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Minutes of West Berks LMC/PCT Liaison Meeting

Thursday 10th July 2008
Room G29, Reading PCT
RG30 2BA

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Minutes of Previous Meeting

The minutes of 8th May 2008 were agreed as a correct record of the meeting.

Matters Arising

Extended Hours

The DOH and SHA has announced that LESs allowing nursing hours to contribute to a practice's hours, will not count towards the PCT quota.

As a result some WB practice applications appear to have been put on hold and the LMC has received several emails of complaint.

No formal notice has been received of this change in policy.

PCT said that they were intending to inform individual affected practices but were first seeking clarification from the DoH via the SHA regarding nursing hours.

No response has yet been received from the SHA.

The PCT intend to work with the LMC and locality forums to ensure that Extended Hours services meet local patient needs.

LMC asked, if the DoH refuses to recognise LESs allowing nursing hours, whether LES decisions already made will be rescinded. The PCT said that no decision has yet been reached on this.

The PCT hoped to hear from the SHA what the decision is and will contact those practices concerned by email early next week.

PHR reported conversations with the SHA over the difficulty created by the DoH not committing its edicts to paper.

Locum Reimbursement Policy

The policy of offering only a 10% payment when the PCT is uncertain of its end of year financial balance appears to be a deal breaker.

MM has stated that the next stage is that the Directors are being asked to make a decision and they are aware of the LMC view.

The fact that some GPs cannot get sickness cover for some conditions has been included in the document now and individual cases will be considered on their own merits.

PCT Strategy for Primary Care

PHR reported he will be attending the next meeting of this on Monday.

Since his return from leave, he has seen various critical emails from practices and practice managers, and is trying to understand their concerns.

Most of the document that has been produced is very difficult to disagree with. It deals mostly with high level strategy; the devil will be in the detail.

LMC applauded the PCT having a strategy that outlined to practices its overall approach to primary care.

The PCT said that although the timescale for response appeared very short, the paper will then be going to Board for discussion and will then come out to the Forums and be sent to practices for comment.

Darzi Practice Update

Following the PQQ (Pre-Qualifying Questionnaire) stage, invitations to tender will be going out next week.

The PQQ only looked at an organisation's financial background not at their ability to provide medical services.

Altogether there are 8 bids that have got through to this stage.

Health Reading along with Assura have put in a bid, but to get enough information together is estimated to cost in the region of £90K.

The whole Darzi Centre process favours private organisations that have national tender documents they can pick off the shelf, and use in many PCT areas.

For one group of GPs to produce a tender for their own area only would be a huge amount of work with no guaranteed outcome.

Currently it is not known where it will be sited or what the specification will be.

Enhanced Services Issues

Minor Injury LES

The PEC has decided not to commission a LES for Minor Injuries for the 5 rural WB practices. Instead it is looking at providing an ES for all practices around suturing and minor dislocations. It appears that the activity data received from rural and urban practices was very similar. It was felt fairer to develop a service for all WB practices.

LMC said that it was OK for practices that were close to an A&E department not to be offered a Minor Injuries LES, but practices in Lambourn for example were at least half an hour away from any hospital.

It would be unreasonable to expect patients to have to travel long distances and this was why the ES had been developed in the old Newbury PCT.

PCT said that there were urban practices that were providing suturing which was considered to be outside core services and it was felt that an ES covering this made sense.

GPs said that the quality of the data was probably poor because practices were not paying enough attention to detail when entering it and suggested that the PCT asked them to be more accurate in data recording.

Action Point: PCT and LMC to work together to produce an acceptable specification.

Phlebotomy Ceiling

A recent PCT paper to GP Forums suggests that the PCT is looking again at the Phlebotomy ceiling.

The PCT is looking at the data from 07/08, it appears that last quarter's activity data is a little 'cloudy'.

The proposal is to work up an options paper based on 07/08 activity rather than 06/07.

This will go to PEC, probably at their September meeting.

Any proposals will include in house and hospital initiated activity.

Proposals for 2008/9 QoF Process Following the Review of the 2007/08 Process

The LMC said that they were in support of the process.

Practice policies presented as QoF evidence, have to be working documents that are used within the practice.

Practices should not submit documents devised outside the practice which do not reflect what the practice actually does and are not owned by the partnership.

The timetable for submission of evidence does not differ from 07/08 the only change is the process of dealing with contractors who have submitted questionable evidence.

It was agreed that a member from the LMC office in Marlow and the Chair of the LRC (still to be appointed) should be on the QoF Review Panel.

A practice manager would be a useful addition and could be selected from within the PM Group, one representative from each of the old PCT areas. If a practice in one area was being discussed that representative would not be there.

