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# BERKSHIRE LOCAL MEDICAL COMMITTEE

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## Minutes of Wokingham LRC Meeting

Thursday 28<sup>th</sup> April 2005, 1pm

Ground Floor Conference Room, Wokingham Hospital  
RG41 2RE

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### Minutes of Previous Meeting

These were agreed as a correct record of the meeting

### OOHs

PR reported meeting with Jeremy Lade particularly around the employment arrangements for non-salaried doctors.

The solicitor advising felt they were employees.

The PCT are now analyzing the consequences of reaching this conclusion.

## IT

Are the PCT dealing quickly with practice problems? Not always  
At the last local LMC the PCT took on board that speed of response was an issue.  
They understand that as practices are now running paperless, when a computer goes down, there are serious consequences.  
It was agreed to ask for feedback.

## 04/05 End of Year Enhanced Services Position

LMC understood the argument for reducing the money for flu that was administered by District Nurses

However one practice had discovered on investigation that although the records said that many housebound patients had not been vaccinated, a lot had in fact received it.

It transpires that the district nurses had been removing the practice's vaccine and administering it to the patients but not recording activity on the practice computer.

The practice could have missed out on quality payments and also PPA reimbursement.

The practice had employed a member of staff to contact all these patients and find out who had been vaccinated.

It appeared that 122 patients had received the flu vaccination and 35 the pneumovax. On looking through the batch numbers the same numbers had been used on patients of the practice and for patients of the other 2 practices the District Nurses covered. This needed investigation.

It was felt that there needed to be precautions in place to stop this happening in the future.

The practice said that they would do so.

The practice felt they had been charged for a service which was badly delivered.

What is the level of ES underspend? No one knew,

The over achievement on QOF means that there is now a £300,000 budget shortfall

PR to ask about the situation regarding an over/under spend and what the plans were? Would it be rolled over or used to fund under priced services provided by practices?

## 05/06 Enhanced Services Plans

The PCT added things to the bundle at the end of March.

A new enhanced service for reduction of out patient attendances was a worry.

The relationship between consultants and GPs could break down if GPs write to them canceling follow up appointments saying the GP will do it instead.

The PCT wants to reduce unnecessary follow ups but it is unclear whether the consultants have been consulted about this.

They are giving practices money up front and saying that if the number of follow up appointments are reduced, the practice will receive more money.

PR said that he was unaware of this ES spec.

It would appear that some things are not being sent to the LMC for their view.

Practices had received ES specs with a very short response time.

There did not appear to be any dialogue concerning the specification.

Practices can say yes to it and get paid without doing anything.

With ophthalmology GPs did not have the technology to do a lot of follow up work; they could however check a blood pressure

This needed negotiation with secondary care because GPs want to work in partnership with the

consultants.

LMC rep felt there was a problem with pricing of the drug misuse services. Paid at £100 per year. If you see someone with a supervised prescription it works out at 26 consultations a year, i.e. a fee of £4 per consultation.

MS reported that he had not seen a copy of this specification.

A copy was apparently sent to the Practice Manager and senior partner.

The specification reported as being little changed from before.

PCT are saying there is more support on offer from the new workers.

The specifications had been received by practices in several bundles.

PR said that each practice should receive a header sheet for the practice to complete indicating whether they wish to take the service up.

These specifications all come through electronically.

PCT should know if a practice opts out of a service, because the sheet would be sent back indicating this.

Timing was an issue; on some the time needed for practices to discuss things was too short to be able to give the PCT a reply.

It was asked if the Zoladex service could be expanded to include Prostag as it has the same use.

Minor injuries seem to have dropped out of the basket of services.

With Drug misuse MS said that he was interested in becoming a GPsWI, but had not heard anything about this.

Does the PEC communicate with practices well?

Minutes/Digest from the PEC in other areas are often sent to the LMC and practices.

The main forum is the Council

These minutes are sent to practices, but often are received along with an agenda only 2-3 days prior to the next meeting

This makes it impossible to discuss things in practice before Council.

After previous comments, one month's set of preliminary minutes usefully sent out early but relapse since then.

There were 3 GPs on the PEC; however Simon Ruffle and Peter Marshall have both resigned leaving only David Buckle standing for re-election

LMC Rep view was that when you join the PEC you are paid for by the Government

Influence is limited and hands are tied so enthusiasm is low.

Speculation about new PCT CEO and post election NHS re-organisation

The Chief Executive of Reading will oversee the PCT in the interim, with a view to the PCTs merging post election. How to GPs feel about possible merger?

GPs are concerned about the proportion of money which goes into admin rather than patient care in small PCTs.

A merger to form a possible West Berkshire Authority would reduce administrative costs.

## **Choose and Book and PBC**

What is happening on this?

Reported that the PCT feel the Government wants to go down this route.

Practices have had an activity day and all things were looked at.

A musculoskeletal service including rheumatology, orthopaedics and physio would alter patient referral flows.

There is some talk about CAB informing practice based commissioning (PBC).

Elsewhere practices receive a budget and activity data regardless of whether they have expressed an interest.

Practices have received referral information but not an indicative budget.

Would practices like to see this budget to assess whether there is anything they could do to invest

savings in things like practice premises.

There is no growth in premises reimbursement but if you can make PBC savings you can invest them in new premises,

All practices are signing up for a smart card, however this does not sign them up to choose and book. There will be money available for hardware and training to use this card.

Feeling that if you sign up for a smart card, general computer upgrades seem easier to get PHR felt that if you feel confident with IT you can do C&B more speedily in the consultation as you can offer book but not choose for your preferred specialist.

For practices who have offered choice only a very few patients have asked for it.

Do GPs remain responsible for the patient after offering Patient Choice?

The GP recommends a procedure for a patient and they are then offered the choice pack and it is up to the patient the GP is not responsible.

Once the patient has been and the referral sent to the facilitation centre, the center has a responsibility to contact the patient within 3 days.

If they have problems contacting the patient the center will contact the GP to highlight this.

Practices offer as many as 10 specialities.

### **Prescribing repeats at chemist**

Repeat Dispensing discussed

Part of the new pharmacy contract allows GPs to sign one master prescription and thereby authorize the chemist to do up to 6 repeats.

Software suppliers have not got the systems in place to do this yet but the GP regulations are in place. It is not suitable for a wide range of patients. Safeguards need to be built in to ensure the patient receives the correct medication.

Currently GPs are encouraged to prescribe either monthly or two monthly.

There is no imposed interval although monthly is encouraged.

Maha Yassi will be visiting practices shortly to go through things.

Lamisil was raised as it is no longer a priority because there are small risks attached to it. How does a GP stand legally on this?

A priority forum decision is a powerful defence if non prescription by a GP is criticized

### **Payment for Quality points? Funds available**

Most Achievement payments will be paid by the end of the month according to reports.

GPs must remember that they must keep back superannuation and tax from this sum.

### **Date of Next Meeting**

Tuesday 23<sup>rd</sup> June 2005

<b>Present</b>	<b>Name</b>	<b>Organisation</b>
*	Brock Nicola	Member
*	Gallagher Charles	Member
	Milligan Debbie	Member
*	Shaw Matthew	Member
*	Roblin Paul	LMC Chief Executive
	Solomon Jane	LMC Director of Development & Liaison
*	Birchall Carol	LMC Minute Secretary