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Minutes of Bracknell LRC/PCT Liaison Meeting

19th September 2006

At Easthampstead Baptist Church, RG12 7NS

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Minutes of Previous Meeting

Minutes of 27th June were omitted from the papers so were not agreed as a correct record of the meeting.

Matters Arising

Minor Surgery

This was raised at the GP Council

HV and Continuity of Care

This was discussed at the GP Council and HVs are now being allocated geographically.

QoF

The problem with the Mental Health Register is national and it is hoped it will be sorted out, however the PCT planned to inform QoF assessors of the problem. This was welcomed by the LRC.

The MDU was not happy with GPs editing the read code.

The Phlebotomy and Minor Surgery LES Bundle

Minor Surgery is a DES and must be offered as such under the regulations.

The PCT said they took advice on this from JS when they were offering MS to all practices last year. As part of the specification, the Berkshire Priorities List was included with inclusions and exclusions. JS suggested changing the title of the specification to become a LES. Last year's specification is still in operation.

PR felt the DES has to be offered in addition to or instead of the new LES and should have been offered as such last year.

Every Thames Valley PCT has made similar exclusions to the DES but it has been offered without being renamed a LES. ie A Priority Statement can apply to a DES without changing the name to a LES.

PR felt this ES Regulations should have been discussed at the Diane Hedges meeting with 2 Council members. Wishav had been given the regulations by PR just prior to the meeting.

AO said that Wishav did not raise the issue.

All but 3 practices have signed up to the LES Bundle, 2 have indicated they will do so shortly, one has made no contact with the PCT.

Practices are signing with conditions stating an amount of activity that will be provided for the funding and asking what will happen if this volume is reached.

The LMC advice to practices is to set a ceiling which converts it to a DES

This is done by identifying the total funding for MS and dividing it by the price.

GPs advised the PCT that they have reached the ceiling already.

The PCT queried why the ceiling had been reached so early?

It was felt that this was because the bundle was not sufficiently funded as it covered other areas of activity.

The problem is that a patient who has had a previous 'nasty' removed, would expect any future lumps to be removed, even if they are benign, also GPs cannot tell what a lump is until it is excised and had histology run on it.

GPs have been told that once the ceiling is reached they should use an invest to save scheme but they do not know how to initiate this.

LRC felt that Minor Surgery needs to be removed from the LES bundle.

The PCT felt that they had consulted with the LMC having talked to JS about this last year.

PR advised the PCT that he will check what Jane had agreed to.

However, the regulations still stand. A minor surgery DES must be offered

The PCT said that there would be a total amount to spend and if the MS is taken from the LES the LES price will be reduced.

The LRC appreciate the financial constraints of the PCT

GPs said that they would be keeping a count of any extra procedures that are carried out above the ceiling and would be invoicing the PCT, regardless of whether they pay or not.

If a GP wants to commission a service there are 2 routes, one is to use the consortium, they can facilitate the development of business cases and sanctioning goes to the EB Commissioning Board, which will run through to November and meets once a month.

The "invest to save" is the pro forma that allows GPs to describe business cases to the PCT

Action: The PCT to take issue away and look at removing MS from the LES.

TUPE for Existing Phlebotomists

The LMC have advised practices who are paid for phlebotomy services under the current LES that TUPE applies.

The New PCT

The LMC will work with whoever comes into post.

At the moment the Chief Executive interviews are 26th September and the Director structure has been sent out for consultation.

PR asked for a copy of this structure.

CJ asked for a copy of the LMC constitution. PR agreed to supply this.

Action: The PCT to supply the LMC with a copy of the Director structure and PR will supply CJ with a copy of the LMC constitution

TBPC C2 and SFE Amendment

The SFE amendment is written in a way that as soon as practices start making savings the C2 starts to diminish.

In Oxon they have recognized this situation and C2 will be paid to every practice and FUR will be calculated later. They will not conform to the SFE as written.

Savings (FUR) will not be worked out for approximately 6 months after the year end.

However, C2 can be calculated quickly and well before FUR.

The PCT will take this to the Director of Finance and the Lead Director for PBC.

It was agreed to place it before the new Director of Finance in 2 weeks time.

Authorisation has been issued to pay practices C1 at the end of this month, along with PBC, Access component 1 and Choice component 1. IM&T will be agreed tomorrow, if the TVPCA can do it in the timescale that will be paid too.

Action: The PCT to take the Implications of the SFE Amendment on TPBC C2 payments to the Director of Finance

PBC Collaborative Progress

The consortium had an inaugural meeting last week.

A significant amount of work is needed to bring the economy into balance.

Information teams are trying to get information out to practices on budgets by Friday.

It appears that there is contradictory data coming out from the TVDW and consortium, despite the source being the same

It appears it may be a presentation issue.

C&B Progress

Practices have the equipment but the software is not very useable.

Patients are sometimes being seen twice as the clinic the patient is first sent to is not the right one to deal with the problem. This generates income for the hospital and unnecessary expense for the PCT

This was discussed in the GP Forum.

Some hospitals have a more specific directory of services. Unfortunately, Heatherwood and Wexham cannot do this due to their IT system

Nothing will change until September 2007.

The lead for C&B will take this on.

Action: The PCT to feed the issue of duplicated OPD appointments back to the C&B Lead

Harmonising Enhanced Services

WAM, Slough and BF are looking to harmonizing ES for next year.

The PCT did not know what would be happening with TPBC next year as the current DES is only for 1 year.

Collaborative Arrangements

Using an agreed fee scale is deemed to be anticompetitive by the DTI

The PCT can no longer use existing nationally agreed prices or LMC suggested ones

Practices have been advised to fill in and submit individual prices for work done

A letter template exists on the BBOLMC website

PR advice is that if a formal request for attendance at a case conference is received from a Social Worker the PCT have an obligation to pay for this attendance under collaborative arrangements.

IM&T

The PCT said that they would be paying for all Components of the DES

Child Protection Procedures

This is being launched 20th September 2006

Date of Next Meeting –21st November 2006

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)
*	Roblin Paul	LMC Chief Executive
	Solomon Jane	LMC Director of Development & Liaison
*	Birchall Carol	LMC Minute Secretary
	Hines Dawn	BF PCT
*	Johnson Catherine	BF PCT
*	Major Gill	BF PCT
*	Melia Siobhan	BF PCT
*	Ann Owen	BF PCT
*	Siddique Salim	BF PCT Deputy Director of Finance

Apologies were received from Jane Solomon