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Minutes of READING LRC/PCT Liaison Meeting

Wednesday 15th November 2006

Room G8, Reading PCT

RG30 2BA

2.00 pm

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Minutes of Previous Meeting

The minutes of 27th September 2006 were agreed as a correct record of the meeting.

Matters Arising

PMS Targets

It appears that most practices have accepted the contract that came through the LMC with a deferred start for the cervical cytology stage.

MM reported receiving no comments, 7 contracts have been returned signed.

The process was very time consuming and it was recommended that in future, contract variations should be dealt with by a meeting of PMS practices, each one sending a GP and PM who are mandated to sign on behalf of the practice.

PBC

It was asked if it is clear what the funding mechanisms will be for the collaboratives next year.

Will the PCT be saying that this year's C2 is next year's C1 payment?

No decision has been made yet, however it will form part of the LDP.

Discussions have taken place on how to support collaboratives and this may be in the form of funding or staff or both.

Feedback from practices is they would like more information.

There is also funding needed for backfill to enable GPs to attend meetings.

PCT Reorganisation

PR reported that he had listed the director appointments and would circulate this with the minutes.

Sub-Director levels are out for consultation.

Across the TV it feels that the re-organisation is proving a distraction and so much time is being devoted to this everything else is taking a back seat.

It appears that despite the PCT planning for this it will have cost them 6 months.

There should be a defined structure shortly and this will be circulated to GPs.

The Government has insisted on a commissioner/provider split within the PCT and things have had to be changed.

21% Management savings will have to be made across West Berkshire.

The fitness for purpose exercise is planned in January.

QoF

MM reported that Marilyn Read will be leaving in 5 weeks, as she is going on to secondment to prison health care.

The PCT have arrangements for the QoF in hand and will have things sorted before she leaves.

Protocol for Locum Payments

The new SFE requires the PCT to develop a protocol which governs how payment will be made in respect of sickness, maternity, paternity etc.

If the conditions are met the PCT have to make a payment but has discretion over the level of this payment, West Berkshire cannot have a blanket policy.

A draft has been produced and once a final draft has been agreed a copy of this will be sent to the LMC for comment.

Criteria are needed to match each case against.

Action: To circulate the LMC with the final draft

Appraisal

It was asked what the uptake on appraisal was and what action would be taken by the PCT if a GP did not have one?

Since 1st April 2006 the Learning and Development Team have taken over responsibility for the co-ordination of appraisals across Berkshire West and this has been quite complicated as there were 3 separate processes.

They are now in a position where almost all GPs know who their appraiser is and if they have not had an appraisal yet, know they have to get one done in the current year.

It is hoped that this will be sorted by the end of the year.

There are some outstanding issues, particularly in Wokingham.

The payment has yet to be sorted and payment for appraisers harmonised across the new PCT. Berkshire East document states that for locums the fee is £100, currently this figure is variable. All locums are appraised, provided they are on the performers list. It appears that there is a long term locum in Reading who is on the Lincoln list and the TVPCA have been asked to ensure that this changes. GP principles have been asked to ensure that the locum is on the West Berkshire Performer's list. If a GP does not have an appraisal there are sanctions that can be applied, the first was the if they did not have an appraisal they received a letter asking why they did not have it done and asking them to arrange to have one, if one is not done funding will be removed from the baseline. This letter prompted an immediate response from everyone. MM reported that no locums had been followed up. Peripatetic locums have to send the TVPCA evidence that an appraisal has taken place, if it has not they can be removed from the Performer's List. It appears that no-one so far has ever refused to have an appraisal. The CMO's report is out for consultation and once this has finished a decision can be made on appraisals. If it does change direction, the role of the appraiser could change. What happens for GPs who work for Westcall needs to be looked at? If a practice employs a regular locum they should be on a salaried basis, practices who employ a locum should advise the locum that they need to have an appraisal. It is good practice and recommended that appraisers change after every alternate appraisal so that in a 5 year period there should be 3 appraisers. A package outlining Berkshire West policy will shortly be sent to all GPs.

