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Minutes of Wokingham LRC/PCT Liaison Meeting Thursday 28th April 2005, 2pm Ground Floor Conference Room, Wokingham Hospital RG41 2RE

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Minutes of Previous Meeting

DB asked that the minute regarding the enhanced service on flu vaccination be expanded to ‘that the PCT thought there was an important principal and would not make double payments’.
The amended minutes were agreed as a correct record.

Communication Issues

DB said that at the last Liaison meeting the issue of flu payment was not on the pre meeting agenda but took the majority of the meeting. The PCT sole representative was DB who had felt “ambushed”. He felt the PCT had consulted and liaised endlessly. This was a project that had been started in the summer and gone to the Council. It had gone to the Primary Care meetings and the Practice Managers meetings.

The PCT felt that there had been considerable consultation and as PEC chair DB had every intention of consulting with the LMC.

PR responded by saying that the meetings are talking shops. This means that some things arise in the pre-meeting which need to be discussed in the second part attended by the PCT. It is possible for the LMC to express a view and the PCT to express a view which may be different, but the important thing is to not fall out over it. Nothing should be taken personally. It was not meant to be an ambush; PHR sees no purpose in this. Dialogue was meant to be a frank polite expression of views.

SM said that one or two of the items on the current agenda had been dropped as they had been dealt with through the Council. The PCT are consulting and if there is a hiccup they do not always get down to the LMC.

PR said that his first year in post had been a learning curve, looking after 13 PCTs. They all had different structures, but he was now aware of what minutes and paperwork to look at in order to find the history of an issue.

LMC reps felt there were issues about how the information comes down to the GP workforce.

One month the Council minutes arrived within a week and they were very useful but this had not happened since.

If this is a means of policy development to have the minutes issued early would mean that there was useful discussion within practices and feedback would be useful.

04/05 End of Year Enhanced Services Position

Is there an over or underspend for this year?

The PCT are waiting for figures from 2 practices but predict there will be approximately £190,000 underspend.

Is this to be rolled forward?

This will be discussed at the Primary Care Development Sub-Committee and hopefully will be.

The letter of 11th March from the Department of Health discusses the roll over and the need to discuss this with the LMC.

The PCT are proposing to write to the LMC with a proposal as a result of the afternoon's meeting.

PHR view was:

The unexpected underspend arises from the fact that some ESs were initially under-priced.

LMC initially accepted this on the basis that the PCT was unsure what it could afford and for goodwill purposes.

GPs feel that roll over means they have to earn this money twice and are pressing for end of year adjustment to 04/05 pricing.

The other side of initial GP goodwill is to return goodwill when underspends appear.

PCT reps felt that under performance has occurred because of the time it has taken some of the services to get going. Things do not appear to be under priced.

LMC reps stressed their view that the basket of services were not priced properly but a nominal low sum was given.

PCT reps felt most other PCTs were putting Zoladex in to the basket but Wokingham were paying this as an enhanced service.

If you put the 2 prices together then the PCT was paying the same amount at about 42 p.

LMC reps raised the issue of Read coding? Practices have not heard?

Practices asked to continue as in 04/05 until instructed differently.

PCT will advise practices quickly of any altered Read codes to use to count the services that are in the basket.

There are issues with the
Chart software discussed

PCT commissioned software package allowing ES activity collection for payment purposes
Practices would like to know early on what data entry is required.

PCT felt only half of the practices submitted any data last year.

This may be due to a practice problem or a lack of clarity in the specification. For items within the basket practice obligations may need specifying. Clarity of contract is needed.

05/06 Enhanced Services Plans

PHR asked whether each individual ES contract came as a bundle with a front sheet the practices could tick to sign up?

Some practices seem to have received this, others not.

The LMC do not seem to have received it. PCT felt JS is sent a copy of these.

Parts of the bundle apparently came out at different times.

The whole system is done electronically with practices indicating opt in or out.

The PCT need to have more enhanced services and the specifications have gone out to practices later.
PR to liaise with JS about these emails.

DB felt that if a practice was not represented at a Council meeting when the specifications were discussed then the details might appear rather thin.

There is nothing missing from the summaries but they may not include the very fine detail.

LMC reps felt the timescale set for a practice response was very short:

Only 3 weeks for the first bundle and a week for the second.

The vulnerable adult ES needed a lot of work on it by the practice.

