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MINUTES OF WEST BERKSHIRE LRC/PCT LIAISON MEETING Thursday, 5th March 2009 Room G29, 57-59 Bath Road, Reading, RG30 2BA

CONTENTS

Minutes of Previous Meeting	1
Matters Arising.....	1
Child Health Surveillance specification	1
GP Led Health Centre (Darzi Centre).....	1
QoF Prevalence Changes: Impact Assessment.....	2
Practice Scorecard for Premises Investment and Practice Activity and Quality Profiles	2
Choose and Book.....	3
Update on Practice Visits	3
Domestic Violence Reports.....	3
Contact Point Next Steps	4
ES Commissioning Clarity for 09/10.....	4
Date of Next Meeting – 7 th May 2009	4

Minutes of Previous Meeting

The minutes of 8th January 2009 were agreed as a correct record of the meeting.

Matters Arising

Child Health Surveillance specification

MM recognized that the PCT had not sorted this out over some time.
She reported that she had asked for an update but had not received one.
The PCT have now appointed Sally Murray and she would follow this up with her.

GP Led Health Centre (Darzi Centre)

PCT is now down to one preferred provider.
The plan is to start the service from 30th June 2009.
Work on final agreements is underway.

Contract signing is likely at the end of next week.

QoF Prevalence Changes: Impact Assessment

From the figures obtained using the national calculator, the PCT will be making a saving of £415K. They feel this is offset by the £600K that the PCT had to put in as an initial investment due to underfunding from Government.

LMC was concerned about the impact if the PCT took the £415K from primary care.

What would happen for example to the University Practice?

The PCT said that the GPs there are salaried and are funded by the University. It was the university that would lose the money not the GPs.

Virtually all practices in West Berks would be losers to some extent.

The PCT Board is aware that this will be a difficult time for practices.

The LMC said that initially QoF was funded by raiding the Global Sum (GS).

If QOF income is reduced by altering the funding formula then GS should be increased in line.

Practice Scorecard for Premises Investment and Practice Activity and Quality Profiles

This amended (after LMC comments at LRC on 8.1.09) version has been presented to Wokingham and Reading practices and the PCT welcome the LMC's opinion.

The PCT have taken the LMC advice and have populated the scorecard for "sense" checking and possible further amendment.

PHR pointed out that the benchmarking of appointments offered is done in two ways.

On the general practice profile the denominator is wte whereas in the second part it is per thousand patients.

The LMC said that although this was clarified in the supporting glossary, it would make more sense to have the units of measurement on the individual title lines. The PCT agreed.

A traffic light system was being used by the PCT.

The LMC had no problem with the principle of measuring practices but felt that it would be better to not use traffic lighting. It was too subjective and provocative.

The PCT said that once the scorecard has been finalised, each practice will be sent a copy of its own data for validation.

For each indicator, the PCT has a graph of the values obtained by all its practices.

For example on the A&E attendances histogram there was one practice with a very high figure.

The PCT were aware of this and the reason for it.

LMC felt this interpretation supported its view of traffic lighting.

After further discussion it was agreed the PCT will supply PHR with an updated version of the scorecard and then PHR will distribute it to practices asking for comments and will feed the response back to the PCT.

Action Point: To put the indicator units after individual row titles.

PCT to supply PHR with the latest version so it can be forwarded to GPs for their comment.

Choose and Book

The PCT reported that they had just discovered that the data that had been provided to them by the RFC had wrongly included urgent referrals.

This means that the figures practices have been receiving are too low (the denominator is too large). Although this error has been identified after the first two quarters there was little likelihood that this could be rectified before the end of the year.

LMC asked what the PCT proposed to do about this; there would be practices that would have achieved their target if the figures had been correct. Oxon PCT has not been able to rely on its figures and has decided to pay everyone.

PCT said that they would be happy to do this but there were still some practices that refused to even allow them entry to speak about the improvements made in the C&B performance.

If the PCT showed such goodwill then it would expect practice co-operation in return.

The current LES for C&B ends on 31st March and the PCT plans an interim version until 30th June. LMC were concerned that C&B did not become part of 'core business and funding disappear in the future.

