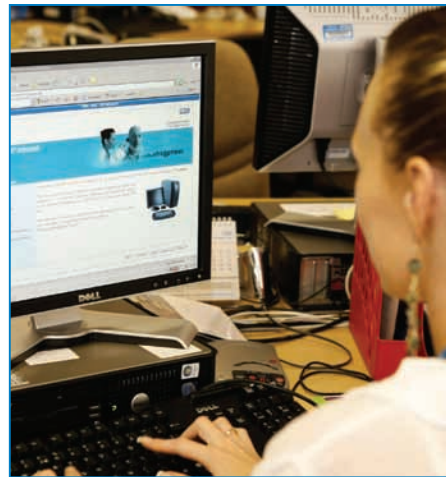
We know that communication between the organisation and those delivering healthcare in the community has been an area of concern for many, and we are working hard to address this. We have introduced GP forums and dentist forums and now this, the first newsletter. I hope it will be of benefit, and if any readers have suggestions for what could be included, please let us know by getting in touch (contact details are at the bottom of the page).

Of all the different elements of the health service, patients have the most contact with general practice, therefore it makes sense that primary medical care takes centre stage for NHS Leicester City. During the last year, this area has seen challenges and successes, and these continue.

Making progress

For GPs, we are working to ensure that the quality of service remains consistent across the city. For dentists, we have invested more than £1million to improve access for patients in a bid to increase the number of NHS appointments available. We are enhancing the role of the community pharmacist to widen the services they provide, such as the Minor Ailment Service and health screenings. The work we have carried out with optometrists is at an earlier stage but we are working to introduce measures that mean health conditions could be spotted through eye examinations and the care pathways can begin at an earlier stage.

We have introduced a number of changes in key areas of work, including:



- **Balanced scorecards** – providing tailor-made assessments of quality improvement for individual practices
- **Premises agenda** – ensuring that practices across the city are all fit for purpose and supporting those that are not
- **Practice-based commissioning** – working closely with GPs to ensure that practice-based commissioning is at the heart of the city.

Our work continues and our vision remains the same – to provide a level of healthcare that we ourselves would want for our families, friends and loved ones. Ensuring that patients in the city

receive the best possible care is key and gaining the insight of patients into this process is critical to delivering practical results.

Your thoughts

For this first issue of the newsletter it would be incredibly helpful if you contact us with your thoughts. Is it helpful? What do you want to see? Would a Q & A section be beneficial and if so, what are the questions you'd like to see answered?

I look forward to hearing from you and hope you enjoy this first edition. ■



Toby Sanders,
Director of
Primary
and
Community
Care

Want to get
in touch?

Contact: communications@leicestercity.nhs.uk

In this Issue...

The Challenge to Primary Care	2	With change comes opportunity	8
Providing care closer to home	3	Colleagues' corner – Medicine Management	9
Review to ensure better value for money	3	Improving dental access	9
Onwards and upwards	4	Colleagues' corner – optometric adviser	10
Team gains recognition for excellent practice	4	New contracting arrangements for optometrists	10
New system more fair	5	Preparing for service change	11
New scheme launched to help improve the city's practices	5	Great reception for new service	11
A better diabetes service – now and in future	6	A time for review	11
Introduction of new services	7	Ambulance care in hazard zones	12
The results are in...	7	Targets reveal top performance	12

The Challenge to Primary Care



In his 2003 book *The Challenge to Primary Care*, NHS Leicester City Medical Director, Dr Nigel Starey, said “As new technology allows more and more

care to be provided outside hospital, as the population ages, and as everyone’s aspirations for perfect health increase, so the responsibilities of the primary care sector have expanded and will continue to expand.”

That expansion is just as evident today, he told Primary Care News. The role of the GP in this context is also inevitably changing and expanding, embracing new areas of business management and administration, for which they may not have been trained or prepared.

“Here in Leicester as well as the rest of the country, GPs are sometimes drowning in the things they shouldn’t need to do,” he added. “When a GP has to get through 50 prescriptions that need signing, and examining 80 blood test results – all before starting surgery at 8am – it can take its toll.”

PCTs have a clear role to support GPs in their work, and by ‘support’, we do not simply mean finance alone, he said. It also means things like establishing groups to work together on common issues, agreeing the way forward and how to make a strategic vision become a reality. “It also means training and supporting them when there is a spike of flu cases, or when there is a complaint or they are struggling with workload or their health.”

“There has been a cultural drift towards seeing your GP for almost everything. You hear it on the TV and radio almost daily – ‘if in doubt, talk to your GP’. We need to change that to a culture of using our healthcare resources more efficiently, to one where more people

take greater responsibility for their own health through the way they live. In today’s information age, the doctor is no longer the sole source of wisdom on every health matter there is.”

