
BERKSHIRE LOCAL MEDICAL COMMITTEE

Chairman
Dr John Rawlinson
Radnor House Surgery
25 London Road
Ascot
Berks
SL5 7EN

Tel: 01344 874011
Fax: 01344 628868
rawlinsonjohn@hotmail.com

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 487142
paul.roblin@bbolmc.co.uk

MINUTES OF WEST BERKSHIRE LRC/PCT LIAISON MEETING Thursday, 8th January 2009 Room G26, 57-59 Bath Road, Reading, RG30 2BA

CONTENTS

Minutes of Previous Meeting	1
Matters Arising.....	1
Child Health Surveillance schedule	1
Learning Disability DES training	2
Pharmacy White Paper	2
Darzi Update.....	2
Extended Hours/Enhanced Services Directions	2
QoF Prevalence Changes	2
Enhanced Services 2009/10.....	3
Criteria for Prioritising Investment in Primary Care Premises/Premises Development	3
Cytology & Immunisations Fact Sheets.....	4
Update on Practice Visits	4
Enhances Services Reconciliations.....	4
Obesity, Smoking and Alcohol LESS	4
HPV, MMR and Chlamydia LES	4
Rent Review Process	5
Date of Next Meeting – 5 th March 2009	5

Minutes of Previous Meeting

The minutes of 2nd October 2008 were agreed as a correct record of the meeting.

Matters Arising

Child Health Surveillance schedule

The PCT said that they had not resolved this issue yet.

However, Charles Ozlagari was working with the TVPCA and the provider arm and a document is expected which will be in line with the Childrens NSF.

Learning Disability DES training

The PCT have yet to issue the DES as they are waiting for the Directions.
LMC reported that in some areas the training was happening for the Learning Disability DES.
Mary Scott has been running such a service in the Wokingham area. She was visiting practices on an individual basis and providing training.

The LMC was concerned that we are currently in the last financial quarter of the year and GPs were still awaiting the publication of the DES.

PHR reported that Bucks PCT had formally offered the DES to practices.
PHR suggested that the PCT ask the NHS Employers why the national Directions are taking so long; he intended to ask the same question of the GPC.
These DESs were put together as part of the 1.5% uplift for GPs in 2008-09 and the late publication means this will impact even more on GP earnings.

One practice reported having sent their patient list to Social Services and being told that the two lists did not tally.

Action Point: The PCT to ask the NHS Employers why issuing of the DES Directions is taking so long.

Pharmacy White Paper

It has been agreed nationally that the Status Quo will continue so the threat to dispensing practices has now gone away.

Darzi Update

A preferred provider has been chosen and the PCT intend to have the Centre set up by June.
The location of the Centre is now known to be in the Butts Shopping Centre, but the PCT were unable to pass on any more information regarding the chosen provider.

Extended Hours/Enhanced Services Directions

In terms of the PCT meeting the 50% target, there are currently 65% of practices who are DES compliant and these cover 86% of the population.

Some practices are reporting that take up is good whilst others say that the Saturday morning clinics are not being used.

LMC felt that patient uptake is something that is outside practices' control.

QoF Prevalence Changes

The PCT have produced a list of figures for all practices and agreed to provide PHR with a copy.
Every practice in the PCT area will lose some income.

The key problem is the combination of changes to prevalence and shrinkage of MPIG under the 19th Formula. Some practices might find it difficult to continue in business.

PHR felt strongly that the Carr-Hill formula needed looking at again.

It is over redistributive and does not work.

The PCT said that they would be looking at those practices who would suffer a big impact from these changes.

Action Point: HOK to provide PHR with a list of how practices will be affected.

Enhanced Services 2009/10

LMC asked that the PCT send practices a sheet at the start of every financial year outlining the enhanced services that were on offer and indicating which ones the practices were currently signed up to. The PCT said that they usually did this.

This year there had been a lot of additions in-year and this was where the confusion had occurred.

GPs also reported that they often received the specifications for the new services in draft form and they were then unsure when they could actually sign up to provide the service. Document and contract status needed to be clearer.

The PCT agreed that the whole area needed to be tightened up and would provide each practice with a list of services provided.

PHR suggested that rather than sending out individual specifications to each practice, the practice be supplied with the top sheet and a web address to obtain the actual current specification. It was obviously very important that the PCT maintained only current specifications on their website so that practices knew they were following the most recent guidelines.

Action Point: The PCT to provide practices with a list of what enhanced services were available and what they were currently providing.

