

Money, Money, Money

Primary Care Funding Top Tips

"In 2024 if you don't run your practice like a business, you might not have a practice to run."



Scan for Slides

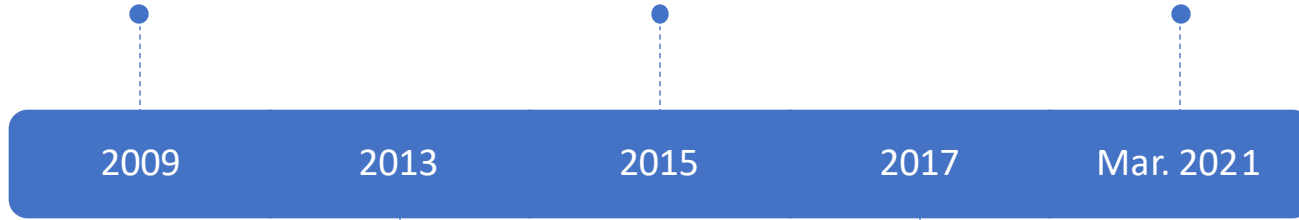


Daniel Vincent
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Established a walk-in Darzi centre in 2009

Partnership in a semi urban practice in 2015

In March 2021 I left Primary Care to move into a supporting role

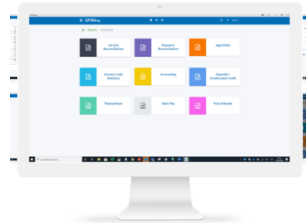
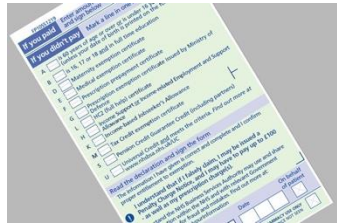


Rural dispensing practice in 2013

QI fanatic – 2017, GPIL, 100 day challenge coach, time for care.



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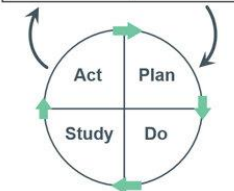
GP Profit Recovery

GP Billing



Model for Improvement

What are we trying to accomplish?
 How will we know that a change is an improvement?
 What change can we make that will result in improvement?



All About You!



1. A single idea that saved you money
2. A single idea that made you money
3. A single idea that didn't pan out

Turn to your neighbour and share.

One brave person to share with the room.





DDRB recommendations accepted.

Uplift the pay elements of the contract to provide a 6% pay increase (previous 2%).

Technically speaking pay elements are considered 44% of the global sum.

Back dated to April, should arrive in September payment run.

7.4% increase in the Global Sum - £104.74 > £112.50 (37p increase in OOH deduction)

“The uplift to the Global Sum is calculated to cover all practice staff – not just GP partners and salaried GPs. This includes practice nurses, reception, management and other practice staff. We firmly expect GP partners to honour the intent of this uplift and award the full 6% pay rises to all their staff.”

As a business you must conduct an analysis to ensure that any pay offer you make is sustainable considering all other cost increases.

<https://www.england.nhs.uk/long-read/gp-contract-changes-government-response-to-ddrb-and-arrs/>

Top Tips

Profit = Income - Costs

- Increase income but consider the cost of delivery.
- Very easy to do more work but not increase profit.
- Cost / Benefit analysis of existing services.

- Top Tips:
 - Ensure all registrations are on at the end of each month
 - Check your Residential Institution codes
 - Process your FP34 monthly
 - Check your CQRS and childhood imms rigorously – deadlines are rock solid.

FP34 Historic Reconciliation

- Go back 6 years
- Where an item has been clearly documented as being used
- Generate a prescription on the date that the item was used
- Submit as usual
- £16,000 average per practice over 6 years

- If you practice code is below you may wish to speak to me today:
- **L83002, L83005, L83006, L83010, L83012, L83019, L83020, L83021, L83025, L83026, L83027, L83041, L83057, L83076, L83083, L83084, L83089, L83092, L83094, L83097, L83099, L83102, L83105, L83106, L83116, L83136, L83147, L83148, L83663, Y04662**

Automation in General Practice

You will not save money by implementing automation (unless you are prepared to make someone redundant or are holding a vacancy).

100 registrations x 10 minutes = 16.5 hours per month

So where will you invest this freed-up time?