The cosy, pastoral picture of the family doctor in the minds of many of the public has little relevance in today’s world of technology, targets and practice-based commissioning, he said. “We have moved beyond Dr Finlay.” Or as he summed up the situation in *The Challenge to Primary Care*: “While UK general practice may still use ‘Lloyd George’ envelopes and rely on an organisational structure – professional partnerships – which have served it well thus far, it may not equip it, and the rest of the primary care sector, to adapt to its emerging responsibilities.”

However, we must not lose all of the characteristics of that bygone era, he warns. “Perhaps the most important role of the GP today is to be trustworthy,” said Dr Starey. “A GP must be able to command the trust of patients and all the stakeholders in the community and the public sector – and be trusted to provide safe, effective healthcare for patients, and to make efficient use of health service resources.”

But does Leicester’s frontline of more than 230 GPs have the capacity to meet all these challenges? Dr Starey replied: “The capacity may be there but sometimes it’s in the wrong places,

for wholly historic reasons. We have a city where some GPs have a list as high as 3,000, and ideally we need to get it nearer to the national average of about 1,800. It’s also much better if we work as part of a team with a wide range of skills available to patients.”

Dr Starey still practices at his Swadlincote surgery each week, alongside special sessions for patients dealing with drug abuse. In his role as Medical Director at NHS Leicester City, he is an important link between the practitioners and commissioners, an ambassador for clinical engagement.

“GPs are not averse to clinical engagement but they are born sceptics,” he said. “They ask and they analyse and they reason things out, because that’s how they were trained.”

“Yes, sometimes I get stroppy emails from someone who has reacted impulsively to an issue, because that’s how some of them cope with pressure sometimes. In their job they have to respond quickly to every situation they are presented with, that is normal and I do understand.”

Perfect clinical engagement isn’t something that will simply happen overnight, he believes. It’s a continuing two-way process. “You won’t get more than 200 GPs agreeing on everything all the time, but we all have to respect each other and understand why we need each other,” he added.



About Dr Nigel Starey

Primary care has always played a part in Nigel's life. He was brought up in rural Buckinghamshire where his first job was making pill boxes and bandaging ulcers for his dispensing GP father. After gaining a degree in biology and human genetics, he studied medicine in London. Trained as a GP, he also became a trainer and led his Essex practice into the first wave of GP fundholding. He also became aware of the tensions and frustrations in the system, which helped nurture an interest in the broader development of the primary care sector.

Nigel spent three years working for North West Anglia Health Authority as their medical advisor, involved in managing the relationships between GPs and the NHS management. He then returned to general practice, this time in Derbyshire. Nigel also directed the Centre for Primary Care at the University of Derby for four years and has a special interest in the application of genetics in primary healthcare. He has written and talked widely about the development of the primary care sector, and his other interests include systems thinking, scenario planning, quality assurance and sustainable development. ■

Providing care closer to home

Delivering health services in the communities where patients live

The One Healthy Leicester Commissioning and Investment Strategy sets out a vision to provide people with high-quality health services in the communities where they live.

To achieve this aim, there needs to be a significant shift in outpatient and diagnostic care from acute hospitals to community settings.

Currently, outpatient and day case procedures in Leicester are predominately carried out in the acute sector. While some practice-based commissioning schemes deliver services in community settings, there is scope to do much more.

A list of specialities that could be suitable for community delivery has been drawn up. This includes reviewing national guidance and strategy, identifying exemplar case studies and what has been achieved in other areas of the country, and engagement with local primary care clinicians.

Taking plans forward

Identifying these specialities is the first step to establishing which services are best suited to being delivered in the community. Each speciality will be examined to define clinically safe pathways that provide the right care in the right setting with the right equipment, performed by appropriately skilled people. The first speciality for this detailed work is dermatology.



This approach will include:

- **Public and patient engagement** on current service pathways and areas for improvement which will then inform any new care pathway
- **Clinical engagement** in each speciality including acute sector clinicians, primary care clinicians and any specialist working in community settings. A clinical forum will be established to consider changes to the care pathway from acute to community settings; clinical safety issues; workforce competencies and clinical governance arrangements
- **Pathway redesigns** and service specification work where appropriate
- **Review the cost-effectiveness** of shifting each speciality activity from the acute sector to community settings
- **Procurement of new services** where appropriate, including market analysis and engagement. ■

Review to ensure better value for money

NHS Leicester City has recently begun a value-for-money review in order to develop a better understanding of the funding differentials between practices. This work coincides with the Department of Health's move towards a more equitable system of funding of core primary medical services by reducing reliance on the MPIG payments.

To address the current differentials in funding, a project task group has been formed on the direction of the Primary Medical Care Implementation Board. The objectives of the GP Practice Funding Differentials Review Group are to identify the underlying reasons for the differentials in practice funding levels, provide information to inform proposals for target funding based on practice size, local health need and the quality of services delivered and finally to make recommendations on the implementation of the new funding methodology, including the pace of change and transition arrangements. The project group membership includes GPs, practice managers, LMC representatives, a PCT non-executive director and representatives from the Primary Care directorate.

