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Minutes of READING LRC/PCT Liaison Meeting

Wednesday 27th September 2006

Room G30, Reading PCT

RG30 2BA

2.00pm

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Minutes of Previous Meeting

The minutes of 21st June 2006 were agreed as a correct record of the meeting.

Matters Arising

Substance Misuse

Following the last meeting the PCT had contacted EMIS about printing blue scripts. EMIS have not yet sorted this out but they were aware of the problem and working on it.

Collaborative Arrangements

The PCT had been informed that invoices for payments should be sent to the Battle Hospital Payments Section,

However, there was some doubt that this was still there; it may now be at the RBH.
PR advised that when a collaborative service is delivered, the person who commissioned the service should be invoiced.
It was up to them to forward the invoice to the correct department for payment.
Currently when an invoice (eg for a blue badge) is sent to Social Services GPs are told it is nothing to do with them, it should be sent to the PCT.
It was suggested that a list should be devised advising GPs where each invoice should be sent to enable payment to be made.

Action:

PR to contact Helen Freeman PM, who seemed to be succeeding with getting payments.
PR to write to the PCT Director of Finance asking where invoices should be sent
MM agreed to ask about this too.

Phlebotomy

At the previous meeting MM had reported that if patients turned up at the RBBH for a blood test, they would be told to go to their practices. However, the RBBH have now said that they will take blood from such patients and will be passing a charge of £1.20 to the PCT.
MM advised practices of this change on 15th August.

PR said that he had referred the issue of whether phlebotomy was part of essential services for arbitration by the Implementation Co-Ordination Group (ICG)
The ICG decision could have implications for the whole NHS.

PMS Targets

The document of 22nd September from MM and PJ was discussed.
It seems the bulk of the proposals for change in PMS contracts have been accepted by the Practice Managers Group (PMG)
MM reported that they represented 20 practices.
The Annual Review Change Process has been edited from previous versions.
The majority is the same, but there is a new section at the end listing who the PCT should consult about proposed changes. The LMC is not on that list.
MM reported that there was no intention to leave the LMC off.
MM reported that a letter had been received from 20 practices asking about the role of LMC.
Although the practice managers were listed, it was not signed by partners.
The worry was that not all GPs will know what is being said on their behalf by the PMG.
The PMG has attempted to reassure the PCT that they represented the GPs in the practices.
The problem is that the PCT have a contract with GPs not with PMs.
It was suggested that the LMC should talk to the PMG.
MM reported back that in their PMS contract 25/26 practices stated that they wanted to be represented by the LMC.
The PCT and LMC view was that consultation should be held with as many organizations as possible.
MM reported that she does not routinely see the minutes of the PMG meetings.
MM suggested that a distribution list to individual GPs could be devised.
GPs felt that the PMG looked at administrative issues relating to the smooth running of the practice, they do not take a lead in things that directly affect GPs.
The PMG did not feel the PEC Advisory Group was representative of practices, there are 2 representatives from each group who are paid to represent GPs but it appears this is not working.
If the PEC Advisory Group continues it (or its successor) will be in the list of those to be consulted.
There was a general feeling that the consultation process on the variations has taken too long.

It may have been better to approach individual practices.
The PMG has a right to suggest they be consulted but they do not have the right to suggest that they are only body to be consulted or to insist on certain deletions from the list of consultees.
It is ultimately up to individual practices to decide whether to sign the consolidated document and it was suggested that a letter go to each practice outlining changes.
MM reported that she has to take this issue to the PEC on 10th October.

Action:

PR to approach the PMG and meet up with them.

PBC

Discussion of recent LMC alert

In the amended SFE C2 payments will be reduced by the freed up resources (FUR).
The FUR sits in a PCT account whereas C2 sits within the practice bank account.
FUR is to be used by practices for PBC projects, C2 could be used by the practices to fund a practice member to attend meetings.
Obtaining FUR from the PCT is likely be more onerous than accessing the practice account.
Oxon have already agreed that all practices will receive C2 without any FUR deduction.

Helen McKenzie is the Lead Director of the West Berkshire PBC Implementation Group
The issues raised in the alert were on the agenda for a meeting held two weeks ago.
She will check the outcome

PCT Reorganisation Update

The proposed Director structure of 5 Directors with 3 Area Directors who report to the Director of Commissioning is out for comment until 25th September.

Annual and QoF Review Update

Due to the high cost, it is proposed to reduce significantly the number of QoF visits in 06/07.
The plan is to visit 8 in Reading, 4 in Wokingham and 4 in Newbury.
Last year QOF visits cost £60K across the 3 PCTs.
It is hoped to reduce the cost to £23K this year.
The 8 practices will be chosen based on the following criteria; the use of Apollo to show variations from last year, comparisons from last year, practice request, any local knowledge or evidence of a problem.
PR reported that Oxon have suggested additional criteria ie if there is a recent change in PM or if more than 50% of the partners have changed.
The PCT also proposes to make PPV more robust by including a clinician and taking 2 days.
The Annual Review again involve completion of a self assessment questionnaire.
All QoF visits will take place in January, with practices being given 4 weeks notice.
These proposals have to go through 3 CPCs. This is causing problems as all 3 have to agree.
The QOF self assessment form which was developed last year has been amended in line with the new QoF areas.
Discussion of cancer review exception reporting.
If a patient comes to a new practice with a diagnosis of cancer 6 months ago but the review was not done by the first practice, it is not the fault of the receiving practice so exception reporting will be accepted.

There are problems around mental health and asthma review being carried out by telephone as the regulations state they should be face to face.

The PCT has a cost pressure of £300K on QoF, but it was not anticipated that GPs will be scoring as high as they did last year. This prediction could be wrong

Practices are expected to submit their own QMAS data this year.

If a practice cannot do this next year, the PCT will be levying a charge.

The PCT will give notice to practices that the PCT may be able to submit the data if time allows, but only for a fee.

Action: The PCT inform practices that if they want the PCT to submit data to QMAS at the end of the year, a charge will be made for the service.

PCT/LMC Communication

During the summer things went quiet however communications are now coming through and the LMC thanked the PCT for this.

MM said that everything going to GP practices from the PCT now goes from Helen James, who will be numbering them and indicating who they are for, importance, whether for information or action and the LMC are included in these too.

Thames Valley Data Warehouse

This is a big issue and work on data quality is ongoing.

This may not be completed by 1st October but Sam Harmer is confident that the out patient data is correct

It is planned to give GPs and PMs 4 weeks notice of the start of training in November/December, There will be various sites, including Reading PCT, Wokingham and Prospect Park.

A central helpdesk may be set up

Contract Management

There is a proposal for an invest to save scheme for Diabetic foot checks.

The PCT will fund training on foot assessment for practice staff, but not apparently the transfer of work.

Views vary on whether this work should be funded through essential services, QOF or a LES

PR advised practices to attend the training

Only after this will practices know how much work is involved and what extra costs will be incurred. Specialist equipment may need to be purchased.

Performing this work will help meet Diabetes DM9 and 10 so practices may feel they will receive payment through QoF.

If this is the case then the PCT has no right to influence the spec of the assessment. It is defined in the QOF wording

Action: PR will contact Rod Smith directly with his comments.

Date of Next Meeting - Wednesday 15th November 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

No apologies were received