Practices needed time to discuss specifications with their partners.

PCT felt that Practice Managers have done a lot of work on these.

Agreed that specifications should be clearly written and easily understandable.

LMC rep asked what work had been done with the consultants in secondary care regarding the ES for outpatient follow ups.

If GPs claw patients back, the consultants would be aware of what is happening.

There was concern about destroying the goodwill between secondary and primary care.

Everyone wants good patient care but this must be in conjunction with the hospital.

There were certain areas that GPs could not work on such as ophthalmology hypertension follow ups,
Is there a plan to have GPsWI for such things.

Yes, but it is probably more along the lines of dermatology. This specification would have gone to JS.

PCT felt there has been a lot of meetings, mainly through the planning collaborative.

PHR asked whether the LMC would receive a spread sheet of things to be included in the floor so PR can seek out specifications from JS?

It was agreed that the PCT would email these to PR.

It was agreed in future to copy both PR and JS with anything that was sent to the LMC.

The payment for the flu vaccine was raised by LMC.

GPs were being charged for a service which in places seems to have been less than ideal

If there is a deduction to be made for District Nurses input to the work then performance standards need to be set.

The PCT said that the fee was reduced by £2 if DNs gave vaccines for GPs.

CG said that the District Nurses attached to his practice covered 2 others. They seem to have taken and given vaccinations to administer to patients and then not told the practice

This could have resulted in the practice losing both the PPA and the DES payment.

The practice had employed a person to go through the DN worksheets and contact patients asking

them if they had received the vaccine

122 had received the flu vaccine and 35 the pneumox but the practice had not been informed.

On looking into this further it appeared that vaccines with the same batch number had been used on patients who were not attached to the practice. This raises the issue of whose vaccine was used on whose patients.

LMC asked whether the District Nurse management had been informed.

The PCT agreed to look at this internally to ensure the system is foolproof in future.

Drug misuse specification discussed

Paid at £100 which means that if you consult 26 times a year you are only paid £4 per consultation.

Practices are inclined not to take on new patients.

GPs requested that the Zoladex specification be expanded to include Prostag as it does the same thing.

The PCT would come back with a final conclusion on this.

PEC GP Numbers

Currently there are 3 GPs on the PEC with all due for re-election.

Apparently two are planning on not re-standing i.e. the GP representation could go down from 3 to 1.

LMC asked if there were plans to change the PEC professional balance in the future.

PCT felt that if the PEC constitution does not change there may be room for 2 more GPs to apply.

It is possible the balance might change and there may be an opportunity for practice managers etc to stand. A wide representation was welcomed.

DB encouraged GPs to stand.

Practice Based Commissioning

If practices do not express interest will they still get activity data and indicative budgets?

PCT have held meetings with GPs and they see the general mood to be a lack of enthusiasm.

Reading is moderately enthusiastic and Newbury are very.

People have been asked to express an interest?

It would be useful to know why Newbury are so enthusiastic.

If the figures look good practices will negotiate and consider input to changing patient pathways.

Musculoskeletal project will be one of the obvious pathways to tackle.

Choose and Book

LMC asked PCT

“If practices sign up to smart cards, what level of choose and book will they be signed up “to?”

There is currently a 50% uptake of smart cards.

Practices are not committing yourself to PBC.

LMC felt that electronic booking is time consuming and not funded within the global sum,

PCT have used the CAB software for dummy referrals and on this basis they are trying to encourage people to come on board.

Will the drop down menus include GPsWIs? No they will probably not.

Clear that there is no obligation to provide choose and book but it is part of PBC.

What will probably happen is there will be some payment to be involved early but if you do PBC there will be a bigger payment.

IT Upgrades

For practices who do not want to sign up to smart cards but feel their system needs upgrading, are they being offered an upgrade to the national specification? Are the two tied?

If you sign for a smart card you are ensured an upgrade.

Smart cards are necessary for a lot of things.

A proposal has been produced on a mass purchase of equipment at a cheaper rate.

There is concern is about the cost of £800,000 over 3 years.

A replacement programme is needed that is balanced.

Date of Next Meeting

Tuesday 23rd June 2005

Present	Name	Organisation
*	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
*	Buckle David	WOK PCT PEC Chair
	Heatherington Sue	WOK PCT Chief Executive
*	Naji Mike	WOK PCT
*	O'Keeffe Hugh	WOK PCT