Practices will be kept informed on the progress of the work. Any queries should be directed to Hilary Salter on 0116 295 1452 or by email:

hilary.salter@leicestercity.nhs.uk. ■

Onwards and upwards

An update on developments in practice-based commissioning

There have been a number of developments in recent months regarding practice-based commissioning (PbC).

PbC Group is currently in progress to secure a critical mass of activity. Work and consultation is being undertaken by clinicians and NHS Leicester City managers to develop a sustainable, manageable and effective PbC infrastructure to be led by the agreed number of consortia for the city.

In order to make PbC more effective and enable more significant influence, NHS Leicester City is moving towards having three or four larger PbC groups.

This decision has come through the Clinicians Council and PbC chairs. This will also allow the NHS Leicester City to strengthen its support through integrated teams including the

locality managers, finance, informatics, quality and primary care. We are working jointly with the Leicester Medical Council and, so far, good progress is being made.

The new PbC groups will have the support of a locality manager, who will help practices manage their commissioning budgets and other commissioning functions. The groups will also be aided by the development of integrated teams with named contacts for each area of support. These include finance, informatics, strategy, public health, quality, primary care contracting, medicines management and community development.

A management allowance will be paid to each practice to support them in engaging with PbC. This commitment will be the same for all practices regardless of size, with £2,000 a year paid to each practice for this purpose.

A newly-formed Commissioning Executive will be responsible for service procurement and contract management. Membership will include up to six GPs to represent the new consolidated PbC groups.

Indicative budgets have been sent to all practices, utilising the new Department of Health Fair Share toolkit.

PbC business case proposals have been streamlined so that there will be no more than an eight-week turnaround time from application to a decision being reached.

In terms of Clinical Incentive Schemes, the medicines management scheme will continue to be implemented in 2009-10. An additional new scheme will cover the ethnicity, language and interpretation needs of patients on practice lists.

Current PbC services which are being run in the community include:

- Dermatology Minor Surgery – Dr D. Patchett & Partners
- Heart Failure Service – Dr Roshan
- Musculoskeletal Service – Dr P. Wheeler
- Musculoskeletal Service – Dr K. Newley
- Musculoskeletal Service – Dr G.K. Sharma
- Sexual Health and Contraceptive Clinic (Shacc) – Consortium of 10 GPs.
- Minor Surgery and Carpal Tunnel Surgery – Blue Sky Orthopaedics
- Minor Surgery and Carpal Tunnel Surgery – Chirurgiae



Team gains recognition for excellent practice

The team responsible for developing Leicester's GP revalidation system has been recognised as an example of excellent work.

The Revalidation Team were visited by Dr Jo Anthony, a member of the National Revalidation Support Team (RST), formally known as the Appraisal Support Unit. The RST share best practice with other organisations within the UK as well as providing them with expert support.

As a consequence of work which the Leicester team carried out in preparing NHS Leicester City to become 'fit for purpose'

for GP revalidation, both Dr Les Ashton and Cherie Robinson were invited to apply as RST Associates.

Both have now been accepted into their new associate roles and will not only be sharing their local experience but also the organisation's processes and procedures at national level.

They will also play a key role on the East Midlands Revalidation Steering Group. The group will look at the development and implementation of East Midlands-wide processes and procedures to meet the requirements of primary care trusts in the region.

New system more fair

NHS Leicester City is working towards using a balanced scorecard system for a fairer assessment of the city's 64 GP services.

At present, only ad hoc and anecdotal evidence is available to assess the actual levels of quality care experienced by our resident population, rather than more formal means of measurement. By performing a mapping and evaluation exercise we will be in a position to identify areas that require focus and development as well as areas of good practice. This will ensure NHS Leicester City can plan and commission services which address many of the priorities for improving the health of the population.

The overriding aims in developing a balanced scorecard system are to produce a high-level working document. It needs to be simple to interpret and involve automating entries to the document as far as possible, with little additional work being required by the general practices. The contents

will consist of general practice information, public health data, and financial information intended to be a useful reference resource as well as relevant, measurable, practice specific data.

The balanced scorecard will form part of an annual quality review cycle for general practice, with annual visits becoming an integral part of the process. Visits will be undertaken by a multi-disciplinary team, including a Non Executive Director, and the practice and PCT will work together in drawing up an action plan which will address key areas for development identified through the balanced scorecard and other areas identified at the practice visit.

Each practices individual scorecards will be sent out by the end of September, and once practices have had an opportunity to review the scorecard, practice visits will be scheduled to take place between November and January.

Please contact David Riley on 0116 295 4189, or david.riley@leicestercity.nhs.uk with any queries regarding work on the balanced scorecard. ■

New scheme launched to help improve the city's practices

GP premises needing relocation or redevelopment are being given a helping hand by NHS Leicester City from a new funding programme

NHS Leicester City has launched the Fit for Purpose Premises Programme, which will help GPs with the most challenging premises to undertake major redevelopment or relocation.

The scheme will provide additional revenue funding to support any increased rent reimbursement requirement that redevelopment or relocation brings. The additional money is subject to the

approval of a Business Case and District Valuer sign-off. In addition, the scheme will provide a revenue contribution towards the costs of project managing the redevelopment work.

The buildings needing priority support from the Fitness for Purpose Premises Programme were identified from the findings of the GP Premises survey carried out in 2008. They include older buildings and those in need of adapting to meet new accessibility standards. Practice owners were asked to complete preliminary plans of action by the end of August 2009. Once these are approved, practices will need to develop their schemes to an outline level and then a full business case.

NHS Leicester City will also be making available further funding this year to support all practices in ensuring statutory compliance, improving the patient environment and expanding service provision. Details of the scheme



have been issued to practices. Any work approved will need to be completed by the end of March 2010. Examples of work undertaken in the 2008-09 scheme include providing better disabled access, improving waiting areas and dealing with infection control. ■



Enquires about the Fit for Purpose Programme should be directed to Andy Bevan on 0116 295 1161. Enquiries about the GP premises improvement funding should be directed to David Joseph on 0116 295 4158.

A better diabetes service – now and in future

Diabetes remains one of the city's major health concerns and work is already underway to implement the Diabetes Strategic Initiative. Key short-term priorities have been now been set out.

Public consultation on our diabetes plans took place between the end of December 2008 and 27 March 2009. People said they wanted GPs and other primary care professionals to have training and advice from experts so people with diabetes received more consistent care and advice.

They also wanted clear accreditation so they knew that professionals, who were providing insulin initiation in GP practices, had the knowledge and skills to help them manage their diabetes. Patients asked for information to be made available on the GP practices with a doctor or nurse, who is accredited to initiate and manage insulin.



People also asked for GPs and nurses, who diagnose and support them, to implement minimum standards for providing information and for involving patients in planning and reviewing their care. They further suggested ways to encourage patients to attend their GP practice for the annual reviews of their diabetes.

The first priority now is to tender for the Integrated Community Diabetes Service (ICDS) for patients needing level 2 intermediate care. This service is planned to be in place by April next year.

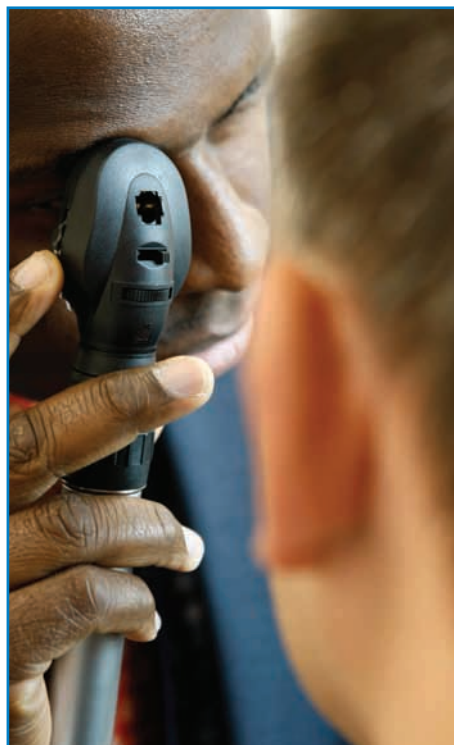
But clinicians are being asked not to wait until then to instigate some improvements. Pending the development of this new service, all those involved need to examine what support can be offered to GP practices in the meantime to improve the management of diabetes patients. This request follows a recent baseline audit of city practices, which indicated there was a need to work with up to 20 practices to improve work in this area.

Another priority is to increase the uptake and accessibility of the training programme for type 2 diabetes patients called DESMOND (diabetic education and self-management for ongoing and newly diagnosed). For further details or information on how GPs can get patients to attend this training programme, please visit:

www.leicestershirediabetes.org.uk/display/templatedisplay1.asp?sectionid=196

It is equally important to ensure that there is a clear pathway for patients, by providing self-management information and structured education from diagnosis at primary care level onwards. This pathway information will be shared with GP practices, health professionals, voluntary sector and patient support groups.

The medicines management team within NHS Leicester City is also developing a local reference work for blood glucose testing meters. ■



For further details of the plans and consultation results, go to: <http://www.leicestercitypct.nhs.uk/NHSLeicesterCity-GetInvolved-RecentConsultations-DiabetesConsultationResponse.cms>

For further information, contact John Singh, planning and contracts manager, adults and older people.
Email: john.singh@leicestercity.nhs.uk.

