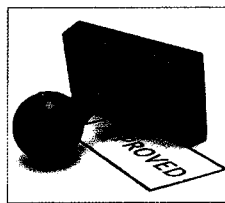


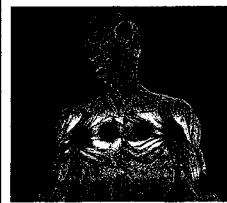
GP



Meet the Tories' GP parliamentary candidate 22



Part one of a new series explaining revalidation 51



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IN THIS ISSUE

LIAM FARRELL

The joy of home visits 26
A plan that will make patients appreciate the GP's home visit

CHRIS LANCELOT

Rating managers 28
Is it time for GPs to develop a balanced scorecard for PCT management?

CLINICAL REVIEW

Dermatology 41
Identifying and treating melanoma

CLINICAL

Paediatric medicine 44
The management of cystic fibrosis and how primary care can support families

EDUCATION

Completing the VTS 46
How to plan your last six months of training

MEDECONOMICS

Winning contracts 50
The secrets of successful tendering

DISPENSING

Electronic prescriptions 57
How Scotland's electronic Acute Medication Service is affecting dispensing GPs

CLINICAL SPECIALISMS

Quickly find your areas of special interest

Cancer	35, 41
Cardiovascular disease	14, 38, 48
Central nervous system	15, 35
Dermatology	41
Diabetes	19
Gastrointestinal	30
Genetics	44
Musculoskeletal	32, 35
Neurology	15
Paediatrics	14, 44
Respiratory	3, 9
Sexual health	30
Women's health	30, 43

EXCLUSIVE Accountants warn that some PCTs have cut almost all local enhanced services

Enhanced service pay varies 18-fold

By GP reporters

PCT cost-cutting has created a gulf in enhanced services income between practices, with the highest earners bringing in 18 times more than the lowest, GP can reveal.

Income per patient varies from just £1.98 per patient for some practices to more than £36 per patient in others, figures from specialist medical accountants Ramsay Brown & Partners show.

The variation means some average-sized practices earn more than £200,000 a year from enhanced services, while others barely reach five figures.

The top earners can generate twice as much income from enhanced services as they do from QOF, the data reveal.

Laurence Slavin, a partner at the specialist accountancy firm, told GP that some practices with higher enhanced service income are in areas with high need, but many low earning practices are also in these areas.

The number of enhanced services that practices provide and achievement can also account for some variation.

But Mr Slavin said: 'The attitude within the PCT is the most significant factor. PCTs see local enhanced services (LESs) as a soft target.'

Some practices would lose up to £35,000 from enhanced service cuts this year, warned Mr Slavin. Last month Haringey PCT suspended all LES payments to practices.

The problem extends to Wales, where the Welsh GPC estimates that some local health boards spent just 20 to 30 per cent of their share of a £5 million funding package for enhanced services in 2008/9.

The DoH pledged a 1.5 per cent increase in investment in enhanced services in England



“
GPs urgently need to redefine core work as PCTs seek to squeeze more and more services into PMS contracts
Dr Jane Lothian (above)
Northumberland LMC

for 2008/9, but the GPC claims little has reached practices.

Dr Grant Ingrams, secretary of GPC West Midlands, said PCTs 'have taken the government's spin that GPs are overpaid and underworked' and are looking to cut enhanced services spending.

'I know PCTs in our area are talking about large cuts to the enhanced services budget. Not because of the situation in the future, but because of the financial messes they are in now.'

David Stout, NHS Confederation PCT network director, said because there was no contractual obligation to provide LESs, it was an area of the primary care budget where PCTs could look to make savings.

ENHANCE SERVICES PAY

Enhanced services income per patient
Data from 180 practices in London and the south east of England

Top five practices

£36.08
£32.74
£28.07
£24.91
£24.09

Average £11.59

Bottom five practices

£2.92
£2.86
£2.70
£2.48
£1.98

Source: Ramsay Brown & Partners

Dr Jane Lothian, secretary of Northumberland LMC, said GPs urgently need to redefine core work as PCTs seek to squeeze more and more services into PMS contracts.

GPC member Dr John Canning agreed that PCTs seem to want a return to a pre-GMS situation where GPs were paid to 'do what they do' rather than being resourced for additional work.

'We are still in relatively good times for funding. After the spending review is when the country has to pay money back. There are tough times ahead.'

tom.ireland@haymarket.com

● The NHS can't afford to cut enhanced services, page 28

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