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Minutes of SLOUGH LRC/PCT Liaison Meeting

Tuesday 3rd October 2006

Upton Meeting Room, Upton Hospital

2.00 pm

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Minutes of Previous Meeting

The minutes of 4th July 2006 were agreed as a correct record of the meeting.

PCT Budget Setting Including Prescribing Budget Setting

The PBC budget for 06-07 has been set on historical data, based on national guidelines. When localities were looked at if capitation budgets were used money would have moved out from Slough to Windsor based on existing capitation. A national formula is used and the number of elderly has a large influence on this, Slough has a younger population. The formula does not take into account ethnicity, but it does take into account deprivation. The prescribing budget has been set 50% on historical data and 50% capitation.

A national prescribing formula was used for this to make the process as fair as possible. 5% has been taken from the overall budget but this means that the majority of practices only lose 1.5%.

There may be problems for next year but it is too early to say what will happen next year, especially with the new organisation in place.

Overall 12/17 practices will only lose 1.5% based on outturn, there are outliers who will lose between 8% -22%.

Last year Slough was 1% less than budget so this year's budget is virtually set on outturn.

The worst case for the PCT deficit is £17m, mid case is £6m and this is added to last year's deficit of £6m, which rolls forward.

Action:

Future of LRC Meetings with PCTs

It was proposed that only members of the LRC meet locally and then take issues forward to an East Berks PCT group.

The PCT felt it was valuable to continue meeting with the LRC on a regular basis.

The PCT management structure is awaited.

Satpal is looking after Primary Care in the interim.

Overall the new PCT has been told it must reduce management costs by 30%.

The LMC said how much they appreciated the staff at the PCT and said that they had enjoyed working with them over the years.

It will be clear what is happening by Christmas.

Action: To continue meeting with the PCT until the new structure is up and running and re-visit the situation at Easter.

Future of District Nursing in Slough

The EB agreed policy is that any housebound patient that has a service delivered by a DN will incur a charge of £4.50 for the administration of the flu vaccine irrespective of whether the patient is on their caseload or not.

The number of truly housebound patients is very small.

The DNs will have to do some NH as the nurses employed are not qualified to administer the flu vaccine, certain qualifications are required and only a Band 6 nurse can do it.

The clinical responsibility for flu lies with the GPs.

This is the second year they have run this in Bracknell.

It was asked why if the DN was visiting the patient to do a complex leg dressing, it would not take them very long to administer the flu, however the nurses need to be trained to deal with specific situations and need to attend an update.

The LMC felt that PNs and HCAs could administer these vaccines in Nursing Homes, provided they have attended the correct training.

The worry is that this is breaking up the Primary Care 'Team'.

The sum involved is not very large and this seems to be the tip of the iceberg.

The problem is that in Slough there has always been a problem meeting the flu targets and this will harm this again.

In the future GPs will become commissioners and will be able to sort these things out.

The problem is that the Government agenda keeps moving and the PCT is struggling to cope.

In the next year DNs will come under the Service Directorate which is the new structure to look at commissioning, provision and service delivery.

The problem is that the DN service does not meet needs and the PCT were not allowed to recruit

Action:

PCT Deficits and Impact on GP Payments and Service Provisions

What about GPs payments such as the DES Access money? in the past the PCT would have paid at set intervals, GPs are still reporting that monies are outstanding.

Reassurance is being sought from the PCT that payments will be made.

Any negotiation with GPs on payments will be negotiated, and GPs will be involved.

The PCT will honor SLAs and contract with GPs but they will be negotiated.

The LES seem to be the only things that the PCT can negotiate on.

Currently they are for Diabetes, INR and IUCD and these will be honored this year but they will be discussed annually.

Action:

QoF Visits

West Berkshire have decided to make savings and have cut their visits to 8 in Reading and 4 in Wokingham and Newbury which will save a considerable sum of money.

The EB PCT has already spent considerable time developing a process of visiting every practice and it was felt that with the changes introduced this year, practices would welcome a visit.

Overall clinical care has improved.

GPs want to help the PCT to reduce their deficit but patient care must not be compromised, random QoF visits would save money which could be spent on clinical services.

Action:

Payments for DESs/LESs etc on Time

Payments for 05-06 have been sorted out and only one practice is still outstanding.

The LRC felt it was appropriate to write to the practice concerned stating that the data supplied was not detailed enough and ask them if they could provide it.

Action:

TPBC and C2 Alert

PBC seems to have gone quiet, most practices have submitted their plans.

4 practices have not signed up in Slough, and 2 in Wokingham and Bracknell Forest to the EBGPC and this structure needs to work properly.

Most practices have received the Part 1 payment.

Under the new PCT structure there will be a Director of Service and Re-Design for PBC.

The Collaborative will not be paying for locality meetings and are hoping the PCT will.

The C2 alert says that the DES is contradictory to the SFE.

Vicky Wadd has agreed to pay the C2 payments if the targets are hit as have most other PCT areas.

Action:

Date of Next Meeting – Tuesday 19th December 2006

Present	Name	Organisation
	Hall Richard (RH)	Member
*	Hear Gurdip (GH)	Chairman
*	Kumar Hemantha (HK)	Member
*	Nabi Ajaz (AN)	Member
*	Trivedi Jitendra (JT)	Member (Co-opted)
	Roblin Paul (PR)	LMC Chief Executive
*	Solomon Jane (JS)	LMC Director of Development & Liaison
*	Birchall Carol	LMC Minute Secretary
*	Betts Jane	SLGH PCT
	Chana Satpal	SLGH PCT
	Morris Chris	SLGH PCT PEC Chair
	Pitchford Keith	SLGH PCT
*	Skilling Anthony	SLGH PCT

Apologies were received from Dr Roblin