
BERKSHIRE LOCAL MEDICAL COMMITTEE

Chairman
Dr John Rawlinson
Radnor House Surgery
25 London Road
Ascot
Berks
SL5 7EN

Tel: 01344 874011
Fax: 01344 628868
John.Rawlinson@GP-K81655.nhs.uk

Treasurer
Dr Gurdip Hear
Crosby House Surgery
91 Stoke Poges Lane
Slough
Berks
SL1 3NY

Tel: 01753 520680
Fax: 01753 552780
gurdiphear@yahoo.co.uk

Secretary
Dr Paul Roblin
Secretariat of Berks, Bucks & Oxon MCs
Mere House
Dedmere Road
Marlow
Bucks SL7 1PB

Tel: 01628 475727
Fax: 01628 481173 or 01628 474731
paul.roblin@bbolmc.co.uk

Minutes of BRACKNELLRC/PCT Liaison Meeting

21st November 2006

At Easthampstead Baptist Church, RG12 7NS

At 2.00 pm

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Minutes of Previous Meeting

Minutes of 19th September were agreed as a correct record of the meeting.

Matters Arising

Minor Surgery Bundle

It was not sure where this had got to, it was felt that the PCT had now gone back to a Minor Surgery DES at national pricing but it was not certain what the position was regarding the remaining services in the LES, how much they would be priced at?

The bundle now comprises 3 items, Minor Surgery is now a DES with funding set as previous year and it is understood that an invest to save scheme has been developed so that anything over and above the cap will be invoiced to Vikki Wadd.

The service with a cap should have been made clear to practices in an amendment.

It was not sure how practices ensured that they had signed up to the most up to date paperwork,.

The remaining bundle will be priced at the remainder of the proportion of the £2 per head. Individual practices will be funded at different levels, depending on their minor surgery activity in the past year.

Action: AC will check that individual specification has been received and contact PR if it has not.

TUPE and Phlebotomy

If this is under the new LES TUPE will apply.

One practice has a member of staff still employed under TUPE rules.

New PCT

Ann Owen will be leaving the PCT on 30th November to go to Berkshire West as Director of Clinical Services.

The consultation for the sub-structure has now closed and feedback has been discussed.

The next stage is for this to be converted to a final structure with appointments made.

The PCT did not feel that any decisions had been deferred due to the formation of the new structure.

Donna Derby plans to have the primary care structure in place by Christmas.

Job descriptions are being written for the Assistant Directors

It is envisaged that PR will continue to meet with Bracknell GPs, although not to follow this with a PCT meeting but take the issues to an East Berkshire Liaison meeting with one or two members from each LRC.

The LMC the Secretariat and the local representatives should become part of the basic emailing list when a policy change is proposed or consultation is sought.

The problem was whether the GP Forum was a good use of GP's time, in the past it has had a use in engaging with practices.

PR sees the LMC role to help the PCT develop policies that will be acceptable to the majority of GPs, ultimately it is up to individual practices to decide to sign up or not.

PBC New Care Pathways

The new policies for DVT and nasal cautery pathways came out of the blue.

There needs to be a formal notification for practices that this is the new way of doing things as opposed to a pathway with no obligation to follow.

There have been times when things have gone too quickly and the PCT have had to step in as there has been no evidence of clinical governance being applied.

The enthusiasts need to know that to get GPs and the LMC on side they need to have dialogue.

The movement of work from hospitals into practices needs to be funded as it involves a vast amount of work.

BF had an invest to save scheme.

If DVT clinical management sits within general practice this will be quantified and priced, currently it is an implied freebie.

The GPs involved in this pathway assured the PCT that the GP Council had approved it and that the Council was representative of all practices in BF.

The PBC savings are not GP income, GPs cannot do all this extra work for not extra money, it is not sustainable.

Money must follow the patient.

TPBC C2

Vikki Wadd has agreed to pay it sensibly.

The PCT needs to incentivise PBC next year, how will the collaborative fund themselves next year?

LL is fully supportive of the Collaborative and has had many meetings with them.

PR will discuss this with LL at his meeting on 4th December.