Introduction of new services

NHSLeicester City has introduced four new Directed Enhanced Services (DES) earlier this year to fall in line with final Department of Health guidance.

The four DES are:

- Heart Failure DES (data requested for 2008-09 only as this is included in QOF from April 2009)
- Learning Disabilities DES (Health checks for patients registered on the Local Authority Learning Disability Register)
- Ethnicity DES (Recording of ethnicity and first language)
- Alcohol DES (To reduce the risk of adults, aged 16 years or over, drinking at 'hazardous and harmful levels' as defined by the World Health Organisation)

In addition to the above, the organisation has also introduced the following Local Enhanced Services (LES):

- Anticoagulation Monitoring Service LES (The monitoring of patients prescribed Warfarin)
- Choose and Book LES 2009–2010
- Chlamydia LES 2009–2010
- Ethnicity LES (Additional criteria/income to the Ethnicity DES)
- Osteoporosis LES (Replaced the DES – includes amended criteria which allows for the inclusion of patients who have not received diagnosis via DEXA scan)
- Specialist Drug Prescribing and Monitoring under Shared Care Arrangements (The monitoring of patients prescribed Oral Methotrexate)

- Human Papilloma Virus (HPV) Vaccination – Sept 2009 to Aug 2010

Copies of the appropriate Services Specifications for all of the above enhanced services can be obtained from Primary Care Locality Contract Account Managers.

NHSLeicester City would like all practices to sign up and offer the above DES/LES services and would ask GPs to note:

- The Learning Disabilities Directed Enhanced Service provides important annual health checks for patients included on the local authority learning disability register. Currently only 39 practices out of 65 have signed up to offer health checks to patients which could leave many patients without a health check this year. If you are still considering offering this DES, additional training sessions are being arranged. To attend this training, please contact tracey.jefferson@leicestercity.nhs.uk.
- The Ethnicity DES requires practices to record the ethnicity and first language of all patients. NHS Leicester City has developed the Ethnicity LES to further support practices with additional income to the DES, but also requests that practices record patients' interpretation needs.

Please note the data recorded by practices is invaluable and informs the work undertaken by the Public Health, Primary Care, Communications and Equality and Human Rights teams in the organisation. ■

The results are in...

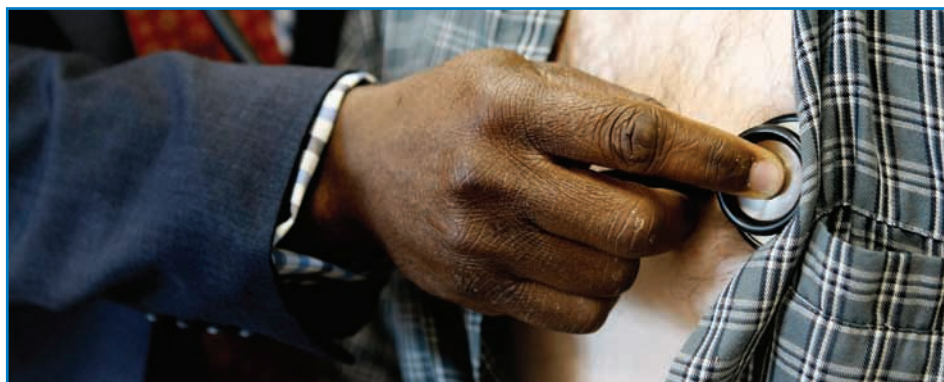
Results from the GP Patient Experience Survey, carried out in January 2009, were released at the end of June.

In total, 47,802 questionnaires were sent out to patients within NHS Leicester City and 16,060 were returned, giving a 34% response rate. Although there have been some concerns raised nationally by the British Medical Association that the response rates have been low, this survey is still by far the biggest survey of its kind and, at an average of around 250 patients per GP practice, this does provide a good representation of our patients' views across the city.

In terms of overall satisfaction, for the question 'In general, how satisfied are you with the care you get at your GP surgery or health centre?' nationally NHS Leicester City ranked 140 out of 152 Primary Care Trusts. In comparison to 15 other PCTs with similar population demographics, NHS Leicester City ranked 13 out of 16.

A full analysis of the results has been made available to practices, enabling them to compare their results against others and the PCT as a whole. Although there are practices that have performed well this year, overall the survey has identified the need to strengthen the work of the Transforming Primary Medical Care Programme Board in this area.

Keywork programmes already underway this year include the development of patient participation groups, the roll out of the balanced scorecard, the annual quality review and customer services training. These will be extended to include the publication of quarterly practice reports, the introduction of appointment management tools and facilitated practice/patient focus groups, in the hope of higher satisfaction scores in the new quarterly survey that began in April 2009. ■



With change comes opportunity

A conversation with Dr Mo Roshan, The Willows Medical Centre, Leicester

Affectionately known as ‘NEL’, the practice-based commissioning group that Dr Mohammed Roshan (known as Mo) is part of covers much of north east Leicester, from where the abbreviation derives. Although the smallest PBC group in the city, NEL’s line up includes some major figures in Leicester’s primary care field.

