

**KENMORE MEDICAL
CENTRE**

**UNDERSTANDING
YOUR PRACTICE**

Budgetary Constraints

Questions and Answers

Is the budget of a practice based on a fixed amount per registered patient, or some other measure? Ultimately, is it determined by the NHS on a simple per capita basis, or tailored to each individual's history and circumstances?

The budget is set on a per capita basis, with different rates for different ages of patient, e.g. over 80s are allocated more. Our budget is fixed, based on historical activity data, and if our list increases we have to apply for an increase.

A "fair share" rating is applied to our budget, which awards areas of deprivation (high unemployment, social class 4 and 5, low income) more money per head than those of affluence. (For example, Vale Royal and Blackpool get almost twice what we get). This is despite the fact that we have one of the highest populations of over 80s and 90s in the country and the most nursing home beds!

Is there an overall limit in the Practice's budget on the costs incurred per month (or year)?

We have a fixed budget for some services provided in-house, GP referred physiotherapy is the main one. When the money runs out a waiting list forms!

Is there a limit on referrals for tests and/or treatments in hospitals, by alternative practitioners, etc.?

We have a budget for both referrals and prescribing, and are trying to get these to balance. Currently 1% overspent which is a big improvement on 2 years ago when we were 8% over budget.

Will prescribing generic drugs (e.g. Paracetamol v Panadol) lead to considerable savings?

We are encouraged to prescribe generically as this does bring considerable savings to our drugs budget.

Is there a limit per patient or per month on submitting samples (e.g. blood) for tests to laboratories?

Laboratory tests are not limited, or charged to this practice. They are a general overhead on the NHS.

What is the effect on the budget of home call outs and out of hours treatment by one of the practice's doctors or a stand by?

House calls and out of hours calls do not affect our budget, but obviously a home visit takes 30-40 minutes of GP time as opposed to a 10 minute consultation at the surgery.

Is there a limit per patient or per month on referring patients for consultation with specialists? Can a patient choose a particular consultant, and does this choice affect the cost to the practice? If more than one hospital or specialist can provide the same service, does the choice affect the cost to the practice?

We do not have a restriction on how many referrals we make but we are subject to scrutiny in the form of peer review and our total budget may become "real" in the future i.e. it will be taken off our profits if we are overspent.

Patients can chose where they go, although the hospitals do not specify the consultants on most of their services on the NHS booking service "choose and book". This can make it difficult to see a particular specialist, as opposed to seeing a member of their team at that hospital.

The costs are now much more standardised, so place does not affect cost much.

Who determines the availability of what may be described as "beauty" treatments?

Some treatments are not available on the NHS, e.g. cosmetic surgery, minor varicose veins and many fertility treatments.

Why can referrals to specialist treatment/consultation take a long time?

The time it takes to be seen does vary, although most hospitals aim to meet 18 week targets for treatments, once the patient has been seen and listed for a procedure (there are penalties if they don't meet that).

What services does Kenmore offer that not all other practices offer?

Kenmore offers services such as ECGs, minor ops, coil & implanon insertions and travel clinics – not all GP surgeries offer these.

Can economies be achieved through smaller amounts of medications being prescribed at one time, thus reducing potential wastage (but possibly inconveniencing patients)?

Most of our repeats are on 2 months at a time basis, for prescriptions used over a long time, in order to save patients unnecessary visits and doctors' time. Relatively new prescriptions may be only for 28 days' supply in order to reduce potential wastage; and will be reviewed once established.

Produced by Kenmore Patients Group, with help from the Practice, in response to questions and comments raised by patients about NHS budget reductions. Please let us know below of any future questions you feel may be usefully answered by the Practice:
