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 Reading LRC/PCT Liaison Meeting

Wednesday 21st June 2006, 2pm
Room G8, Reading PCT
RG30 2BA

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Minutes of Previous Meeting

The minutes of 26th April 2006 were agreed as a correct record of the meeting.

Matters Arising

Making new DESs Obligatory
This had been discussed within the PCT and it had been agreed to make these obligatory on practices.

Westcall
MM said that two letters had been sent out one dealing with the hand over from Westcall to GPs. This had been discussed at the County meeting.

12-week Rule
A second letter had been sent out very recently by RS concerning the 12 week rule.
PR said that the LMC had not received these and asked that he be added to the practice mailing list so he was always fully aware of what practices were receiving.

Action: To add PR to the practice circulation list

Substance Misuse LES & problems with the New Shared Care Scheme

The LRC had received a presentation and wanted the PCT's help to advertise the new financial arrangements to try and get more practices involved.
A presentation was also going to be made to the next Berkshire county LMC meeting.
MM agreed to write to practices explaining the implications of the increased funding in the new LES.
With the new LES only 18 of the 30 practices had indicated they would take this up, whereas 26 practices had been involved in the old system.
Feedback from practices was that the new LES works well and practices are better able to deal with patients.
MM said that there was a cap on funding but this was a PCT cap to enable them to keep an eye on the spending and the PCT would like the LMC to help advertise the LES option to GPs.
GPs have tried to get EMIS to upgrade their software to enable them to produce blue scripts
They are continually told that the upgrade is coming but it never appears.
MM agreed to approach EMIS to see if the problem could be solved quickly.

Action: MM to contact EMIS to try and get the blue script printing issue sorted out.

PMC Contract Variation Progress

The PCT will be writing to practices to suggest variations to their PMS contracts.
Most GPs have an idea what is coming. MM said there are several QoF like changes:

Cytology
- Attainment below will be 78% subject to a sliding scale of penalties
- KC53 data will be used with no exception reporting. Current data shows that only 10 practices have achieved this target

PCT view
Because of the extra funds in PMS baselines the PCT expect more work than GMS
The PMS baseline was constructed using the old Red Book Cytology target. This used KC53 which is why the PCT wishes to set targets on the same basis.

LMC view is that making the new DESs obligatory and using KC53 cytology targets will make negotiating a PMS contract variation very difficult.
Although the LMC had previously given a view, it was not the view of the people who will have to sign the variation. This had subsequently been voiced when early drafts of the PCT proposals were more widely seen
The PCT would like PMS practices to take the DES and the majority of practices have signed up for this.

PMS practices vary in how much growth funding they have received.
It would be very difficult for the PCT to unpick the Contract and work out how much growth money has been given to each practice.
Practices who feel that they are well funded will accept the contract variation, those who are not who will possibly reject it.

LRC proposed that the stem should remain unaltered but a sliding scale of penalties might be acceptable. (see below)
Non bold text is current contract wording and suggested new wording from PCT 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.

<u>Recommendation:</u> **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 feel PMS practices have always been funded within the baseline according to KC53.
LRC suggested that 80% with exception reporting is easier to achieve; the PCT could alter the percentage of the sliding scale for penalties and it may be that practices will work harder to avoid making a loss.
MM agreed to take this back to the PEC Advisory Board who had previously agreed to the suggested variations being sent to practices.

Action: The PCT will decide whether to issue the existing proposals for contract changes and see what happens or amend them to include a sliding scale of penalties and use of exception reporting.

TPBC DES and Practice Based Commissioning

Practices received their budgets on 31st May.
The PCT want practices to have TPBC in place by 1st September 2006 to enable them to have 6 months worth of data by the end of the year.
To this end they would like to receive the practice plans by end June/early July for approval in good time.
One Consortium has already submitted their plan.
The LMC advice was not to commit to any plans until practices have had adequate time to analyse their budgets.