It consists of the NEL Chair Dr Mo Roshan of The Willows, Dr Nitin Joshi of Willowbrook Medical Centre, Dr Bhup Modi of Canon Street Surgery (also a PEC/Board member of NHS Leicester City), Dr Vijay Rawal of Hilltop Surgery (also city medical secretary of the Leicestershire and Rutland Local Medical Committee), Dr John Wood (a former PEC chair) and Dr Toby Cheesman of St Elizabeth Medical Centre, and Dr David Salkin of Humberstone Medical Centre, Dr Anthony Bentley and Dr Liz Siddons of Downing Drive Surgery (also Assistant Medical Director and a PEC/board member of NHS Leicester City).

“We may be the smallest, but we punch above our weight,” said Dr Roshan.

Together the group looks after the interests of around 30,000 patients, including a significant proportion of Leicester’s older residents. The main health problems among these north east city patients are cardiovascular disease, coronary heart disease (and undiagnosed CHD), diabetes – both diagnosed and undiagnosed – and helping people manage their diabetes. The area’s lifestyle problems include high rates of obesity and smoking.

Recognising that these problems needed a combined response, Mo established a local Community Heart Failure Service, the first in the city, based on a national model and adapted to the local area’s needs. NEL colleague Dr Joshi set up the Unique Care Model project, and both are very successful examples of

integrated care and moving care closer to the patient.

A firm believer in the many virtues of practice-based commissioning, Mo says that there is no better way to get things done when creating a unique care plan for a patient.

“It is time consuming to get it done right, yes, but it’s worthwhile. What you want is a seamless patient journey including all the required elements of community health and social care, which are tailored individually.”

The expansion of PBC, as detailed in NHS Leicester City’s five-year commissioning and finance strategy, *One Healthy Leicester*, holds an attractive proposition for city GPs, he believes. “GPs in Leicester are keen on taking ownership back and commissioning more according to local needs. The ‘one size fits all’ approach has not worked well for some areas and we all feel we have different needs that we want to address,” he added.

However, not every GP is fully trained or equipped to be an effective practice-based commissioner. It calls for a wider

skillset than that normally expected from GPs in the past.

“To be most effective, a group needs to have the right range of commissioning skills, leadership skills and negotiating skills. All of these need to be honed and developed. More practice-based commissioning will allow for a lot more skill mixing,” said Mo. “It means change, yes, but with change comes opportunity, and we would be wise to take it.”

GPs also need to be aware of increasing competition for contracts from outside organisations with different outlooks from traditional city practices.

“We feel there is an uneven playing field here. We are competing with businesses with specialist skills which we do not have,” he explained.

It is all part of the overriding philosophical change in the model of primary care. “There are many aspects of primary care that have worked well and we should be wary of the risk of dismantling it,” he said.

Mo’s ideal is integrated care: GPs, community nursing, health visitors, secondary care clinicians, all working



Creating a unique care pathway for each patient is most effective to deliver appropriate health care

to a patient-focussed care pathway. "This would make for a much better model than the vertical one we have at present," he argued.

Leicester GPs are under pressure to deliver more services, for longer hours, to meet increasingly higher patient expectations, while ensuring their premises are fit for modern healthcare, and delivering on a raft of quality targets. However, Mo believes GPs are being handed a special opportunity to influence the course of local healthcare development, more than at any time in the history of the NHS in Leicester.

"Historically, PCT clinical engagement has not always been very effective in the past. Now it is very much on the agenda and it's getting more effective. With Tim Rideout and Toby Sanders, you can see they are working very hard at it," he said.

"We now have a Clinical Cabinet, a Commissioning Executive and we have clinicians on the Next Stage Review group. There is further clinical involvement on the Transforming Primary Care group and the cardiovascular implementation group. It's clear from all these and more

that they have a very strong clinical engagement agenda.

"The choice of our four major health priorities – the 'four golden threads' – illustrates good clinical engagement at work. They were chosen on the basis of greatest need, very much as perceived by the area's clinicians." ■

The views and opinions expressed in this article are those of the author and do not necessarily reflect those of NHS Leicester City.

Colleagues' corner – Medicine Management

Susanna Taylor is Assistant Director, Medicine Management at NHS Leicester City. She qualified as a pharmacist in 1992 and has worked for both previous primary care trusts since 2003. She qualified with a Masters in Public Health in 2008.

Today she describes the role her staff play in managing medicine.

The medicine management team's role is to ensure that prescribing in Leicester is of a high quality. It must also be safe and provide value for money through the implementation of regulations, guidance and best practice.

