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MINUTES OF EAST BERKSHIRE LRC/PCT LIAISON MEETING Tuesday 12th May 2009 The Gainsborough Practice, RG42 3JP

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Minutes of Previous Meeting

The minutes from 10th March 2009 were agreed as a correct record of the meeting.

Matters Arising

Current Referral Pathway

PH tabled the draft pathway which had been produced by John Pullin following a meeting with GRACE. A few minor changes will be needed but the final version should be very similar.

New PCT Structure to replace the PEC

The Clinical Executive will comprise the locality leads, a medical director, a lead nurse and possibly a pharmacist.

It was raised that the locality leads were elected by their localities for PBC roles and the PCT were asked if the localities were aware that these leads will be doing extra work.

The PCT confirmed that the locality leads will be asked to confirm their mandate at the first meeting.

It is important the locality leads understand that they are not representative of GPs in their new role.

Currently there are no job descriptions for the locality lead positions.

The Clinical Executive will be looking at commissioning which will not include primary care commissioning and will not be discussing provider business.

It was envisaged that the chair would be a rotating position although some present felt that this was not a good idea and it would be better to give the post a specific job description and that person to be accountable for their decisions.

The Terms of Reference of the Committee have gone to the PCT Board.

IM reported that despite being promised copies of the Board minutes she had yet to receive the latest ones.

Action Point: At the first Clinical Executive Meeting, the locality leads to check their mandates and explain the context.

PH to check that IM is on the distribution list to receive copies of the Board minutes.

Ambulance Service to Private Nursing Homes (issue documented in minutes of 10.3.09)

Alan Battie is having a meeting in 2 weeks time with the Ambulance Service and will be raising this issue with them.

Initial thoughts are that if there is a medical need for this transport, then the PCT will pay.

The first thing to sort out will be what is required when the transport is booked.

Action Point: JW to receive feedback from AB which will be passed to the LMC.

QoF End of Year Issues

Practices who made late submissions due to being advised a week before the year ended that there was information missing from their evidence folders will not be penalised this year if the information has just been omitted but worked to during the year.

Next year the PCT intend to get submissions from practices in January to allow for dialogue to take place on missing data so avoiding this situation.

QoF End of Year Payments

The results of the National Survey will be made available to practices for them to agree after which they can sign off their QMAS submission.

The PCT will be receiving this information in May and will be making the final payment to practices at the end of June.

Action Point: PCT to make the National Survey results available to practices to enable them to sign off their end of year.

The PCT to make payments to practices at the end of June.

Balanced Scorecard

As a large number of GPs cannot make this meeting the PCT have decided to email out the proforma which had been agreed at the previous meeting for approval.

This will enable the PCT to issue something, although it is understood that this will be improved upon with time.

Action Point: The PCT to email out the proforma for approval.

Enhanced Services – Notice of Intent

Some practices have signed this and returned it to the PCT but the PCT have still to issue the final list of Enhanced Services with their specifications which practices will be working to.

The Choose and Book ES for GRACE was not included in this list but it will be rolling over.

The PCT felt there was no need to give notice that it was rolling over.

LMC asked that practices be officially informed that it was continuing.

LMC raised the issue that Frimley Park just pulls clinics from C&B once they are full, presumably to enable them to meet their 18 week targets.

The HWPH policy seems to be that patients are given an appointment date which they know will be cancelled just to enable them to meet their targets.

The PCT have now notified HWPH that from April 2010 there will be financial penalties if this continues to happen.

Action Point: JW to email practices that the C&B ES will be continuing.

Minor Surgery DES

GPs said that 'BCC' should be removed from the list of benign non-funded lesions and listed under a separate heading.

The section saying that GPs should offer patient choice should also be removed from the DES as choice cannot be offered for minor surgery in practices when each practice deals with its own registered patients.

Aspiration should be added to the list of funded work. It was not the same as an injection which involved putting something in; it was about taking something out.

It could be priced at the same rate as injections.

An element needed to be added in under 5 referring to infection rate, what evidence and how many procedures were performed, and the final outcomes especially in terms of SCCs and BCCs.

The PCT said that this was listed under item 8; GPs said that some of the information required under this item should be produced by the PCT which the PCT agreed.

Reference is made to a cap, but GPs currently did not know if there was to be one.

The requirement to inform the PCT if a GP subcontracts the service needed to be clarified.

It should not apply to a locum performing the procedure.

It is meant to cover independent sub contractors.

Practices have to read and sign Appendix 6 within the document as well as signing the whole document.

Appendix 6 refers to getting prior approval for certain areas (eg skin tags).

These should not be removed for cosmetic reasons but for symptoms (eg catching and bleeding).

Why the need to get prior approval in these situations?

After further discussion it was agreed that IM would work with the PCT to iron out the wrinkles and produce a final document.

The PCT will inform practices that following discussion with the LMC issues have emerged which will result in modifications to the ES.

Changes will be highlighted in the final specification when it is sent to practices.

PH informed the LMC that in Bracknell and Slough pilots have been running which have never been approved; these have now been given notice.