Choose and Book

The PCT were asked for a contact name for this when there were problems with the DOS being inaccurate and the provider units canceling appointments but not telling the patient.

Julie Armstrong is the lead for C&B.

This information is not available on the web site yet; it was felt that the website needed to be developed a lot further over the next year or so.

Harmonisation of ES in East Berks

There has been one meeting so far where the group was formulated and terms of reference written.

The next stage is to meet on 12th December and finalise the specifications and prices and they will be streamlined before Christmas.

It will be chaired by Adam Greg as PEC member.

JS was asked to attend the meeting on behalf of the LMC.

It was important that the PCT realized that any view expressed at this meeting was not an LMC view; it must go to the full EB LMC/PCT meeting to ratify any decisions.

The PCT will formally feedback any decisions at the full LMC/PCT meeting.

Action:

Access Uptake

6 practices have signed up to this and 7 have not said no because they do not have to, it will just mean that Exeter is used.

Action:

Childhood Imms SFE

The PCT have been emailed with amendment 6 of the SFE direction, with a £15 fee once the last of 4 vaccines is done.

The onus is on the PCT to organise the system for practices making claims.

Margaret Crawford is probably doing this work for practices.

Kelvin Menon is looking after finance for primary care and will take this forward.

Action:

QoF Visits

BF is in the middle of the visits, they are combining the visits with a contract review.

There is a large bundle of paperwork to complete but a proportion of this involves the contract.

Jane Betts is the lead in East Berkshire.

QoF needs to be handled sensitively but rigorously too.

Other PCTs are not planning to visit every practice this year.

Action:

GPSI Accreditation

There is an ENT and Child Protection GPSI in BF.

If you refer to a specialist in hospital you assume they have the correct qualifications, how does the PCT ensure that the service they commission is robust?

GPSI for ENT had worked with one of the ENT consultants at the RBH and was already working there and checks were made on qualifications.

The Child Protection GPSI was taken on experience rather than qualifications.

The website was checked and a person specification was used and this is what is being worked to.

Re-accreditation will be taken up through the clinical governance route.

Action:

New PEC

The interviews were held 10 days ago

.

There will be 6 PEC members, possibly a 7th who is currently on leave.

Currently they are:-

Jacquie McGlynn GP and Adam Greg GP, one more GP is to be interviewed

Siobhan Melia

Katie Summers – CHD Lead nurse in Slough

Jo Greengrass – DN nurse clinical governance lead in Slough and

Caroline Cooper – High Tech nurse based in WAM.

There was not a great interest from GPs as there is double the time commitment.

This is an interim PEC until the DoH publishes their recommendations in January to take effect from April 2007.

LL is happy to continue with the new PEC and the timescales involved.

The PEC Chair will be appointed following a second round of interviews with the Chief Executive and Chair of the PCT and these should happen in the next 2 weeks.

In total there were 11 people interviewed for the positions.

The time commitment is 1.5-2 days a week and all members will receive the same remuneration, however the locum costs will be higher for a GP than a nurse and these will be paid separately at separate rates.

Action:

Prescribing

It is hoped to move from historic to capitation based funding as soon as possible.

For every pound spent this year, it will cost £2 next year to make savings.

GPs are encouraged to get prescribing costs under control and prescribe generic simvastatin rather than Atorvastatin.

Astro pus will be used as will public health indicators to reflect the differences within practices.

The list of opd appointments put BF at 277 out of a total of 300.

It was asked whether these were based on patient numbers or weighted in another way.

The PCT will check this out and feedback to PR

Action: CJ to check what the figures are based on in the opd list

GP in A&E

It is hoped to have a GP put into A&E shortly.

The patients will be triaged in the usual way but will then see the GP as if they were in a primary care setting and if investigations were needed they would be sent off in the usual manner, so the patient would not receive the result straight away.

The GP would work in the Department from 8am – midnight.

This will be a pilot based at Wexham

Eventually there will be an Admin Assistant employed who will register patients with practices.

Action:

Date of Next Meeting – 30th January 2007

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

No apologies were received