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MINUTES OF BERKSHIRE COUNTY LMC MEETING Tuesday 4th November 2008 Berkshire Masonic Centre

CONTENTS

Minutes of Previous Meeting	1
Matters Arising.....	1
Medication Only Visit Funding being Withdrawn by PCTs (penultimate sentence).....	1
MPIG and QoF Changes for 2009/10	2
BBOLMC Board Day 25.11.2008	3
Darzi Centres and APMS Contracts post ATOS	4
The new DESs.....	4
MMR and HPV Campaigns	4
Pharmacy White Paper.....	5
Unexplained MPIG Drop	5
Health Numerics (HN) in East Berkshire.....	5
Pandemic Flu Planning	6
Locality Provider Arm Agreement	6
Date of Next Meeting – 10 th February 2009.....	6

Minutes of Previous Meeting

The minutes of 9th September 2008 were agreed as a correct record of the meeting.

Matters Arising

Medication Only Visit Funding being Withdrawn by PCTs (penultimate sentence)

The PCT has contacted PHR about the sentence in the September minutes
“One patient with many special medication needs had died because no one could be found to help.”
If true the PCT would want to investigate it as an SUI (Serious Untoward Incident).
PHR has listened to the tape of that meeting and identified MLHK as the source of the report.
The PCT had been informed of this at Liaison on 14.10.08.

MLHK reported that he had not subsequently been contacted by the PCT. He clarified that the incident had occurred 6 months prior to the withdrawal of the visits so his criticism was directed at the previous system. PHR stressed that minutes record what is said verbatim and members should report clearly and accurately.

Action Point: PHR will apologise to the PCT for misreporting of the facts in the September minutes.

MPIG and QoF Changes for 2009/10

Laurence Buckman's letter (14th October 2008) explaining the nationally agreed changes to the GP contracts for 2009/10 was sent round to all practices by email.

Key points from this are:

1. The DDRB will advise on any uplift to GP payments. Their percentage will be allocated to the 4 elements of national spend using a 19th formula.
2. The ratios will be Global sum 7/19, global sum plus correction factor 2/19, QoF 5/19 and Enhanced Services 5/19.
3. Members were asked to note that the second fraction (underlined) was wrongly written in the original letter as "correction factor".

It is known that the DoH and Government want to get rid of MPIG as soon as possible.

The GPC would prefer to see it removed as slowly as possible.

The GPC also want to retain DDRB input as it is one way to ensure a rise in practice income.

Reps from PMS practices asked how their funding would be affected.

PHR said that usually national policy changes tried to treat GMS and PMS the same.

How the 19th formula would work for PMS was unknown.

PHR has already asked the GPC about this and was told "PMS contracts are negotiated locally".

The current economic climate presents a problem with future income rises.

It is widely known that in the first 3 years of the new contract GPs received a 52% pay rise and an equal rise in the value of their pensions.

PHR was unhappy with contradictions in Lawrence Buckman's letter

One sentence refers to adherence to "no new work without new funding" yet another speaks of agreed efficiency gains.

He talks about MPIG being there in perpetuity but then goes on to say payments will be made on a rising tide basis.

Action Point: JR to feed this back to the GPC.

QoF will also change.

Further parts of QoF will be abolished (eg the patient experience questionnaire) and the money will be used to expand existing parts of QoF and into new indicators.

In April 2009 QMAS will lose the square root of prevalence and a year later the 5% cut off protection will disappear.

The GPC have told LMCs to negotiate with their local PCTs and find those practices that will be most affected.

When asked how LMCs should identify such practices the GPC have said the Data Protection Act prevents them helping. PHR cannot understand this argument since all the data is in the public domain on <http://www.qof.ic.nhs.uk>

PHR has devised a 'ready reckoner' for practices to use.

This has been sent to the GPC who will be distributing it to all English practices as a useful tool to identify where the problems are.

JD reported that in most PCT areas GPC were already aware of what types of practices would be most affected. Largely, these would be the practices with a population of students or young families.

Action Point: Practices to let PHR know if they will be seriously affected by the changes in QoF.

BBOLMC Board Day 25.11.2008

The Board of the BBOLMC are planning an 'away afternoon' on 25.11.08., to look at the future workload and structure of the Secretariat.

Kish Naran will be attending to represent West Berks.

PHR has been negotiating and troubleshooting alone for the past year.

This had already been discussed at the LRCs but in preparation for the 25th PHR would like members to give their views to those attending on their behalf.