To achieve safety, the team:

- establish systems that ensure safe management of medicines
- support medical, pharmacy, nursing and other staff dealing with all aspects of medicines while they delivering safe, appropriate care with medicines for their patients
- develop systems that ensure handling of controlled drugs is safe and effective.

To achieve quality, the team:

- aims for continual improvement in the use of medicines by promoting effective clinical practice, risk management and value for money
- rationalise prescribing of antibiotics
- ensure implementation of NICE Technology Appraisals
- rationalise prescribing of blood glucose testing meters
- develop a communications strategy

The team also aim to improve the availability and application of knowledge about medicines and their uses. ■

Improving dental access

NHS Leicester City estimates that by March 2011, 67% of the population will want access to NHS dentistry.

The current level of access is 61% and the gap of 6% represents an unmet demand equivalent to 25,200 patients. Dental providers in NHS Leicester City currently provide access for 178,666 patients (June 2009). The introduction of initiatives is already making a significant contribution to improving access, such as the introduction of a more rigorous system of performance management of contracts, and using non-recurrently the funds earmarked for the procurement to commission temporary additional activity from those providers who have demonstrated a track record of delivery and a commitment to the NHS.

The dental team is currently running a series of tenders to commission a mix of services from new suppliers as well as an expansion of services from existing suppliers who are able to offer additional capacity. This will result in patients having improved access from September 2009 onwards with the new practices awarded by tender starting from March 2010. The PCT will ensure that the procurement process is open and transparent and complies with EC procurement requirements.

The organisation began carrying out annual reviews in July which are proving to be very useful to both dentists and the dental contracts team in influencing the commissioning strategy.

NHS Leicester City are now running regular dental forums providing dentists with an opportunity to share their concerns, successes or challenges. These forums have proved to be successful, with topics covered including pandemic flu and the new decontamination regulations.

To find out more about the dental forums, contact Ben Collins on 0116 295 1466 or ben.collins@leicestercity.nhs.uk. ■

Colleagues' corner – optometric adviser



The vast array of NHS job titles means that the lines of responsibility can be blurred. Here we describe the role of an optometric adviser

The role of an optometric adviser in Leicester is varied and diverse. While a major responsibility is to encourage eye examination as a first step in the prevention of sight loss, the role encompasses much more.

One of the primary responsibilities is to provide professional advice to NHS Leicester City, and assist staff with

the interpretation of existing and new regulations relating to optometry.

The role also involves liaising between the NHS organisation, the local optical committee and local contractors and performers. In addition, they also assist NHS Leicester City with its clinical governance and quality assurance by the development of the Quality

Scheme for Optometry, monitoring of contracts and optometric premises and the support of optometrists whose performance gives cause for concern.

Advisers also assess the suitability of new applicants to the performers' list, regarding clinical references and declarations.

Assistance is also given by optometric advisers with the commissioning body's planning process, including the development of enhanced optometric services and a strategy for the future of optometry in Leicester.

Of course, much of the work involves with dealing with queries from practitioners and members of the public, as well as resolving patient complaints. An adviser must also help the local NHS to meet its responsibilities by monitoring General Ophthalmic Services claims statistics and undertaking post-payment verification visits to practices. ■

New contracting arrangements for optometrists

All Leicester ophthalmic service providers are now contracted with NHS Leicester City under regulations which came into force last August.

Under the new contract for optometrists, the organisation is empowered to establish enhanced services to move some aspects of secondary care into the community. NHS Leicester City will have greater powers to refuse claims from those contracted providers who become unsuitable.

The contract regulations make minimal reference to clinical governance. To address this issue, NHS Leicester City has been proactive in developing an Optometry Contract Quality Framework, which will be rolled out to optometrists shortly.

The regulations which cover this new contractual arrangements include:

- The General Ophthalmic Services Contracts Regulations 2008
- The Primary Ophthalmic Services Regulations 2008

- The Performer Lists (Amendments) Regulations 2008

- The Primary Ophthalmic Services Transitional Provisions Regulations 2008



Preparing for service change

City pharmacy team works on new system for a scheme that should better meet local needs

The Department of Health recently consulted on proposed changes to the current control-of-entry system to one based on the use of a Pharmaceutical Needs Assessment (PNA).

To prepare for this change, NHS Leicester City's pharmacy team is working to develop an updated Pharmaceutical Needs Assessment. This will differ from previous PNAs by focusing on patient need and behaviour, while mapping current community pharmacy service provision.

As part of this mapping, a review of current community pharmacy contracts is necessary in line with the contractual framework. It has been proposed that a 'balanced scorecard', as used with GP and dental contractors, be developed. The form that this will take is still to be determined, but it will be developed

in consultation with community pharmacists.

The current national contract focuses primarily on dispensing and, as such, may limit the opportunities for tailoring services to meet local need. Local Pharmaceutical Services (LPS) provides an alternative for the provision of pharmaceutical services, under a locally agreed contract, which can address an area's actual priorities and needs. LPS must include an element of dispensing, but can include other services.