Whether C&B was performed within a consultation (which would mean that the appointment duration would be longer), or as a back room function, (where extra staff would be needed) there were cost implications for practices and a funding stream was needed permanently.

The PCT was concerned that there were 8 practices that currently would not let them in to speak to them and they wanted to be allowed an opportunity to do so. The problems that the practices have been quoting have been rectified.

The PCT proposed to fund a LES from July to enable practices to continue to do C&B but wanted to be able to say that every practice in West Berks have been offered a full opportunity to see how well it now works.

The LMC said that they would welcome a LES and that they would do their utmost to see that practices did not reject the system out of hand without having seen the current version and how it had changed.

Action Point: The PCT to produce an interim LES from 1st April until 30th June when a revised version will be available.

Update on Practice Visits

18 practices were visited by the PCT between September and November 2008.

These visits are not part of the annual contract review.

These were practices that had issues with cytology, childhood immunisations or access.

Following these visits the practices are expected to make improvements in performance data at the end of March.

In future these visits will be linked with the practice profiles and practices will only receive a visit where there is a need for one.

Domestic Violence Reports

The LMC had not received the promised report from Jenny Selim.

The problem was that practices were receiving information about patients and were unsure where or how to put this on to the patient record.

PHR said that in a practice he knew, such sensitive issues were coded on the front screen with an alarm code 'www'.

This prompted the GP to look at a sub- screen for details of the real problem.

The PCT said that practices needed to develop a system and it would be worth disseminating useful practice.

Action Point: To disseminate methods of coding such information.

Contact Point Next Steps

Rachel Edwards reported that Contact Point had been introduced following cases such as the Soham murders.

LMC was concerned that accreditation to use the system requires 3 yearly extended CRB certification which currently does not happen.

By October 2009, anyone with any contact with children or vulnerable adults or the opportunity to look at children's records would be required to undergo to regular extended CRB or ISA check.

LMC pointed out that this would have huge cost implications for the PCT.

The cost for a CRB check was about £40 on its own.

RE said that the extended check would cost £64.

LMC asked who would be paying for these checks. It could be a very large cost pressure on the PCT and one that needed careful cost benefit consideration.

RE said that from October every GP had 3 years to obtain an extended check. PHR reported that other PCTs are trying to find a solution to avoid these costs.

The PCT said that their understanding was that this was a national requirement but would investigate if local flexibility was possible.

The PCT said that they were looking for practices that would be interested in trialling Contact Point.

PHR said that he would be willing to ask practices but clarification was needed on the CRB and ISA checks prior to any requests being made.

Action Point: The PCT to see if a local solution could be found to the requirement for extended CRB and ISA checks prior to asking practices if they were interested in trialling it.

ES Commissioning Clarity for 09/10

The PCT are planning to get a 09/10 Enhanced Services list to practices at the end of next week.

The LMC said that it was generally preferred by GPs that the specifications should sit on an easily accessible website and be updated when any changes are made.

The PCT were asked to highlight any changes to the specifications in the paperwork.

Likewise practices should be told of spec that remained unchanged from last year.

Action Point: PCT to highlight on the list of Enhanced Services available where changes have been made to the specifications and to have these specifications available on a central website.

Date of Next Meeting – 7th May 2009

The meeting closed at 3.20 pm.

Present	Name	Organisation
*	Birchall, Carol	LMC Minute Secretary
	Brock, Nicola	Wokingham LMC
*	Buckle, David	West Berks PCT
*	Cave, James	Newbury LMC
*	Contrino Lucia	West Berks PCT
	Foster, Nigel	West Berks PCT
*	Gallagher, Charles	Wokingham LMC
	Harris, Mark	West Berks PCT
*	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
	Owen, Anne	West Berks PCT
*	Roblin, Paul	LMC Chief Executive
	Smith, Rod	Reading LMC
	Waddicor, Charles	West Berks PCT
	Westcar, Paul	Newbury LMC
	Winfield, Cathy	West Berks PCT

Apologies: None

In Attendance: Rachel Edwards, Sophie and Vanessa Harding

Date of Future Meetings:

07.05.09 09.07.09 08.10.09