Action Point: PCT to contact the Practice Manager's Group and ask for representatives for the Appeals Panel.

Draft Policy re Financial Assistance for Practice Premises

LMC accepted that the Premises Directions do not permit the reimbursement of costs for non-clinical waste.

This is reflected in the newly developed PCT policy document.

Business rates do not cover the disposal of business waste, whereas domestic rates do.

The current expenditure is around £30K.

Update on DDRB and MPIG

Both LMC and PCT felt that currently discussions are taking place in secrecy between the GPC and DoH. No one is sure what the outcome will be.

The prediction is that MPIG will be abolished and the global sum will be enhanced.

Action Point: PHR to inform the PCT of any development on this subject.

Transfer for Work from Podiatry

This problem has been resolved by a letter from the provider of the service.

This rescinds their original decision to bounce follow up dressings to practices.

This came about as a result of a department within the RBBH deciding on something rather than it being sent out from the Hospital itself.

Local CHS Schedule

PHR explained the problem.

Charles Gallagher emailed LMC recently after his contract performance return to the PCT asked the question "What steps have you taken to ensure that children receive their 3 1/2 year check" or words to that effect. The GP Contract Regulations say:

Child health surveillance

(b) the examination of the child at a frequency that has been agreed with the Primary Care Trust in accordance with the nationally agreed evidence based programme set out in the fourth edition of "Health for all Children"[58].

The system should be that each PCT has a local CHS surveillance schedule reflecting current national guidance.

Last year Health Visitors stopped performing the 3.5y year check and the task was not transferred to GPs because in 2004 an important change took place

The Children's NSF substituted the Child Health Promotion Programme for the Child Health Surveillance Programme.

This change removed the requirement for a physical examination between the 6 week check and school entry, a fact that seems not to have been recognised by WB PCT.

LMC would like to ask the PCT to alter its local CHS schedule to bring it into line with national recommendations.

CW said that she had spoken to Jan Bartlett who said that the PCT had not implemented the 2004 NSF and at the moment the existing CHS is in operation. The plan is that the PCT will work on implementation of the NSF shortly.

The problem the PCT has is that all 3 original areas approached this subject differently.

GPs said that in Reading the 3.5 year check was only done if the 8 month one had been missed.

The LMC said that if any changes were made they should always be committed to a policy document rather than a verbal or email exchange.

Action Point: The LMC to ask the PCT to look what the CHS policy and schedule is and ensure it reflects what is happening. Whatever is produced must be uniform across all the original PCT areas.

KC53 Data Disrupted

KC53 percentage figures are always lower than practice figures even when the exception reporting issue is corrected for.

The issue is around the accuracy of the KC53 data rather than whether the PMS contractors should be performance managed against that data.

The KC53 data does not include women who have refused a smear, just those who are not eligible.

It will also take out all women who are currently in prison or serving in the services.

The TVPCA is prepared to work with individual practices to validate the data where there are concerns about its accuracy.

LMC suggested that the TVPCA should produce a bullet point explanation sheet of the known reasons for differences between data sources.

JD said that this already existed and would get it sent out again.

Action Point: SR will send the explanation sheet to PHR who will then send it out to all practices.

Electronic Transfer of Prescriptions

The PCT have asked the LMC to elect a representative to the Steering Group for this.

LMC asked the PCT if there would be any reimbursement which would allow a GP to attend and finance back filling of clinical commitments; otherwise the rep would probably have to be PHR as he was already paid by the LMC.

Action Point: The PCT to investigate the position regarding reimbursement and to contact PHR with the response.

GP Commissioning Group

PHR said that he attends these monthly meetings at the PCT, usually on a Tuesday morning at 9.30 and felt it was an important group and the Chair of West Berks LRC should also attend.

Date of Next Meeting –Thursday 2nd October 2008

The meeting closed at 2.50 pm.

DRAFT

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
	Harris, Mark	West Berks PCT
*	Havisham, Kath	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	Reading LMC
*	Naran, Kish	Reading LMC
*	O'Keefe, Hugh	West Berks PCT
	Owen, Anne	West Berks PCT
*	Roblin, Paul	LMC Chief Executive
*	Ruiz, Sophie	West Berks PCT
*	Smith, Rod	Reading LMC
	Solomon, Jane	LMC Director of Development & Liaison
	Waddicor, Charles	West Berks PCT
*	Westcar, Paul	Newbury LMC

Apologies were received from Drs Buckle, Cave, Lade, Gallagher, Maureen McCartney and Jane Solomon

Date of Future Meeting

02.10.08