Uptake of LPS nationally has been patchy and there are currently no LPS schemes in Leicester. Recent legislative changes have removed some of the barriers to developing LPS.

With the proposed changes to control of entry regulations, LPS can become an

important commissioning tool for developing services to Leicester's patients from community pharmacy contractors.

In order to develop ideas and proposals for LPS, community pharmacies will need accurate and useful information about local need and local pharmacy provision. One of the purposes, therefore, of the new PNA will be to provide that information to pharmacy contractors.

Local contractors will be kept up to date with progress. ■

In order to develop processes that are meaningful locally, your thoughts and questions will be instrumental in shaping these improvements. Please contact: Jeremy Bennett on 0116 295 1118 or Priya Chavda on 0116 295 4168

Great reception for new service

Since Pharmacy First was launched in November 2008, it has been well received both by pharmacies and the Leicester community.

Many patients have taken to this new Minor Ailments Scheme to receive advice, and medication where necessary, for a wide range of common conditions. Pharmacists continue to refer patients to their GPs whenever appropriate.

At the time of publication of this newsletter, there were 68 pharmacies providing the service to the community – and more were expected to take part. Between the launch date and February 2009 there were more than 12,000 consultations made. Several

pharmacies are still to submit their signed service level agreements and standard operating procedures to join the scheme.

Formal reviews

The Medicines Management team has carried out controlled drugs formal reviews with all pharmacy contractors between. The review is undertaken in accordance with the controlled drugs regulations and guidance issued by the Department of Health.

The Medicines Waste Campaign ran successfully in February 2009, with posters and leaflets available from all pharmacies and general practices. The pharmacy team at NHS Leicester City wish to extend their thanks to everyone who actively participated. By doing so, pharmacies and GPs have helped to reduce costs associated with medicines waste in Leicester.

To contact the Medicines Management Team, call 0116 295 1147.

A time for review

The Prescribing Incentive Scheme has now been circulated for 2009/10, and regular reports will be issued.

The Medicines Management team is currently undertaking meetings on Quality and Outcomes Framework and Medicine Safety at all city GP practices. They have also circulated information on 2009/10 QOF audits to enable sign-up for med 6 and completion of med 10 in March.

Senior pharmacists within medicines management, after their Controlled Drug Formal Reviews with GP practices, have undertaken further reviews of other key professionals in Leicester. During the summer of 2009, they have been conducting reviews of both community pharmacists and dentists. ■

Ambulance care in hazard zones



The East Midlands Ambulance Service has launched a new team which will improve patients' chances of survival in dangerous situations.

A Hazardous Area Response Team (HART) allows patient care to be delivered in difficult places that have previously been closed to medical professionals.

"Working in the hot zone at a fire, facing chemical or biological hazards or collapsed structures is not something ambulance personnel have routinely undertaken in the past," said Simon

Harris, EMAS emergency preparedness general manager. Instead, fire crews would bring patients to a place of safety where assessment and treatment could start, but this process uses up vital time.

"It is critical that ambulance staff get fast access to patients so more lives can be saved," he added. "HART is part of a national plan to provide medical cover to patients, who are caught in hazardous environments, prior to their removal from that area. This development will improve such patients' chances of survival and recovery and means we

can provide more immediate support to the fire service and police during major incidents."

HART personnel throughout the country are trained at a national training facility and each team has the same equipment – this makes effective mutual aid possible, when needed.

The same principle is applied to the HART vehicles, which are built to the same specification, so it is possible for any HART member in the country to work effectively with any other team.

EMAS HART is based near East Midlands Airport so that they can respond to emergencies across the East Midlands. ■

For more information about EMAS HART please contact Simon Harris, Emergency Preparedness General Manager on 0115 884 5000 or simon.harris@emas.nhs.uk.

To find out more about HART visit www.ambulancehart.org.uk/

Targets reveal top performance

The first year's performance for East Midlands Ambulance Service (EMAS) shows the service achieved excellent results against new national targets.

EMAS scored highly in a number of categories in Call Connect, a way of measuring ambulance service response times launched in April 2008. The standard means that the clock starts ticking the moment a 999 call is put through to an emergency control room.

The regional service's scores included:

- 999 calls to life-threatening situations which must be responded to within eight minutes – EMAS achieved this in 75% of cases
- 999 calls to non-life-threatening situations, which must be responded to within 19 minutes –w EMAS achieved this in 95% of cases.

"This is an absolutely tremendous result," said Paul Phillips, EMAS Chief Executive. "I extend my congratulations and my thanks to everyone at EMAS.

"To have done this in our first full year of Call Connect is tremendous, especially with the increased demand on our services that started in November and continued through and after Christmas, and with the February snowfalls too." ■

