

APPLICANT DETAILS

PRACTICE NAME

DATE SUBMITTED 31/01/06

NAME AND TELEPHONE NUMBER OF PERSON WE NEED TO CONTACT TO DISCUSS THE PROPOSAL

NAME

Telephone Number

Email Address

BRIEF DESCRIPTION OF THE PROPOSAL

To provide near patient testing for all Practice managed anticoagulant patients.

PROPOSAL MEETING SPECIFIC OBJECTIVES

ENCOURAGING AND PROVIDING INCENTIVE FOR INNOVATION IN PRIMARY CARE

This would provide a resource in-house rather than using the path labs at Chesterfield and North Derbyshire Royal Hospital. The scheme would provide immediate results for patients rather than the delay they currently experience.

INCREASES THE QUALITY OF THE PATIENT EXPERIENCE

Patients would be seen locally, quickly and at a time to suit their requirements. They would not need to telephone the surgery in the evening for their results having sorted everything in "one Stop". At present testing can only be carried out in the morning to allow time to get the samples to the labs for testing. This method would allow a patient to come at any time during surgery hours for testing.

ENSURES DELIVERY OF CARE IN THE MOST APPROPRIATE SETTING

This scheme will reduce concentrate anticoagulant care in the surgery.

CONTRIBUTES TO IN YEAR SAVINGS ON COMMISSIONING BUDGETS

The service could be expanded to allow other Practices to benefit.
Prices based on quote from Chesterfield pathology lab Jan 2006
45 patients on warfarin at estimated 10 tests per year.
savings would be:-

	RATE	HRS	
Phlebotomy	10.00	75	= £750.00
Lab test	19.79 per test		= £8905.50
GP Interpretation	52.00	37.5	= £1950.00
Reception Support	7.00	7	= £40.00
Total Saving			= £11645.50

This saving will be made during year 1 and will be ongoing. The service will be a net contributor to savings from the outset.

PLEASE INDICATE THE BASIS ON WHICH ANY SAVINGS WILL BE SHARED

Savings will be offset against the cost of moving to equity during years 1 and 2. After this period savings will be used to improve Practice services.

PLEASE DEMONSTRATE HOW YOUR PROPOSAL MEETS CLINICAL GOVERNANCE STANDARDS

The service provider will be a Practice employee reporting to the Practice Clinical Governance Lead on all Clinical Governance matters.

The Practice operates a Significant Event reporting system and any events are discussed at monthly Quest meetings (or its replacement).

Employees undergo annual appraisals that identify any training needs.

Patient satisfaction surveys and any complaints to the Practice are regularly reviewed.

The Brimington Surgery would manage and monitor the scheme reporting directly to whoever was responsible for Clinical Governance on the Practice Based

Commissioning Consortium as well as to the PCT. For the first Quarter monthly returns would be provided after which quarterly returns would be provided.

WHO WILL DELIVER THE SERVICES OUTLINED IN YOUR PROPOSAL?

Nurse and Nursing Assistant with GP support as appropriate.

AND WHAT ARE THEIR QUALIFICATIONS TO DO SO?

They will receive training from the equipment suppliers before starting the scheme.

PLEASE PROVIDE DETAILS OF THE COST OF THE NEW ARRANGEMENTS PROPOSED

Costs

Start Up One Off Costs

	£
2 x machines	2100.00
Training	300.00
Software	200.00

Annual Costs

	RATE	TIME	£
300 Tests (Nursing Assistant)	8.00	50	400.00
150 Tests (Practice Nurse)	10.00	25	250.00
Test Strips (£165 for 48)			1546.88
External Quality Control			150.00
GP Support	52.00	4	208.00
	TOTAL YEAR 1		5154.88

Overheads at 25% 1288.72

TOTAL BID PER YEAR 1 6443.60

(AGAINST SAVINGS OF £11645.50)

TOTAL SUBSEQUENT YEARS 3193.60

(AGAINST SAVINGS OF £11645.50)

ARE THERE ANY PRESCRIBING COST IMPLICATIONS ASSOCIATED WITH THE PROPOSAL?

No