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Minutes of Wokingham LRC/PCT Meeting

Thursday 22nd September 2005, 2pm
Ground Floor Conference Room, Wokingham Hospital
RG41 2RE

CONTENTS

CTRL and Click to hyperlink

Minutes of Previous Meeting.....	1
Enhanced Services Underspend.....	2
Enhanced Services Specifications 05/06	2
Feedback from Primary Care Development Sub-Committee	3
Expanding Near Patient Testing List	3
PCT Reconfiguration	3
MMR – Unlicensed Vaccine.....	3
Patient with Insulin Pump.....	3
Minor Surgery.....	4
Date of Next Meeting.....	4

Minutes of Previous Meeting

DB raised an amendment to Enhanced Services on the top of page 3 and agreed to send PHR the wording.

Action Point: DB to send PHR Correct wording.

The minutes of 23rd June 2005 were then agreed as a correct record of the meeting
PHR said that the minutes were produced very quickly after meetings and asked that if the PCT had any changes, could they please email them to him so that he could incorporate them in the final minutes before the meeting.

Enhanced Services Underspend

The deed of grant had been requested by the PCT and PHR had consulted members of the LRC. If the £242K has been added to the Enhanced Services spend for this year the actual spend against the floor needs to be presented carefully.

Keeping patients out of out patient departments was suggested as a way of using £170K of the underspend.

Half of this amount will be given to practices for signing up and half on successful completion at the end of the year.

The danger is if the target is not, half of this amount will be another underspend.

HO tabled a list of figures for the first quarter; the second quarter will be available at the end of the month.

PHR asked that when figures were available they be sent to the office so that he could distribute them to members.

The planned activity is £1,469K which does not include the £242K underspend.

On projected figures from the first quarter there will be a £270K underspend.

The planned underspend for the floor excluding last years underspend is currently around £143K.

The new LES that have been written will take account for this last years underspend.

If the amount set aside for last year's underspend for the hospital out patient department LES is not spent it will make the actual underspend for this year around £350K.

Action Point: It was agreed that HO would supply PHR with a spreadsheet outlining planned spend against actual spend once the figures are available at the quarter end, to try and avoid an underspend situation at the end of the year.

Enhanced Services Specifications 05/06

The specifications supplied were very good and amongst the best PHR had seen.

The LES for the extra risk category with flu is a very positive one.

The IUCD and Implanon ES is the same as the Reading one.

The anticoagulation ES takes account of the Blue Book categories.

There is a new ES for Methylphenidate at £20 for the annual check.

There was a problem with the proposed ES for Emergency Contraception.

This is aimed at Pharmacists and GPs cannot contest for this so it cannot be included in the floor.

Hormonal contraception is part of Core Services.

The ES for Insulin Conversion is for the actual conversion and includes an element for dietetics.

It is not for the maintenance of insulin dependent diabetics.

For Emergency Contraception has this been included in the floor?

It appears on the sheet with figures against it and has been included in the floor.

Action Point: It was agreed that this area needed to be clarified. The PCT need to make sure that a referral to provide dietetics in the Insulin Conversation LES is made clearer and the Drug Addiction LES needs to be revisited.

The basket of services is included as the LMC Un-resourced List.

For drug misuse prescribing, Tier 2 is unfortunately not in place.

Referrals to the foundation bounce back to the GP.

Action Point: MS will email DB with his concerns regarding this.

The 4 new Enhanced Services agreed by the PEC may be withdrawn due to current problems. The question is will underspend against floor bring the PCTs closer to financial balance. The rumour is it will.

Feedback from Primary Care Development Sub-Committee

A lot of the work on financial management of primary care and ES takes place in this group the LMC will produce a digest to pass around LRC members to get a wider information spread.

Expanding Near Patient Testing List

This is a proposal from another PCT about how other shared care drugs outside the rheumatoid drugs might be paid for under Enhanced Services.

It is a means of taking costs out of the hospital system which under payment by results will fall on to the PCT and with shared care protocols it may be possible to expand the list.

The PCT position is that this a logical step.

A mechanism needs to be built whereby something can be withdrawn from an Enhanced Service when the need for it is no longer there.

This was agreed.

PCT Reconfiguration

It seems that there is pressure for an East and West Berkshire organisation, although there is a rumour emerging to have a Berkshire wide PCT.

DB said that personally he would not want to be involved in a Berkshire wide organisation.

Wokingham PCT is very small and would not have a say.

It will have something like a PEC called a Clinical Access Group and it is hoped that the chairman of the PEC will be chairman of the CAG too.

It is important not to lose the contacts with the smaller organisation.

Sheila Hayes is co-ordinating the sending out of papers regarding the proposed merger.

PBC might progress more quickly in terms of GP involvement into service redesign on how to incentivise GPs to take this up.

The location of a new organisation has not yet been decided.

MMR – Unlicensed Vaccine

The supplies of the licensed vaccine had not run out so this was not an issue.

Patient with Insulin Pump

This had been solved in the first part of the meeting.

Minor Surgery

In the end this was not spent to budget as last year there was a cap put on this.

The PCT reported that this had been raised by 30% for this year.

Currently referrals are being prioritized.

It does not affect the money to the ES.

Beyond this if you have complex minor surgery such as a lipoma or something near the eye that the normal GP would not want to tackle; this should go to Lodden Vale.

Lodden Vale should only receive this level of work.

Lodden Vale have advised that they are receiving low key things and they are being asked to look at their contract.

The current service is money limited and does not include low priority things.

The list of things can be printed out and given to patients and they can be advised to appeal if they wish.

If a patient wishes to go privately, the practice can offer it to every patient who is not registered with them but they cannot offer it to their own patients.

This is being looked at.

Date of Next Meeting

Thursday 24th November 2005

Present	Name	Organisation
	Brock Nicola	LRC Member
*	Gallagher Charles	LRC Member
	Milligan Debbie	LRC Member
*	Shaw Matthew	LRC Member
*	Roblin Paul	LMC Chief Executive
*	Solomon Jane	LMC Director of Development & Liaison
*	Birchall Carol	LMC Minute Secretary
*	Buckle David	WOK PCT
	Fitzgerald Janet	WOK PCT
	Naji Mike	WOK PCT
*	O'Keeffe Hugh	WOK PCT