Criteria for Prioritising Investment in Primary Care Premises/Premises Development

The SHA have money for premises development and want the PCT to go through a transparent process when selecting the practices that need it.

The LMC felt there was a problem with the proposed scoring system.

The capacity of existing premises and its distance from target was given no greater weighting than practice performance in relation to PCT priority areas.

Any fair policy would give priority to funding practices with space below target.

What was the formula used to calculate target practice space?

Using “the capacity of neighbouring practices” was also questioned.

How was this defined and would a value be easy to obtain?

Whether a practice is in a deprived area should have little role on deciding whether they were deserving of more floor space to bring them up to target.

It was important that the PCT was seen to reward practices that needed extra space rather than those that did not, irrespective of performance against PCT targets.

In fact poor performance might be a reflection of inadequate space, so penalising those not hitting targets was unfair.

There were worries about the inclusion of the prescribing incentive scheme. Some practices do not see this as good for patients and will not get 100% and would be disadvantaged.

LMC cannot sign up to this points system until it is logical, reasonable and fair. PHR felt that any scoring system should be used to populate a database before being agreed and implemented. The PCT had not done this with the scoring for locum costs and as a result no practices had scored well. This wasn't a sensible way to proceed and he hoped the PCT would learn from this experience.

Action Point: PHR to send a synopsis of the discussion to the PCT for them to put before the next PEC meeting.

Cytology & Immunisations Fact Sheets

Despite PCT belief that these had gone out to practices, only some GPs had seen them. LMC was happy with their contents.

Action Point: HOK to check that the PCT had sent these sheets out to all Practices.

Update on Practice Visits

Currently the PCT have visited 18 practices to discuss childhood immunisations and agreed actions.

Enhances Services Reconciliations

In Newbury and Wokingham the PCT wanted to close 07/08 and this was not happening quickly. It is taking a while to sort out, especially as the PCT are trying to get 3 separate systems to work as one PCT.

Obesity, Smoking and Alcohol LESs

GPs said that a lot of practices are struggling with the Obesity LES as there is no commitment to pay this until the end of the year and if the practice has put in 11 months worth of work and the patient fails to attend the last appointment the practice will not be paid. This puts all the risk on the practice which was not considered fair.

Practices had similar concerns with both the Alcohol and Smoking LESs.

HPV, MMR and Chlamydia LES

The PCT confirmed that they had sent out the HPV and MMR LES but had not done one on Chlamydia yet.

Rent Review Process

The PCT wishes to tighten up the process.

It will now specify a time within which practices who appeal have to supply all the necessary paperwork to support their appeal.

Practices asked that the timescale be reasonable.

HOK said that it would be but that they were tightening up on things to get faster resolution of issues.

PHR said that he had read the 2004 Regulations and it appears that the District Valuer cannot adjust the notional rent downwards.

See box below

Please see red text below:

The National Health Service (General Medical Services - Premises Costs) (England) Directions 2004
See

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_4078585

Page 37 says

PART 3

FACTORS WHICH ONLY APPLY IN RELATION TO NOTIONAL RENT CASES

5. If the premises are owner-occupied premises, the following assumptions are to be made by the valuer about the nature of the notional lease upon which the notional rent payments are to be based.

This notional lease-

(a) is to be for a term of 15 years, with **upward only** rent reviews every three years;

Date of Next Meeting – 5th March 2009

The meeting closed at 3.00 pm.

Present	Name	Organisation
*	Birchall, Carol	LMC Minute Secretary
*	Brock, Nicola	Wokingham LMC
*	Buckle, David	West Berks PCT
	Cave, James	Newbury LMC
	Foster, Nigel	West Berks PCT
*	Gallagher, Charles	Wokingham LMC
	Hyde, Maria	Newbury LMC
	Lade, Jeremy	Wokingham LMC
	McCartney, Maureen	West Berks PCT
*	Mittal, Rab	Reading LMC
	Moneim, Tarek	Reading LMC
*	Morando, Sarah	Newbury LMC
*	Naran, Kish	Reading LMC
*	O'Keefe, Hugh	West Berks PCT
*	Roblin, Paul	LMC Chief Executive
*	Smith, Rod	Reading LMC
*	Westcar, Paul	Newbury LMC

Apologies:

Drs Cave, Hyde and Lade and Maureen McCartney

In Attendance:

Lucia Contrino

Date of Future Meetings:

05.03.09

07.05.09

09.07.09

08.10.09