The representatives from Berks will be GH, KN, JR and JP.

PHR saw difficulty in attracting medical manpower.

To work for BBOLMC a GP would have to give up some/all NHS work and the associated public sector pension benefits.

In the current economic climate the private pension arrangement on offer from BBOLMC cannot compare.

He reported that in the first 3 years of his pension with the LMC there had been no rise at all in the value of his pot.

If the same amount had been put into NHS superannuation payments its value would have risen by 52% over the same 3 years.

PHR said that he felt he was coping with the workload and was prioritising work and being selective about which meetings he attended.

PHR recognised that there would be a problem if he were ever ill as there is no stand in.

It was also important to consider succession planning.

The whole structure needs to be considered.

Would it be better to have a similar type post to PHR based in the office in Marlow or to have local members standing in as deputies?

JR said that the BBOLMC currently had extra funding.

From July 2008, it had saved on one salary which was in the region of £70k excluding employer pension contributions.

The LMC needs to consider the short, medium and long term solutions.

The short term solution is to get help in for PHR, the medium term solution is to start training a new person and the long term is succession planning.

Any post needs to be funded properly and this will have to include attractive pension arrangements.

JD felt that an LMC presence at many meetings validated the processes and felt it would be helpful to have a deputy to call upon to attend.

This was especially true for issues tabled at meetings and AOB.

The LMC felt that it was important that organisations should not raise important issues under AOB, ie without advance warning via the emailed meeting papers.

PHR asked GPs to feed back to him if they felt there were things that were being overlooked through incorrect prioritisation.

Action Point: Members to feed back ideas to the LMC on how to restructure the Secretariat and whether important issues are being overlooked.

Darzi Centres and APMS Contracts post ATOS

ATOS has recently announced its withdrawal from the Shinfield contract.

It is understood that local practices will have an opportunity to bid for the new contract, which will involve only GMS core hours.

It was felt that the practice had closed because the funding was insufficient to fund the opening hours and the promised new housing (and population) has not materialised.

The list size is currently around 1K.

The practice has given 3 months notice to the PCT as required in all GPs contracts with the PCT.

Reps thought the building was owned by Assura and the PCT had a 5 year lease.

The PCT will have learnt a lot from this experience and should bear this in mind when commissioning the Darzi Centre.

PHR had been assured by the PCT that the new contract advert would be placed where GPs would be able to see it. After discussion it was felt it would be worth advertising this on the LMC webserver.

Action Point: LMC to advertise the Shinfield list bid arrangements.

Darzi Centre

Meeting felt that the interest from private companies may have diminished as a result of the credit crunch.

The new DESs

For details currently known see <http://www.nhsemployers.org/pay-conditions/primary-893.cfm>

The national DES directions are not yet available and neither Berks PCT has issued any documents.

CCF and **Alcohol** look OK.

CCF will be going into QoF next year.

Ethnicity funding looks unattractive.

Osteoporosis relies on a scanning service which may not be available. Criterion 1 is written such that practices will only be rewarded for patients with a positive scan and not all appropriate referrals for DEXA scanning.

Learning Disability - practices need to be aware of the overheads if they sign up to this. 3 people have to attend a training course and the salary costs involved may not be covered by the income subsequently generated.

CK has been very busy organising the training in East Berkshire and there will be training sessions on 27th November in Bracknell and in January in Slough.

West Berkshire is offering a new obesity LES but are only offering it to 10 practices in deprived areas and a LES for risk assessment in deprived areas.

MMR and HPV Campaigns

The early progress in East Berkshire on an HPV LES seems not to have developed. Everything has now gone quiet and West Berkshire PCT has got ahead of them.

In the original West Berkshire paper for HPV the funding to practices meant that the PCT were keeping a large amount of the national funding.
LMC pointed this out at Liaison, and the price has been increased to £8.50, £8.50 and £10.50, the larger amounts being paid because of the search, call and recall work involved.
West Berks has also clarified that year 13 HPV will be GP led.

Pharmacy White Paper

This will mainly affect practices in West Berkshire.
There is only one dispensing practice in East Berkshire.
Dispensing Doctors in WB are asking the PCT to vote for the status quo on control of entry.
This position is also supported by the pharmacists and Maha Yassaie.
The problem is that this is a Government initiative and they may not accept the status quo vote.

PHR had concerns about the proposals for pharmacists to become healthy living centres.
Pharmacists do not have the same training as GPs for this role and there is no new money for the PCTs to commission this.