- Care Navigation
- Document Workflow
- Management Support

Automated Patient Registration

Healthtech-1

95% of registrations automated.

Out of area (or country)

First NHS registrations

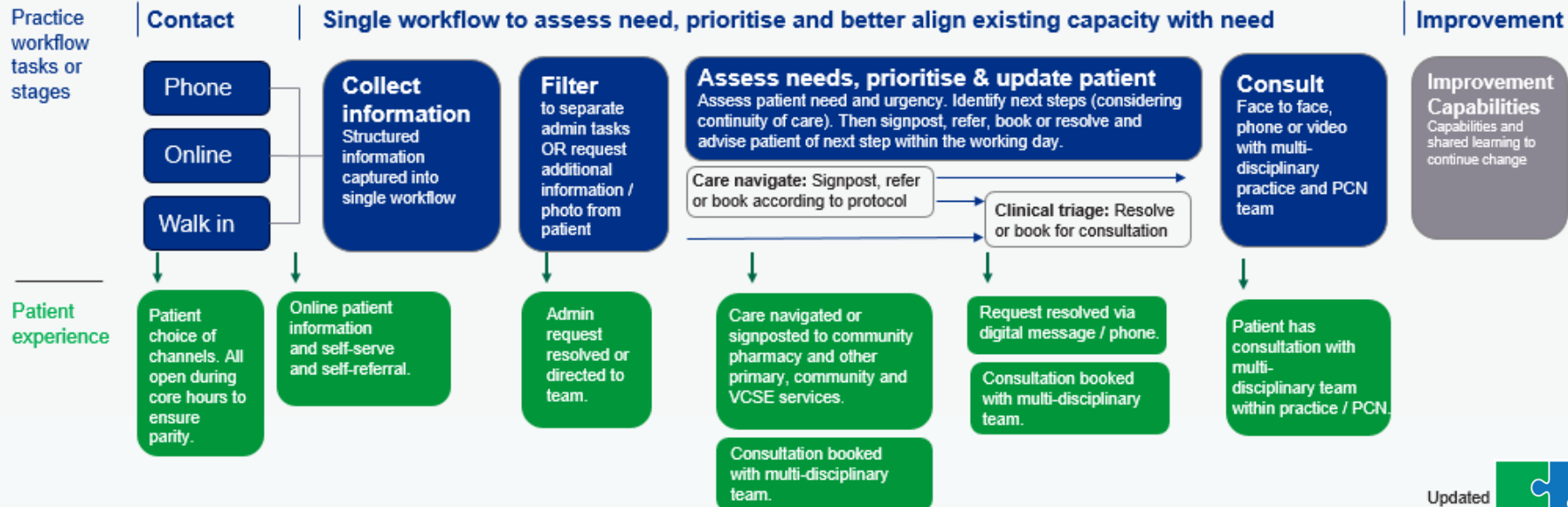
Additional questions asked that help achieve Qof and better serve patients such as careers and veterans.

