
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 Slough LRC/PCT Liaison Meeting

Tuesday 4th July 2006, 2pm
Upton Meeting Room, Upton Hospital
SL1 2BJ

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Minutes of Previous Meeting

The minutes of 2nd May 2006 were agreed as a correct record of the meeting.

Matters Arising

ES Spend

The outstanding issues are Minor Surgery Access for GMS practices and PBC for PMS practices which will be paid this month,

EGFR

This has been sorted out and is now being paid.

Future Functioning of East Berks PCT and how Slough fits into the whole scheme of things

The new Chief Executive will be announced shortly. They will go to interview with the Chair before appointment, however the Chair is not yet known.

The 3 PCTs are trying to work together on all issues, ES being one of them.

Without knowing what the future structure will be it is very difficult to plan.

For GPs ES is the most important and they must know that things will not change.

An EB meeting was held around ES, JS said that she had attended only one meeting, however there had been 3 or 4 held.

There are common areas and it was agreed that the frameworks should be the same; although Bracknell have now said that they do not have the resources to fund ES so have offered GPs £2 per head. The BF GP population are not happy so it is likely they will have to change this.

Access DES

The PCT said that only 7 practices signed up to this in October and they have received an email asking them to submit their plans to the PCT.

However all practices were paid an advance to do this, so 11 practices have been paid an advance but not signed up or submitted a plan, and the PCT will be asking for this advance back.

The final terms of the Access DES took some time to agree; it had been discussed at the GP Forum and it was felt that agreement at this Forum automatically signed practices up to the DES.

The PCT said that to sign up practices had to submit an action plan.

Currently the PCT are asking for evidence to support the plan, such as patient information and evidence of booking an appointment.

It is similar to QoF in being evidence based.

Practices have until 14th July to submit their plans.

GH said that he had signed up to the Access DES at the GP Forum.

There was some confusion why practices may have not signed up to this as the original document needed amendment, the PCT amended this and GPs may not have seen the new paperwork.

The PCT agreed to resend what was sent to practices in October as GPs felt they had not seen it.

This was discussed at length during QoF visits.

The PCT have said that provided a practice can produce an action plan, they will pay.

The PCT said that some practices did not feel capable to meeting the DES so did not sign up.

This issue will be discussed further at the GP Forum.

Practices have yet to be paid for the current year.

A lot of the PCT meetings are not minuted and it was felt that they should be in future.

Action: AS agreed to supply GH with the names of the practices who did not sign up to the DES. AS will resend the paperwork out to practices

DES and ES floor

The PCT have sent out a list of ES for the current year, and asked for replies by 30th June, to date only one has been received.

The PCT have sent an email out to practices informing them that flu was a DES not a NES.

The document from Satpal Chana was not sent to practices.

Payment for activity on a quarterly basis was discussed, a solution was proposed that for practices who had submitted their Chart queries at the end of March, payment for activity will be paid for this and this has been agreed with Chris Morris.

Only 8 practices have returned their Chart queries.

AS agreed to check with CM if practices submitted their Chart information by an agreed date, they would be paid on a monthly basis. The PCT would reward practices for submitting their figures.

The list of ES for practices to sign up to was only received on 23rd June but a response was asked for by 30th June, it was asked that future timescales could be increased as this was very short.

Practices did not sign up as there were areas that they felt were missing, such as ADHD and leg ulcers.

It was suggested that the future paperwork should an area for practices to make comments in. GPs to have the corrected version sent out with a longer deadline.

It was asked whether the GP Clinical Leads for Slough should have an input.

The PCT said that Chris Morris represented GPs at meetings on ES.

JS reported that she had only been invited to one meeting, JB reported that her apologies had been offered at other meetings, despite not sending them.

Queries around the process on ES should be addressed to Margaret Mortlock.

Action: AS to check with CM whether practices who have not submitted their Chart information could be paid on a monthly basis.

The PCT agreed to increase timescales for the return of future paperwork.

JS agreed to contact MM about representation at meetings, especially on ES.

AS agreed to send out the papers on ES again, with a draft going to GH, Brian and JS before they were sent

Current ES Budget

The PCT protected spend on ES is £1,786,555, which represents an increase of £231K over the spend for 05-06.

The primary care budget for ES remains static so there is a cost pressure of £231K on this and this is not funded anywhere.

It assumes 100% payment on the IM&T DES etc although it is unlikely they will be achieved.

MMR catch up will be included in the pneumococcal which is priced at£52K.

Deponeuroleptics will be discussed, if Berkshire Health Care Trust stop this, money should shift across, the PCT are investigated.

Practices are being asked if they want to sign up to provide this service.

Letters are very clear to GPs telling them to take over the care of patients on deponeuroleptics.

The problem is that this is a commissioning issue and negotiation is needed with this department within the PCT.

CM does not feel there is a problem with Slough GPs taking on these depo patients; he cannot see that resources must follow the work.

It involves 50 patients who need monthly injections and this will add to the appointment overload.

Practices have been asked if they want to provide this service at a cost of £30 per patient per quarter, which does not really cover the cost of appointments.

A protocol needs to be agreed with paperless practices with the LMC.

An accreditation visit is needed with the PCT/LMC.

The payment for flu and chronic liver disease is included in the CMO letter but no funding has yet been identified.

Action: Deponeuroleptics will be on the next agenda

District Nursing/New Forms for Referral etc

A central referral system has been put in place; the pilot has had to be extended.
A referral is now required from the practice as any other referral.
The hub has identified some very high users of DN services for phlebotomy.
There is a dedicated phlebotomy nurse who will take bloods from patients on DN's workload.
There is an issue with some practices using the phlebotomy service 3-4 times more than others and this needs to be addressed.
Equality is needed across all practices and a consensus is needed on how the DN service is used.
The pilot has identified how DN's are used and this will be fed back at the September GP Forum.
The DN's need to prioritise their workload as they are currently operating at a 50% vacancy rate.
No referrals are being turned away.
GPs would like to see how many blood tests are done etc and the PCT will provide this information at their feedback.

Budget Setting for Slough Practices

Information will be with practices by the end of the week.
Philip Murray will be talking through this at the PBC meeting on 17th July.
The budget is based on activity and bounced back to available budget.
Low referring practices should not get a smaller budget.
If a practice is underspent on the drug budgets and hospital budget the practice will make a saving, however if they are overspent on one area and under on the other they will get nothing.
The PCT are in deficit so GPs will not see any savings as the whole system has to be in balance in the first place.

Date of Next Meeting – Tuesday 3rd October 2006

Present	Name	Organisation
	Hall Richard (RH)	Member
*	Hear Gurdip (GH)	Chairman
	Kumar Hemantha (HK)	Member
	Nabi Ajaz (AN)	Member
*	Trivedi Jitendra (JT)	Member (Co-opted)
	Roblin Paul (PR)	LMC Chief Executive
*	Solomon Jane (JS)	LMC Director of Development & Liaison
*	Birchall Carol	LMC Minute Secretary
*	Betts Jane	SLGH PCT
	Chana Satpal	SLGH PCT
	Morris Chris	SLGH PCT PEC Chair
	Pitchford Keith	SLGH PCT
*	Skilling Anthony	SLGH PCT

In Attendance: Bryan Woollatt, Practice Manager, Langley Health Centre

Apologies: Drs Hall & Nabi
Paul Roblin
Satpal Chana & Chris Morris