

**MINUTES OF THE OPEN MEETING OF
BRACKNELL FOREST REFERENCE COMMITTEE
HELD ON MONDAY 12 MAY 2003
AT 2PM**

PRESENT: Drs Murray, Greig, Halliwell, Kade, McDonald, Henman
Dr Christopher Tiarks
Joy Blight, Helen DeGruchy, Dr George Kassianos, Jonathan Molyneux
& Anne Owen

APOLOGIES: Jane Solomon
Diane Hedges

ACTION

BF 1/5/03 Minutes of March Meeting

The minutes of the March meeting were approved.

Matters Arising

Three and a half year checks - Not yet resolved.

Staff Budgets - The inflationary lift for staff budgets is 3¼%.

IM advised the Committee to take the PCTs agenda items first.

BF PCT Financial Position - Budget Choices & LDP for Information

This was presented by JM. He said in the year 02/03, the first year of the PCT, there was an underlying deficit of one million, however, half a million of this had been defrayed with non recurring measures, i.e. offset by land sales within the Strategic Health Authority Area. In the year 03/04 there was a 9% uplift, however, 80% of that uplift was lost in staff pay awards and inflationary issues. With the 1 million shortfall carried forward in this financial year with no capital sales to offset it, most of the uplift would be lost without any further development of services. There continue to be severe cost pressures and the accounts will be published at the end of June.

The Local Development Plan - This has replaced the Saff process. The LDP is a three year programme. The current LDP includes plans for GPs with special interests and Skimped Hill Health Plex Development. There will be a presentation concerning this at the next meeting.

CT raised with the Financial Director the issue around the money identified by Government, this year £312 million, to be allocated individually to PCTs for Primary Care development.

Action Point: *JM said that he did not know if this money was already included in the allocation and that he would look into the matter.*

JM

Looked After Children Payments

This was presented by AO who reported to the Committee that the amount offered by this PCT would be £55 per examination. This applies to the first examination done on children with learning disabilities, subsequent assessments could be done by nursing colleagues. It is not statutorily required for the GP with whom the patient is registered to do the examination. The Committee felt the rate of pay of £55 was reasonable taking into account that the examination is likely to take about half an hour. The Committee noted the arrangement and accepted that some practitioners would wish to partake and some would not.

Payment for Conversion to Insulin Work

IM relayed to the PCT the debate had in the earlier meeting about the movement of diabetic care primarily into the field on general practice. GK reported that the lead PCT in diabetic care was WAM but he took the points about the essential nature of diabetic liaison nurses and resourcing that was necessary to go to primary care. He reported that the national primary care collaborative had produced a diabetic collaborative which would give guidance to primary care as to the development of diabetic services in this area.

Acute Trust Summary of Outpatients Locations, Outpatients Waits & Acute Trust Booklets of Service

The members of the Committee informed the PCT about their concerns around the lack of information disseminated from Heatherwood & Wexham Park Hospitals concerning their outpatient waits, the services offered, the locations of outreach clinics and the specific clinical interests of the consultants working in the Trusts. This compared unfavourably with the information sent out from Frimley Park Hospital to surrounding GPs. Everyone was agreed that detailed information was of value to GPs when taking clinical decisions about their referrals.

Action Point: *CT should write to the Chief Executive of the PCT outlining their concerns.*

CT

BF 3/5/03 Falls Questionnaire

The Committee explained to the PCT that they have both generic and specific issues associated with the questionnaire. The generic issue is that the Committee advises the PCT to be mindful of the work imposed on practices from questionnaires, which are becoming increasingly frequent. The PCT needs to ensure that the information required is absolutely necessary and will translate into an action for the benefit of the health economy as a whole. The Committee further advised that it would be wise to consult with the representative committee on the value of questionnaires before they are sent out. The PCT must remember that there are resource implications for practices in returning questionnaires and that the infrastructure of practices are already stretched.

Specifically about the falls questionnaire - No consultation had taken place with the Committee before it was sent out. It was long and complex and the PCT had requested that every practitioner completed. There would have been merit for just asking for one questionnaire from each practice. The result is that some practices have not returned it, others have returned it completed by a single practitioners and in some cases, all practitioners from a practice had completed the questionnaire. This is likely to result in incomplete and unreliable data of doubtful value. This is an important issue of which the PCT need to address with some urgency.

Any Other Business

IM raised with the PCT the Sunday Times published league tables of hospitals where Heatherwood and Wexham Park had allegedly the third worst mortality rates. The Committee fully understands that such league tables should not be taken at face value but was worried about the negative public relations effect on the patient population of such a report.

GK

Action Point: GK replied that Andrew Way had responded to the publication and that he would send it to the Committee.

The PCT was mindful of such publications and had been in discussions with Heatherwood & Wexham to try and head off unwanted bad publicity.

Date of Next Meeting

Monday 14 July 2003 at 2pm,
at The Forest End Medical Centre