Ht1.epcx.co.uk – 2 week free trial and 100 free registrations

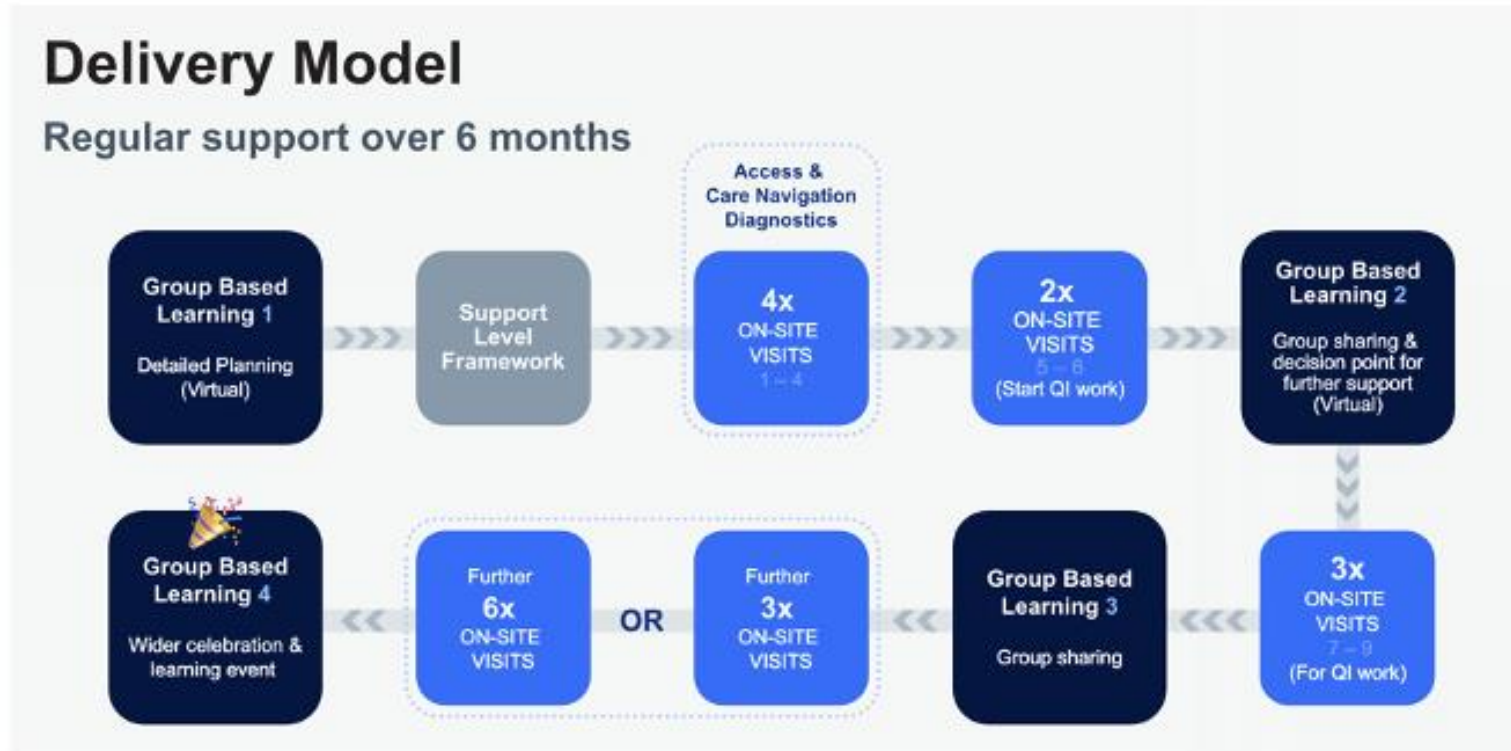
General Practice Improvement Programme

Modern general practice (MGP)

Objectives	Improve patient experience of access and allocation, improve staff working environment, better align existing capacity with need				Building capability to sustain improvement
Goals	See all expressed demand	Understand all expressed need	Support safer more equitable allocation of capacity based on need and optimise existing capacity	Make full use of a multi-disciplinary team	



General Practice Improvement Programme



Speak to your ICB Primary Care lead to discuss joining the programme.

What might you choose to change that has a financial impact:

- Improved Care Navigation – Right person first time. Increased use of ARRS roles , Pharmacy First and Third Sector Support.
- Increased Use of NHS App – Reduced phone calls, reduced email and paper PX requests.
- Better utilisation of appointments – Every contact counts, reduced duplication.
- Improved workforce planning – Match workforce to demand, focused use of locums.
- Maximise “top of license” working – PN vacancy becomes a phlebotomist

Reduce Costs.

- Review your Medical, Stationery and Sundries Supplies
 - Weigh the cost of ordering vs the cost of supply
 - Contact several suppliers and start a conversation about a cost review
 - Consider Amazon subscribe and save
 - Consider buying groups
- Review Staffing Costs
 - Salaried staff changes are hard – review on leaving and retirement
 - Locum and temporary staff – Cost effectiveness review
- Utilities review
 - Telephone– now being led by the “cloud telephony” agenda
 - Gas and Electricity – request a specialist review for savings

Worried about escalating energy costs in your Practice or PCN?

Dr Christian Hornung, GP partner, told me how they saved enough money on their utility bills to appoint an additional Pharmacist!

In this short video (<11 mins) he explains how it works and how you can take action to save your practice money, even if you are currently in a contract.

