
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 LMCs
Mere House
Dedmere Road
Marlow
Bucks SL7 1PB

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

Minutes of NEWBURY LRC/PCT Liaison Meeting

Tuesday 10th October 2006, 2 pm
The Chapel Row Surgery, RG7 6NS

CONTENTS

CTRL and Click to hyperlink

Minutes of Previous Meeting	1
QoF	1
Future Liaison with West Berks PCT	2
TPBC C2 and SFE Amendment	2
Dispensing Quality Scheme	3
Choose and Book	3
Issues from Technical Pricing Group that PCT wish to discuss with LMC	4
Date of Next Meeting - Tuesday 12 th December 2006	4

Minutes of Previous Meeting

There were no minutes.

QoF

The self-assessment form is still awaited.

The system should be simpler and will be consistent across the whole PCT; this was supported by the LRC.

3 practices have been highlighted as possible ones to visit, however they have yet to be decided upon.

PMs will receive a proforma based on the Cheshire example, which although looks large is very simple to fill in.

The PCT were surprised to find that the PEC does not fulfill under statute what the PEC should look like with a majority of clinicians; the redesign may wait until April when things have to change further.

The new Chief Executive starts in December, until then Sheila Hayes is continuing in post.

Action:

Future Liaison with West Berks PCT

PR intends to meet with locality GPs to get grass roots opinion and a feeling for the issues and these will be taken away to a central West Berks PCT meeting.

It was envisaged that the LMC would send JS, PR and the Chairs of the LRCs.

NC felt that it was important to have continued meetings with locality GPs, either through the GP Forum or the LRC.

The current format will continue until the point is reached where work is duplicated.

Action:

TPBC C2 and SFE Amendment

The SFE amendment states that practices will only receive the full C2 payment if they do not make any savings; the C2 payment goes into the practice bank account.

It was felt the SFE should have been written the other way around that practices should get C2 and that any savings will have C2 taken away from them.

East Berks and Oxon have agreed to pay C2 as originally intended.

West Berks hope to do the same, provided it is legal to do so.

NC said that all practice plans were submitted and agreed before the SFE was issued and the plans were agreed with an agreement to pay C2.

The DES is only for one year and it is not yet decided how it will be funded next year.

The consortia are using the funds to fund attendance at meetings and data work and they need to be informed of the funding arrangements for next year early on.

In Newbury the PBC has been topsliced by £1.5m and this needs to be ring fenced for PBC in the future.

The HA has now said that management savings from existing PCTs needs to be 15%, for new PCTs it needs to be 21%.

Practices need to be aware if the money will be coming back or not.

There needs to be an incentive to do well at PBC and this could be with a DES or an equivalent.

The Director of Finance needs to address this issue upon taking up their appointment.

Overall the 3 PCTs came in on budget, however the SHA now say they want another 15% saving from them.

Each department has had to make savings and in addition £1.5m was taken from PBC; it is understood that this 15% is in 2 parts, one part is short term and should come back in 3 years, the other is unlikely to come back at all.

The practices were reporting that they were not receiving real time feedback on the data from the Thames Valley Warehouse, it was still based on historic activity.

Practices really need to know where they are currently.

At best it was anticipated that in February the data available will only be up to the start of December.

The PCT accepted the plans at a low level and they are achievable. This is part of the DES2 and it is very easy to achieve this regardless of data.

In April 07 the PCT should be able to decide whether the practices have met their plans.

The PCT are looking at the work that has been done on service re-design rather than actual monetary savings.

A primary care meeting is being held on 1st November and it is hoped that managers will attend as it will be looking at data for practices

Practices should ensure that the PCT gets value for money so the process can continue.

There are only isolated pockets of enthusiasm for PBC.

In East Berks all practices have formed one consortia but it has not yet delivered very much other than a plan.

Action:

Dispensing Quality Scheme

This is a scheme which aims to improve the quality of dispensing services and was agreed as part of the GMS changes for 06-07.

The guidance came out late on 31st July and a direction to support the scheme was issued 2 weeks ago.

It looks at standards in 3 areas

For 06-07 there is a requirement that 7.5% of dispensing patients have a medication review. This will increase to 10% from next year.

The problem with the latter is that the staff are not yet trained to do this review.

Practices that want to participate need to contact Barbara by 21st November with ways to achieve the requirements.

Practices were not happy that this should have been available in April and now half the year has gone but the target achievement has not been reduced by half, just a quarter.

It is an 'all or nothing' scheme, and it is not envisaged there will be much discretion on things like reviews, other areas may be negotiable.

This is not a PCT decision this is a national guideline and if a practice fails in one small area they will fail the whole scheme.

Visits will be made in the new year from a Pharmaceutical Advisor and a member of primary care.

Action: To take back to the PCT and ask if there would be any discretion on the achievement of the scheme.

Choose and Book

The final achievement is based on the % of C&B referrals as a proportion of the total number of referrals.

This information comes from the Referral Centre and a spread sheet is being put together.

Practices currently do not have any data to show where they are on the scale.

GPs cannot do the 2-week referrals but are they counted in the totals?

If the system will not allow a referral they should not be counted.

It was suggested a dummy run should be done now so that GPs could find out where they were.

The worry is that some practices record when they cannot make a referral due to the system not being available but others are not doing so.

It was suggested that a read code could be used.

Newbury Hospital have told a patient they could not have an appointment as they had run out of money, the worry was that the hospital should not be telling the patient, they should have informed the PCT and the clinic should be taken off the spine.

This referral would count as a C&B one.

It was not known whether 4 choices must be offered to all patients.

It was important that when the patient was asked they remember they were offered choice.

Action: To investigate Newbury Hospital Dermatology referral

Issues from Technical Pricing Group that PCT wish to discuss with
LMC

The LMC feel that this meeting is purely for the PCT and any decisions can be brought to the West Berks PCT meetings and in future neither JS or PR will attend.

Enhanced Services

With the 4 new DES if a practice under performs the PCT will not be passing this on to the practices, the money will go towards the deficit.

With the Zoladex LES, it was agreed that if Prostate was given it was still counted..

The specifications currently do not sit on a PCT website, however a new intranet has been launched and it was hoped that they would be placed on this.

Action: To put the specifications on the website.

PCT Administered Funds

It is hoped to get a decision on PCT Administered funds.

A group needs to get together to make a decision regardless of whether finance is there or not.

Currently the PCT are paying at last years rate and will backdate to April should the payment go up.

Action:

Date of Next Meeting - Tuesday 12th December 2006

Present	Name	Organisation
*	Cave James	Member
*	Hyde Maria	Member (Co-opted)
*	Powell Hugh	Member
*	Robertson Peter	Member (Co-opted)
*	Westcar Paul	Chairman
*	Roblin Paul	LMC Chief Executive
*	Solomon Jane	LMC Director of Development & Liaison
*	Birchall Carol	LMC Minute Secretary
*	Cambrok Nicky	NEWB PCT Head of Primary Care
*	Bartlett Jan	NEWB PCT
*	Barbara	NEWB PCT
	Hayes Sheila	NEWB PCT
	Tayton Robert	NEWB PCT PEC Chair

No apologies were received