Action:

Harmonising of Enhanced Services

PJ will be chairing this Group and meetings will be held as and when required. PJ reported he would not be holding the meeting on a Friday afternoon in the future. There was also no point in having meetings unless there were issues that needed discussing. The LMC envisaged the PCT meeting to come up with specifications and prices and the LMC would meet with the PCT to discuss these proposals. The LMC would like to organise a West Berkshire Liaison meeting with the PCT and LMC. In the future there will be a Berkshire West PEC and PJ will be chairing this meeting. Penny Henry (Interim Chairman of the PCT), is not keen to have a rotating chair so this may change in the future. There are also the 3 CPCs and a lot of things will be done at CPC level. Most of the LMC issues will be across the county and it would be sensible to meet with Berkshire West. Once the PCT structure is known these meetings can be scheduled and set up. MM has a schedule which compares where the 3 PCTs are with ES and it appears that they are not too far apart. The specifications need harmonising as do the prices and the TPG needs to use the MM paper as a starting point. On 1st April 2007 will all the specifications be the same or will individual ones remain? Practices need to be informed of the stopping of a service, usually 3 months is given by the PCT.

Action:

Performance Monitoring

A document has been received from the Primary Care Contract Group, which the LMC thought was a good document.

It was up to the LMC to work with the PCT to ensure that practices submit their activity reports rather than the PCT harassing them for these.

If practices are not performing to the standard they have signed up to what are the sanctions that will be imposed by the PCT?

There is chapter in the PMS contract that discusses this, in the first instance the PCT will try and support the practice and find out what the issues are, if the continue, procedures will be followed and the final stage would be a remedial notice.

Practices need to be encouraged to take their Contracts seriously.

Practices need to be reminded it is their own interests to operate in a more business like way.

Action:

Access Uptake

The Government have agreed to a contract which gives the GPs fixed hours and then asks the public if they want them to work other hours.

MM reported one practice in Reading who would be holding a surgery from 7.30 am if the appointments were pre-booked.

All Reading practices said yes to this DES.

Practices looked upon most favourably are those who offer services over and above those provided by others not in their contract.

The problem is that even when a surgery is held at 8.00 am, there will never be enough 8 am appointments for everyone to be able to see their GP at this time within 48 hours.

Action:

GPSI Accreditation

Where PCT have made people accredited providers of accredited services, GPs are nervous about referring into a service they knew little about.

It was asked how the PCT accredited these people?

Reading seem to have accredited people by being clinical assistants within the hospital.

Another way is to involve the clinical team on the interview panel

MM will be looking at what currently happens in the 3 areas around accreditation, performance monitoring etc.

A set of forms is being sent to practices for the establishment of a new service and part of this is how the accreditation will be done and the monitoring of the service.

There may be specialties without any specified qualifications, such as Gynae.

Action:

Childhood Vaccination SFE

MM reported that a reply will be sent to the LMC very shortly on how to pay practices.

Date of Next Meeting - Wednesday 31st January 2007

It was pointed out that the date of 28th March 2007 was a scheduled TIPS date and it was asked that this be checked and changed if necessary.

Present	Name	Organisation
	Bindra Harjeet	Member
	Mittal Rab	Member
*	Moneim Tarek	Member
*	Naran Kishore	Chairman
*	Roblin Paul	LMC Chief Executive
*	Solomon Jane	LMC Director of Development & Liaison
*	Birchall Carol	LMC Minute Secretary
	Fitzgerald Janet	RDG PCT
	Johnson Peter	RGC PCT
*	McCartney Maureen	RDG PCT
	Pickford Sandra	RDG PCT
	Read Marilyn	RDG PCT
*	Smith Rod	RDG PCT
	Beadle Jackie	RDG PCT
	Ward Audrey	RDG PCT

No apologies were received

In Attendance Ros Crowder
Dr Clifford Smith