In the bleak world of Primary Care finances Christian shares a glimmer of hope that saves you money, costs you nothing and takes very little time to action. A winning combination.



tagdeo.com/VMp9AP

Free Premises Health Check

BW Healthcare Surveyors offer free phone consultations to all GP practice staff (i.e. practice managers, business managers, GP partners etc).

During the phone consultation they will provide advice and answer any queries you may have regarding your premises.



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Practice Manager or GP Partner - Want to make an average of £16,000 with just 15 minutes work?

- Once setup (takes about 15 minutes) we work in the background to audit your PPA FP34 claims.
- We find all those instances where someone used a stock item but didn't produce a prescription.
- We collate these together, you print them , sign them and send them off as usual.
- We work entirely on a commission basis (30% +VAT) - we don't find anything you don't pay anything.
- Our current average find sits at £16,000.
- 283 practices served
- £2.3 million of hidden income found since 2021



GP Profit
Recovery

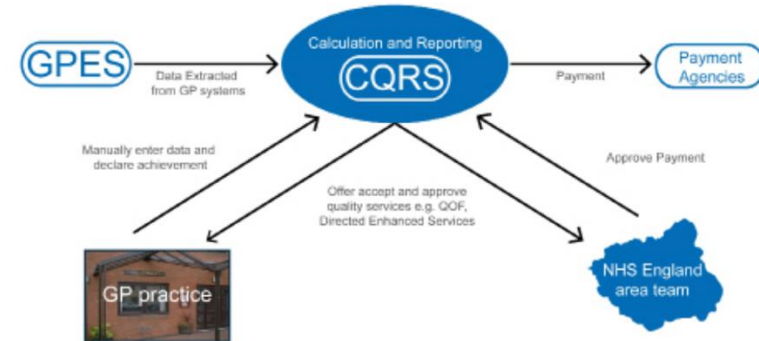
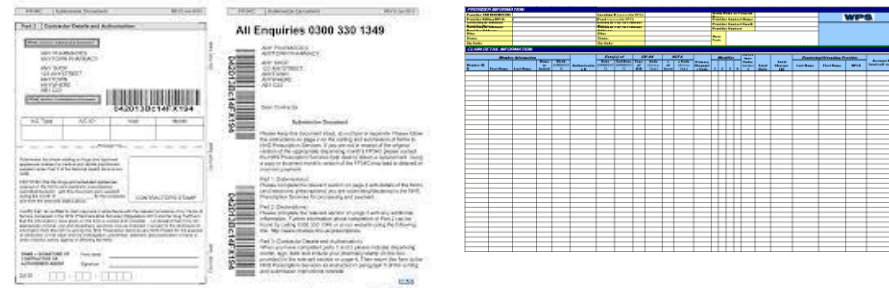
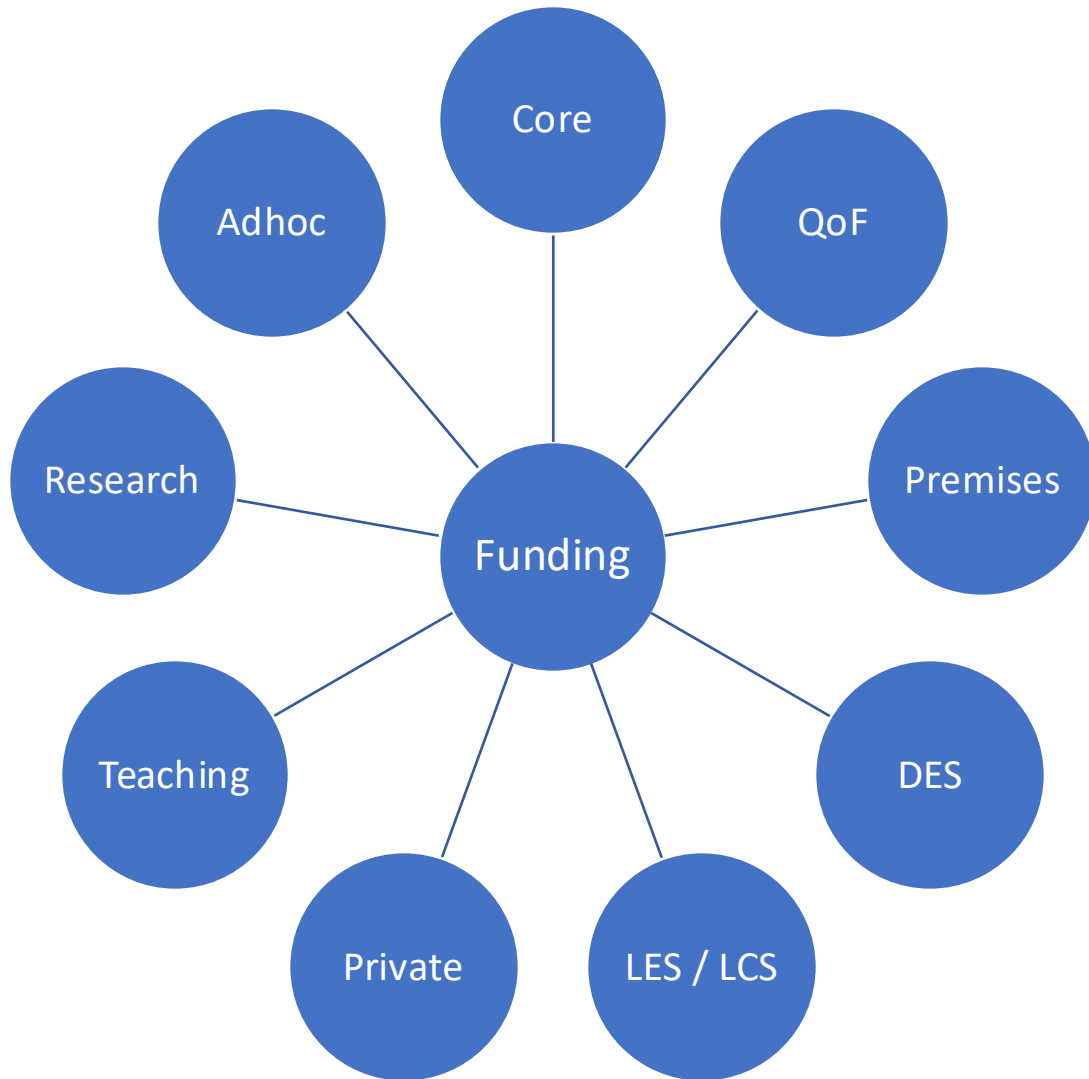