From 1st April 2009 all NHS service providers have to have a formal contract.

The PCT are in the process of going out to tender for new providers of the service.

They are not going down the line of "Any Willing Provider" as this will take too long.

This will allow services in WAM and Sandhurst also to tender for the work.

In Sandhurst an application to be a provider was made to the PCT 2 years ago but no answer was ever received. GPs there have been funding the service for their patients from their own pockets.

The meeting discussed the training needed to perform this service; it was agreed that IM would discuss this issue with Sue Rogers.

Action Point: JW to email practices informing them that issues have emerged and that the specification will be changing.

IM to discuss with Sue Rogers the training needed to perform the service.

IUD Removal

LMC GPs felt removal of IUCDs should be funded.

The PCT had been asked to take this issue to the PEC.

Instead several PEC members had been asked for advice.

They felt that the fee system was for insertion only.

GPs said that it was often not the practice who inserted an IUCD who removed it.

Removing an IUCD involved an expense to the practice.

CK reported that his practice did not fit them but a patient had come in saying that she was experiencing pain and wanted it removed which they had done but had not been able to claim for this service.

PH said that it would not be possible to take this to PEC as it had been disbanded.

However, a decision would be made by the PCT.

GPs felt it was reasonable that the PCT paid for insertion which would include removal on the same patient but if it was only removal then the PCT should fund this.

Action Point: PCT to consider this issue of Funding IUCD removal.

Pandemic Flu

Practices have still to receive PPE equipment, (masks, gowns etc) and wondered when the PCT

would be issuing these.

The PCT said that Angela Snowling is developing a process involving patients being sent to the HPU for their swabs. This has yet to be agreed.

GPs welcomed this initiative. JW agreed to notify GPs of the final decision.

LMC reported that the TVPCA (as an agent of the TVHPU) were sending out contradictory emails which appeared to have not gone through the PCT. JW said she would raise this with Angela.

Action Point: JW to email GPs of the final decision regarding swabs.

PGDs (Patient Group Directions) for Travel Vaccines

PHR asked if Sarah Stanton had contacted the PCT about this issue.

He and a RCN rep had spoken at a recent PGD meeting at the Berks Agricultural College.

Berks Practice Nurses were concerned that they were not legally covered under The Medicines Act to supply and administer travel vaccines when this task was just delegated by their GP employers with practice instructions.

This view is supported by the RCN, with warnings of dire consequences if nurses behave illegally.

Childhood vaccines were usually covered by a PSD (Patient Specific Direction) which was legal.

The law does not permit practices to offer their own PGDs; only the PCT can do this.

AG solution would be to get the local pharmacist; a medical lead and a clinical governance lead to sign off the PGDs.

JW said that she had spoken to Eleanor Mitchell who had advised that Sarah Stanton should be contacting the PCT about how to solve this issue.

Action Point: PCT to investigate this issue with Sarah Stanton.

Hand Hygiene Audit

Public Health have sent out a request for an audit to practices which involves quite a considerable amount of work and it appears to have not gone through the Primary Care Team.

The PCT agreed there was a need to reiterate the need for emails to go out through the Primary Care Team.

Action Point: The PCT to ensure that all emails are sent out through the Primary Care Team.

Quality Care Commission

AG raised this issue.

From 1st April 2010 all practices are required to register with the Quality Care Commission.

PHR said that the GPC were dealing with this.

PCT wanted to get practices prepared early.

Revalidation

AG was anxious that GPs understood this fully.

As an appraiser, he was concerned that (based on their appraisals last year) a lot of GPs would have failed the new Revalidation appraisal.

PHR said that he had given a Revalidation presentation to all TV LMCs and that a copy of this was available at <http://www.bbolmc.co.uk/phrrevalid0309.ppt>

Date of Next Meeting – 7th July 2009

The meeting closed at 3.30 pm.

DRAFT

Present	Name	Organisation
*	Arora, Kanchan	Bracknell LMC
*	Birchall, Carol	LMC Minute Secretary
*	Crampton, Anne	Bracknell LMC
*	Greig, Adam	East Berks PCT
*	Halliwell, Roger	Bracknell LMC (Co-opted)
*	Head, Paula	East Berks PCT
*	Hear, Gurdip	Slough LMC
*	Kade, Chauke	Bracknell LMC (Co-opted)
	Kumar, Hemantha (MLH)	Slough LMC
	Llewellyn, Lise	East Berks PCT
	McGlynn, Jackie	East Berks PCT
	Mitchell, Eleanor	East Berks PCT
Chair*	Mower, Isabel	WAM LMC
*	Nabi, Ajaz	Slough LMC (Co-opted)
*	Nelli, Prash	Bracknell LMC
	Parker, Julius	WAM LMC
	Rawlinson, John	WAM LMC/GPC Rep
*	Roblin, Paul	LMC Chief Executive
	Skilling, Anthony	East Berks PCT
	Tong, William	East Berks PCT
	Trivedi, Jitendra	Slough LMC
*	Walters, Jackie	East Berks PCT

Apologies:

Drs Rawlinson, Trivedi and Anthony Skilling