
.BERKSHIRE LOCAL MEDICAL COMMITTEE

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Minutes of Reading LRC/PCT Liaison Meeting

Wednesday, 26 April 2006, 2pm
Room G30, Reading PCT
RG30 2BA

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Matters Arising from LRC Meeting

LRC asked the PCT to note the following extracts from the preceding LRC meeting:

Twelve Week Letter for Terminally Ill Patients

Views sought on how well this requirement was known and whether colleagues should sign. Both PHR and RM felt that even with the uncertainty of timing of death they could find wording that allowed their patients access to extra funding and resources at the end of life.

Action Point: To ask PCT to advertise the system and explain what was expected of GPs in an easy to read memo to practices.

Westcall and their relationship with practices/GPs

Views sought on how Westcall should resolve issues with practices.

Members felt that a dialogue should first take place with the practice before involving the PCT. Premature escalation of any complaint could not be justified.

Complaints from District Nurses

Views sought on District Nurses filling in complaints forms about practices for PCT. Members felt local resolution within practices should always be tried first. Regular Primary Care Health Team meetings facilitated this, but functioned to variable degrees. One member regretted that attached community nurses rarely attended their monthly meeting with the practice team.

Action Point: PCT to be asked to encourage all their attached staff to attend.

Resignation of Dr V K Kalla (MM)

PCT has asked for business cases to take over the list of Dr Kalla who retires on 30/6/06. He has about 2K patients, but some may opt for a practice other than the one successful in tender. Interested GPs have had difficulty getting information about staff contracts and pay. TUPE makes this information essential for constructing a case.

Action Point: PCT to be asked to help get this vital information.

Review of PMS Targets and Objectives

Both PCT and LRC felt contract variations should be negotiated not imposed. LMC does not have to be consulted about variations to a local contract but PCT chooses to do so as a predictor of likely response from practices. LMC welcomed this approach.

Smoking Cessation

Lengthy discussion of paragraphs 8.1, 8.3, 8.4

8.1. By April 2007 all practices should have in place a Smoke Free Policy covering the use of tobacco in practice premises and grounds, by staff, patients and visitors.

LRC felt

Not all practices had managed to encourage all their staff to be non-smokers so they might object to this being a contractual requirement.

8.3 Practices will be expected to meet indicative targets for the number of 4 week quitters from their practice coming through specialist stop smoking services; this includes both central services and practice based stop smoking services where applicable. Targets for 2006-2007 will be calculated using Reading PCT annual 4 week quitter targets and practice population aged 15-75 years.

LRC felt

The word indicative added nothing
“Will be expected to meet” should be altered to “helped and supported to meet”.

8.4 Practices should consider using targeted mail shots to inform smokers of the local support available

LRC felt

“Consider” was acceptable. PCT said they were prepared to pay for mailshots. LRC asked whether the evidence base for mailshots justified such an expense especially with current deficits. Would the PCT CEO consider this vfm?

Cervical Cytology

Draft Wording copied below

Non bold text is current wording and suggested new wording is in bold below

- 5.1. Achieve 80% of target group with exception reporting as in GMS and ensure that appropriate quality standards are in place.

Recommendation: Change to read as follows “Achieve 82% of target group using KC53 data, with no exception reporting”

If a Practice achieves 82% or more an additional payment will be made (5%).

If a Practice achieves below 78% funding will be withdrawn on a sliding scale to be agreed.

- **Those achieving between 75 – 78% will have a lesser penalty (minus 10%)**
- **Those achieving less than 75% will have a bigger penalty (minus 20%).**

PCT View

- All PMS Baselines contained funding at level of Red Book higher cytology target.
- The current financial value of this is known for all practices.
- Only a minority of PMS practices now achieve this.
- GMS practices are penalised financially if they fail to hit cytology targets, but so far this has not happened with PMS.
- Practices cannot expect to receive total funding if they fail to meet targets.

Making new DESs Obligatory

LRC felt

For GMS practices these were voluntary.

Practices would need safeguards against the DES funding being removed in future years but not being able to withdraw from the work.

PCT has a £0.5m funding gap in primary care funding, so why make spend on these DES obligatory when with slippage they might make savings if they were voluntary.

End of Year Position for 05/06 (PR) and ES Plans for 06/07

PCT supplied two spreadsheets. Not discussed.

LMC will analyse outside meeting.

Drug Misuse LES

LMC and PCT felt this was a great improvement on the previous spec and pricing.

4 new DESs

LMC welcomed the early PCT paperwork on practices signing up to the new DESs.

IM&T Adoption DES

LRC View

- LRC did not agree with the PCT view that this could be offered later in the year.
- Component One involves a practice plan, which includes:
 - A named practice lead and Caldicott Guardian
 - A training needs assessment and plan
 - Individual and organisational training logs
 - Evidence of good information governance
 - Smart card ownership.

LRC felt all this is possible now.

Westcall & Pathology Results

PCT asked to note extract from LRC minutes copied below:

“LRC expecting PCT to raise issue of how OOH service contacts patients after alerts from labs over tests taken earlier in the day by practices (In-hours) but analysed late
E.g. unexpectedly high K/glucose or low Hb
Expecting suggestion that all practices supply lab with patient telephone number
Members felt software for PCT supplied labellers would need altering”.

Phlebotomy

PCT view

Not all practices have signed up to Phlebotomy LES

Those that have are expected not to use the RBBH service except for the listed exceptions (tests for hospital OPD, children under 12, difficult cases, specialist tests)

So far PCT has not asked RBBH to refer patients back to practices but is contemplating this.

Date of Next Meeting – Wednesday, 21st June 2006

Present	Name	Organisation
	Bindra Harjeet	LRC Member
*	Mittal Rab	LRC Member
*	Moneim Tarek	LRC Member
	Naran Kish	LRC Member
*	Roblin Paul	LMC Chief Executive
	Solomon Jane	LMC Director of Development & Liaison
	Birchall Carol	LMC Minute Secretary
	Devanny Joe	PCT
	Fitzgerald Janet	PCT Chief Executive
	Johnson Peter	PCT PEC Chair
*	McCartney Maureen	PCT
*	Naji Mike	PCT
	Pickwick Sandra	PCT
	Reeve Sally	PCT
	Smith Rod	PCT
	Ward Audrey	PCT

Apologies: Dr Naran
Jane Solomon
Carol Birchall
Dr Peter Johnson

In Attendance: Chris Cook (for Smoking and PMS Contract variation only)