Guidelines for plan objectives were discussed with clinical leads on 23rd May and some amendments were made.
The West Berkshire Steering Group has come up with guidelines that are not prescriptive They will go to the CP for ratification.
It is proposed to have referral management priced at 50p and prescribing priced at 15p, this will leave two other lots of 15p for practices to look at other things
The Clinical Leaders have indicated that this proposal will be accepted by their CPCs.
If a practice wanted to look at something different the PCT would consider it, although it was felt that referral management and prescribing were two areas that could not be changed.

Ian Kemp and Clare Howard are formulating a letter which will be available for the CPC meeting to consider along with the tabled document.
The prospect of making actual savings is very low. Practices will be only asked to look at referral management.
The PCT said they would not be imposing penalties if practices submitted plans late.
Ideally they would like them by mid July to allow for CPC to approval

Action: None

Other new DESs

Choice, Choose and Book and IM&T.
Government have abandoned the 25% of bookings criteria for C+B aspiration payment
The PCT plan to offer all practices these DES, practices who have been offering Choice have already received their first payments.
IM&T has been talked about across Berkshire West and practices will be invited to submit plans.

Collaborative Arrangements, especially blue badge payments & Fostering Questionnaires

LRC asked about collaborative arrangements.
When local authorities request medical help for such things as blue badge, fostering questionnaires etc, who do the GPs send the bill to?
Currently blue badge requests are being received with no claim forms attached.
This is now complicated by the withdrawal of agreed national fee scales for work (under competition law)
Practices now need to establish their own fee scales and submit them to PCTs
PHR has written a template. (see BBOLMC website)
PR suggested GPs define an hourly rate and decide how long things take and then notify the authorities.

Action: MM will inform PR of whom to invoice.

Phlebotomy

This was considered at the PEC last week.
LES started in January and the PCT now have 4 months worth of data
Previously activity had been capped at 28 per 100 patients for the first 3 months.
The original budget was £74K, another £36K has been found giving a total budget of £110K and the PCT have decided to increase the numbers to 41 per 100 patients.
This will be capped by the PCT for their accounting purposes.
If practices do more they will be paid more as there are practices who do less and claim less.
Currently there are practices who have signed up to the LES, but who are also sending their patients to the Royal Berkshire Hospital.
From 1st September the hospital will only see those patients who are difficult to bleed or children under 12.
It was asked that the hospital inform those patients who attend of the impending change in the service.

LRC asked about the method of referral was for children under 12. Was a referral letter required or could the patient just attend with the blood form? MM agreed to clarify this.

Action: MM to clarify the referral guidelines for under 12 year olds.

Annual Contract Reviews

Paperwork for 05/06 has been sent out. To make it easier to cross reference to the Reading PMS contract the SHA document has been slightly altered.
Practice visits will only happen if there are issues that need discussion.

24 Hour Retirement

A single handed GP recently applied late to the TVPCA for 24 hour retirement but not informed the PCT. This caused problems; although single handers do not need to come off the Performers List they must resign their contract.
This could involve the risk of it not being offered back

Action: PCT and Agency to advertise the process and implications for 24h retirement especially for single handed GPs

Access Plans

If practices sign up to this they must be able to achieve it.
One practice was not allowing patients to book in advance and now the PCT will check with practices that they are doing this.

Pneumococcal Over Payment

It appears that an overpayment of £26,690 has been made when the PCT asked practices for data on patients who had been immunized in the last 10 years
Rather than paying only on the previous year; they paid for the whole 10.
The most a practice will have to re-pay is approximately £2,500.

Action: The PCT to get the overpayment back.

New PCT

David Buckle has sent an email out to PCTs asking for comments.
It was felt reasonable to ask the LMC for comments too.
It was felt that there would still be a need for local discussions on local issues.
In the future a West Berkshire Liaison Committee could be established, although when this was tried earlier in the year it had been a failure.

Once it appears that the meetings are discussing the same things, it may be time to merge to one meeting.
It was agreed to hold new and old PCT meetings in tandem for the first 6 months and then review the situation.

Action: To continue to meet with local GPs for the time being.

Date of Next Meeting -Wednesday 27th September 2006

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

Apologies: Drs Bindra and Johnson
Jane Solomon
Joe Devanney