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MINUTES OF WINDSOR, ASCOT & MAIDENHEAD LRC/PCT LIAISON MEETING Tuesday 7th November 2006 at 2.00 pm Henry Meeting Room, King Edward VII Hospital SL4 3DP

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PR said that until a firm structure was set up to meet with the PCT it was intended that the current format continue.

It may be that the LMC form an East Berks LMC and a West Berks LMC so that discussions would be relevant to all who attended the meetings.

Local meetings would happen and topics would be taken forward to the full LMC/PCT meeting

Minutes of Previous Meeting

The minutes of 5th September 2006 were agreed as a correct record of the meeting.

Matters Arising

DNs and Flu Vaccination for the Housebound

AT reported that 13 of the 24 practices had opted to go for the DN option according to the DN Manager.

TPBC C2 Update

The LRC welcomed Vikki Wadd's decision to pay C2 and take savings from the FUR.

The new PCT

It is still early days and the new organisation will take a while to establish.

PR reported that he and LL would be meeting on 4th December and it had been intended to take items from the LRC meeting to this meeting.

Currently it still feels like 3 separate organisations.

LL reported she was in the process of consulting with staff and this would end on 16th November.

The Director of Locality Development is Donna Derby

Director of Public Health is Don Sinclair

Director of Commissioning is still a vacant post, there were no suitable candidates from the first round of adverts and it is now been advertised nationally with the first date for interview being 4th December. Jackie McGlynn will be the GP on the interview panel.

In the interim LL will cover this post too.

Director of Finance and Business Planning is Dawn Hines

The Director of Service Development is Nancy Barber and this post will also cover Nursing service delivery.

LL agreed to email PR with a copy of the consultation document.

Performance management and provider development sit within locality.

The Director of Commissioning has the responsibility to develop practice's commissioning and this is something that will need working on.

Commissioning includes service redesign working with the consortium and practices who are not in them.

Finance has the contract negotiation so the tendering process will be run by finance.

Commissioning will come up with the specification. This means that any provider on the patch, a GP Consortium an outside provider, trust or provider services will have equal access to it.

It is anticipated that the PCT will be based in Windsor although it may not be possible to find enough space to accommodate everyone, so some may be based elsewhere.

The key thing for the PCT is get practices actively engaged in PBC.

LL has to get the PCT into financial balance quickly, with a balance of zero, although this may not be possible.

Nationally WAM were the 3rd highest for referrals to out patients, so it will be possible to look at services that will not impact on the quality of patient care.

LL agreed to send the LMC the paperwork to support this and agreed to send out updates as they became available.

It may be that practices can review their referral patterns and the PCT can supply practices will referral rates and how they compare with their peers.

LL hoped that the PCT would be able to work with the practices.

The savings programme which is in place is approximately £17m.

£1.5m has got to be made from management staff and redundancies will have to be made.

Once practices look at the total resources that are available the incentive is that practices will do things differently.

A problem is the attitude of people at the Trusts, and this needs to be changed.

The commissioners came to an EPIC meeting and it was discussed that it is important to not expect all the savings to come from service redesign done by primary care.

The ISTCs are a problem, the PCT have no control over them.

The money that was put into Capio in Reading has been moved to Milton Keynes and it means that patients will have to travel up to 70 miles each way for treatment.

LL said that the PCT were providing taxis there and back to ensure that the service is used.

GPs are finding that patients are coming back from Capio with complications greater than would be expected. LL asked for examples of this to be able to investigate this further.

It was agreed that the PCT should have some form of audit done on the service.

**Action: LL to provide the LMC with relevant paperwork.
The PCT to set up audits on the ISTCs from a clinical point of view.**

ENT and Caution

This care pathway did not have a lot of discussion or buy in from GPs before it was implemented. It looks like an odd care pathway that caution becomes part of General Practice.

PR reported that this had not happened elsewhere in the TV and said that there was little support from the old PECs or commissioning when it was raised.

If the PCT want GPs to get involved with care pathways, there must be dialogue.

LL said that in future the PCT would not be producing care pathways this would be done by the consortium.