Enhanced
Technology

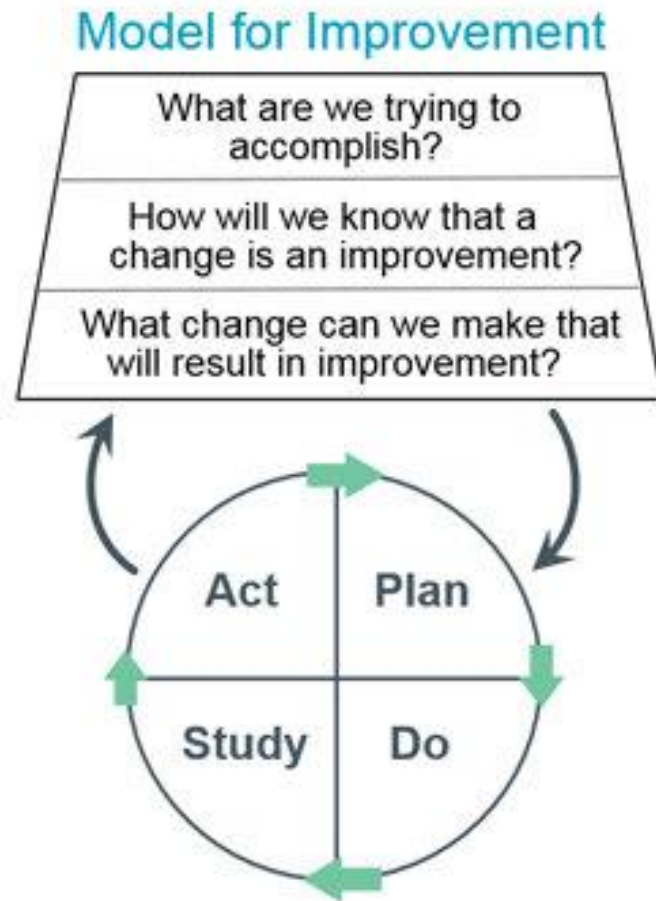


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Back to Basics- How funding Flows in Primary Care



Using QI to improve the claims process



Q&A



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