Action Point: PHR and PW to work together and feedback to the PCT.

Unexplained MPIG Drop

There have been national and local reports of an unexplained drop in practice MPIG payments.
In 2008/09, the Global Sum has been increased by 2.7% and a similar amount removed from MPIG.
The ability of Government to do this was disputed and therefore could not be implemented until October 2008.
The GPC is looking at whether the 6% payment for OOHs has been handled incorrectly.
Practice Managers are asked to check their MPIG payments and liaise with PHR.

Action Point: PMs advised to check practice MPIGs and notify PHR of unexplained changes.

Health Numerics (HN) in East Berkshire

This issue emerged today in an email from Adam Greig to EB practices and LMC.
LMC had not been part of any prior discussion.
A MIQUEST search will collect patient identifiable data for the last 39 months (NHS number, dates of patient presentations, prescriptions and activity and any new Read Codes).
PHR felt that patient consent would be needed.
The HN software description is vague and the FAQs sheet describes data extraction poorly.
PHR reported that he had sent the document to the GPC and copied this to Adam Greig.
United Commissioning and PBC are involved.
Bracknell Forest GPs had opposed this when it was brought to the GP Council.

IM reported that Lise Llewellyn had signed a confidentiality agreement on behalf of the PCT with United Commissioning so that they could access information that GPs do not want them to have.

Action Point: PHR to keep an eye on this.

Pandemic Flu Planning

JL reported felt that Pandemic planning had diminished. PHR agreed.

The OOHs service would receive a large number of requests for Tamiflu but they did not know where they would be stored.

GPs could not write a prescription but patients would have to collect it from a central point.

Locality Provider Arm Agreement

This is a 30 page agreement on how practices will work together as a PBC provider arm in Windsor. Some have expressed concern at the restrictive practices clause.

The agreement prevents practices performing work other than Essential Services, Additional services and DESs. The Limited Company will get first refusal on work outside these.

JD gave his understanding of NHS contract rules.

The PCT can offer LESs to individual GMS and PMS contractors, as an extension to their basic contracts, but not to a consortium of practices that does not have such a contract.

JD reported that if GP contractors were directors of any company that went bankrupt they would lose their right to hold a GMS/PMS Contract.

GH reported that in Slough they were setting up a Community Interest Company (CIC).

The legal advice from their solicitor and from the BMA was that bankruptcy was only a problem if an individual GP went bankrupt, not if they were director of a company that went bankrupt.

They were now awaiting the PCT lawyer's advice on this.

JD said that this was open to interpretation and felt that the only way to test it would be when the situation arose and a legal case ensued.

Slough GPs said that 2/3 of the Slough population would be covered by GPs who were directors of the company.

If the company went bankrupt who would provide medical services to the patients?

Date of Next Meeting – 10th February 2009

The meeting closed at 4.10 pm.

Present	Name	Organisation
*	Arora, Kanchan	Bracknell LMC
*	Birchall, Carol	LMC Minute Secretary
*	Brock, Nicola	Wokingham LMC
	Buckle, David	West Berks PCT
	Cave, James	Newbury LMC
*	Crampton, Anne	Bracknell LMC
*	Derry, John	TVPCA
	Gallagher, Charles	Wokingham LMC
	Greig, Adam	East Berks PCT
*	Hear, Gurdip	Slough LMC
	Hyde, Maria	Newbury LMC
*	Kumar, Hemantha (MLH)	Slough LMC
	Kade, Chauke	Bracknell LMC (Co-optee)
*	Lade, Jeremy	Wokingham LMC
	Llewellyn, Lise	East Berks PCT
*	Mittal, Rab	Reading LMC
*	Morando, Sarah	Reading LMC
*	Moneim, Tarek	Reading LMC
*	Mower, Isabel	WAM LMC
	Nabi, Ajaz	Slough LMC (Co-optee)
*	Naran, Kish	Reading LMC
*	Nelli, Prash	Bracknell LMC
	Parker, Julius	Slough LMC
Chair*	Rawlinson, John	WAM LMC
*	Roblin, Paul	LMC Chief Executive
	Smith, Rod	Reading LMC
	Thorpe, Penny	TVPCA
*	Trivedi, Jitendra	Slough LMC
	Waddicor, Charles	West Berks PCT
*	Westcar, Paul	Newbury LMC

Apologies

Drs Chauke and Nabi

Date of Future Meetings

10.02.2009 31.03.2009 02.06.2009 08 09.2009 03.11.2009