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Minutes of Bracknell LRC Meeting

12th July 2005, 1pm

At Easthampstead Baptist Church
RG12 7NS

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Minutes of Previous Meeting

Minutes of meeting on 10th May were agreed as a correct record of the meeting.

Secondary Care Work

This is still not sorted out yet.

CK proposed a LES for this and submitted it to the PCT.

He asked to go to the GP Council to be able to put the case forward.

He has hoped that this LES could be adopted by all the practices in the PCT area.

Action Point: CK to give JS a copy of his proposal.

Hospitals are sending more and more work into primary care, asking practices to do extra work which they should be doing.

The LES included approximate costings for the work to be carried out which was very much cheaper than the hospital were charging.

It is not necessarily the price involved it is the extra work for the nurses and the oncosts involved including prescription costs.

It comes down to the difference between core and non-core work.

The PCT should be able to prove the work which is being done when the hospitals send letters asking GPs to carry out the extra work.

The LMC should reassert the difference between core and non-work and the amount of work being directed to GPs from hospitals e.g. bloods, complex dressings etc.

As with the Minor Surgery SLA, the LMC can suggest what elements will be included in the LES.

Smears

Bracknell are going from 5 yearly smears to 3 yearly which will have an large impact on nurse's time, also time involved in the administrative follow up of non-attenders etc.

The problem is the PCT may say that you are being paid for achieving the target attached to this.

Action Point: It was agreed to ask the PCT if they would be willing to pay more money for the work attached.

Optician Referral Pathways

Opticians are regularly sent GPs letters asking that the patient be referral to the Ophthalmology Service.

It was suggested that the sensible pathway would be for them to refer in directly.

The problems occur when practices are taking part in C&B and have to speak to the patient to offer them choice.

Other practices not involved in C&B just sign the form and send it off.

Action Point: It was agreed to ask the PCT if the opticians could have a pathway set up so they could refer directly in, copying the referral letter to the GP.

0.5% Uplift in QoF

There was confusion within the practice who had raised this issue.

The price of the QoF points had been increased by 60% so this should cover any extra payments made to staff.

Action Point: It was agreed that JS would write to the Rectory Road Surgery.

PCT Ownership of PEC

There was concern about the PCT ownership of the PEC.

The GP representatives should be independently minded and not toe the PCT line.

The feedback on some services is that PEC are telling the PCT to cap them, thus not being fair to GPs.

It was not sure who the PEC chair was.

The philosophy of GPs on PECs is that they are not there are GP representative but advisors to the PCT with GP experience.

It was agreed to approach the PCT saying the LRC are delighted that there has been competition within the PEC this time.

The LRC are keen to see the PEC acting as an independent voice which can significantly shape the thinking of the PCT.

PR said that the LMC received no communication in terms of minutes or newsletters from the PEC.

It was agreed to ask that the LMC be provided with these.

The lay Chairman has been reappointed until 2009.

The PCT have not given any financial statement to GPs which they felt they needed to know.

Bracknell PCT do not seem to be copying the LMC into the email communication with practices and it was agreed to ask that this be changed.

Diabetes LES

There are 2 levels to this LES, level 1 for NIDDM, level 2 is for the initiation of insulin.

The funding from the first year has not been carried into the second year for level 2.

Once the patient is started on insulin, they are monitored within the practice and do not go back to secondary care.

The PCT may come back and say that this is where PBC will save practices money.

£20 for an annual review is not adequate, it was suggested that if this was increased to £40 it would be more acceptable.

PR said that other PCTs had a neo-natal check costed at £50 each, which would equate to approximately the same amount of work.

There was a suspicion that the Diabetic service were discharging patients back to the Bracknell practices to enable them to spend more time with the more demanding Slough patients.

PR said that it was hard work getting money out of PCTs for diabetes, although some were funding ongoing care.

11 of the 13 practices have indicated that they will be doing this.

The LMC can guide the PCT towards a final decision in this case.

Enhanced Services 04/05 Final Position

The PCT must be asked what the end of year position was, is there an under or over spend?

If there is an underspend the PCT must ask for a letter of grant to roll this over.

Enhanced Services 05/06 Planned Spend Against Floor

The ES budget for this year has been increased by 12%. Activity will be greater too.

Minor Surgery SLA

Looking at the SLA lots of procedures have been included and excluded.

They will not pay for a-symptomatic things; the problem is that until the histology is known it is sometimes not possible to know what the lesion is.

The indication for removal must be the GP's guide; it must not be removed for cosmetic reasons.

It has been capped again this year.

The PCT are trying to save money, although once the cap has been reached patients are being referred into the Plastic Surgery service, which costs more than the procedure being carried out by a GP.

The worry is that again, the PCT will say it is PBC.

AC had sent a copy of an audit carried out on histology results against excision rate to the PCT and this showed that just over 60% of the procedures were for BCC, malignant melanomas and squamous cell carcinoma.

PCTs have asked practices to count activity for the first year so they could commission differently in the second, although Bracknell have not commissioned any differently.

The worry was also that GPs would lose the skill if they did not perform the procedures often enough.

Enhanced Services Basket

Last year GPs were paid £5,000 for these services. This year it has been decided to pick out things from basket.

The income to be made from the basket has now reduced to £2,000.

There are things in the basket that has not been priced.

This a cost cutting exercise for the PCT that is hurting practices.

The proposal was that the basket be abandoned for 2006/07, earlier if possible.

PBC Progress

5 practices have signed up for this, although because of the pricing of 50p per patient some are reconsidering.

One practice has decided to go at level 4.

The PCT were incentivising this by adding 100 points to QoF.

There seems to be a lack of clarity and no clear definitions or structure.

The LMC had not seen any of the paperwork which had been sent to practices and it was agreed to ask the PCT to ensure the LMC were copied.

Feedback was the poor quality of meetings and the lack of urgency on the part of the PCT.

The LMC was a very useful resource for the PCT to use as they covered 13 PCTs and had a wealth of knowledge.

It was agreed to tell the PCT that the money was unrealistic in terms of the management grant.

There is a lack of clear guidance emerging.

The PCT were not making full use of the knowledge of the LMC.

Date of Next Meeting

11th October 2005

Present	Name	Organisation
*	Arora Kanchan	Member
*	Crampton Anne	Member
	Greig Adam	Deputy Chair
	Halliwell Roger	Member (Co-opted)
*	Henman Mary	Member (Co-opted)
*	Kade Chauke	Member (Co-opted)
*	Murry Ian	Chairman (Co-opted)
*	Roblin Paul	LMC Chief Executive
*	Solomon Jane	LMC Director of Development & Liaison
*	Birchall Carol	LMC Minute Secretary

Apologies were received from Drs Greig and Halliwell