PR reported that any referral in Oxon that was to be turned around would get a personal phone call to the referring GP, in East Berks it is a copied, non-clinically written letter.

LL felt that in the future practices will be running their own clinical assessment services and the PCT would help with the setting up of this.

Part of the problem is that over the years, practices have not sorted things out and PBC needs to be the key to making this work.

The TPBC DES is only for a year and it is the PCT plan that they will use the practice based budget to fund this activity next year.

To be a commissioner it was felt that time needed to be funded.

LL said that the PCT had no extra money available.

PR said that other PCTs have recognised the need to pump prime and generate enthusiasm for engaging in demand management and Oxon are giving their collaboratives £200K.

LL said that the money was being top sliced from the total budget to pay for this, the LRC felt that this may be the best option to follow.

Currently there is no process for practices to take part of the PBC budget to deliver another service that was performed historically elsewhere.

LL asked the LMC for help with deciding how to set PBC budgets for next year..LL felt that a capitation basis needed to be moved to.

Action: The LMC to work with the PCT on setting the PBC budgets for 2007-8.

Child Protection Protocol

It appears that the updated protocol was given away at a recent EPIC meeting but not all practices had received a copy and it was asked how the PCT knew who had received it.

In WAM there is no named doctor but the other 2 areas do have one and it may be that the PCT need to look at this issue.

JR said that in Wokingham the named doctor and nurse are visiting individual practices and having a question and answer session which was very useful

Action: It was agreed that AT would look at this.

EPIC

The backfill used to be funded and it is understood that this funding is about to stop.

It is understood that this funding originally arose from a top slice from the practice staff budget and this money sat with the PCT.

The MPIG was correspondingly lower than it should be and this money is now not going back to practices.

The training money for asthma, diabetes and COPD was held back to ensure every practice had access to these services.

This money was then put into monthly backfill for meetings which were quarterly with the PCT and remaining monthly meetings were backfilled into the OOHs.

The PCT have currently not made a decision on whether to fund PLT.

GPs reported that it was agreed to backfill a meeting in February for COPD when the PCT wanted to meet with practices.

The OOHs have confirmed that they are going to service this.

Practices used to hold meetings in house to discuss things.

LL said that if the PCT are funding these sessions they would expect annual reports from practices.

Action: The PCT will confirm the situation

Prescribing Incentive Scheme

Members did not understand the paper.

Action: The PCT will report back on this paper

Open Exeter Problems

In commissioning primary care the PCT will start to look at expenditure and this will be in the public domain.

Cytology results should not be available on the Exeter system as it related to individuals.

Action: The PCT will investigate this further.

Retainer Funding Reviews

This issue has been sorted out by the PCT and the Deanery.

C&B Usage Spreadsheet

The LMC said that the information included was very good and no other PCT had produced such a sheet.

Practices also have a schedule to complete if there are technical problems with the system.

If referrals are reduced it will not affect payments as they are based on a percentage.

PR asked that when practices leave the PCT area, the LMC be informed.

The PCT agreed to do this when changes are made.

Action: The PCT to inform the LMC when changes in practices occur.

Ascot Practice Location

A concern was raised that if practices did not get involved in the new development of Sunningdale Park, the PCT may put in an APMS.
The plans are for 3 practices to move on to the proposed site
DD would be asked to feedback to practices.

Action: The PCT to feedback to Ascot practices

Date of Next Meeting

Tuesday 9th January 2007

Present	Name	Organisation
	McCarron-Nash Beth	Member (Co-opted)
*	Mower Isabel	Member
	Parker Julius	Member (Co-opted)
*	Rawlinson John	Member
*	Stone John	Member Chairman
*	Roblin Paul	LMC Chief Executive
*	Solomon Jane	LMC Director of Development & Liaison
*	Birchall Carol	LMC Minute Secretary
	Derby Donna	WAM PCT Chief Executive (Acting)
*	Llewellyn Lise	EB PCT Chief Executive
	Mortlock Margaret	WAM PCT
*	Tilley Alex	WAM PCT
	Nock Ian	WAM PCT PEC Chair

Apologies were received from Donna Derby