

GLoucestershire LOCAL MEDICAL COMMITTEE



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LMC Lay Secretary: Mr M FORSTER
LMC Manager: Ms S JETHA
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All present

24 March 2009

MINUTES OF AN LMC-PCT NEGOTIATORS MEETING HELD AT SANGER HOUSE VIDEO CONFERENCING ROOM ON MON 16 MARCH 2009

Present:

Dr I Bye (Chairman)
Dr S Alvis
Dr P Fielding
Dr C Good
Dr A Seymour
Dr S Steinhardt
Mrs Debra Elliott (Programme Director, Primary Care & Community Care Svcs, Glos PCT)
Mrs Nikki Holmes (Assistant Director Primary Care Glos PCT)
Mr John Burrows
Mr M Forster (Secretary)

ACTION

ITEM 1 – APOLOGIES

None

ITEM 2 – MINUTES OF MEETING on Mon 16 Feb 09.

The Minutes of the last meeting were agreed.

ITEM 3 – MATTERS ARISING

PMS to GMS. A file of papers had been circulated by the PCT by e-mail just before the meeting. A corrected sheet was issued as the meeting started. The LMC were concerned that as one set of figures for a practice on one sheet had had to be corrected then what reliance could be placed on all the other figures? John Burrows advised that he had picked up this error as he was working through the work Neil Mahoney had carried out.

Debra Elliott advised the LMC that there would probably be only one more iteration of the figures (involving finding out more about the former West Gloucestershire and Cheltenham & Vale areas) and then, if there were still blanks or errors, they would be of a minor nature so that the figures would then be broadly correct. There had never been any realistic hope of finishing the work before the start of the new financial year, however tidy that might have been. It

was a long and complex process.

Debra Elliott explained that the PCT was not seeking to take money from anyone, but wanted to know what they were getting for their money, especially if they were paying extra money to PMS practices. Actually the figures now looked as though, on average, the PMS practices were not getting significantly more than GMS practices and with further refinement it might be that the situation could be reversed.

When questioned about the previously tabled 3-year projections from Neil Mahoney using the "ready reckoner" addressing a possible return by PMS practices to GMS, Debra Elliott advised that the work showed the removal of the square root not the effect of moving from PMS to GMS – this was still relevant as practices would need to understand this.

In response to a question from Dr Steinhardt Debra Elliott agreed that if it was proved that there was general parity between payments to PMS and GMS practices and if the PMS growth money was properly accounted for then there should be no reason to hold back pay increases to PMS practices in future.

LESSs.

- Extended Hours. The Extended Hours would be funded in the next financial year by a DES at the current rate but without the 'early adopter' payments. The SHA had written to the PCT demanding a 100% target this next year, but it was still unclear whether this meant all practices had to provide it or all patients had to be able to receive it.
- Choose and Book. After robust discussions with the Gloucestershire Hospitals Trust C&B figures were now at 82%. The LES would continue with continued emphasis on rewarding actual bookings rather than an intention to take part in the scheme. The LMC members decided that the subject would be talked about at their next full meeting in April, and warned that, as with all enhanced services, if the funding should be withdrawn the commissioners should not expect that the service would continue.
- Miscellaneous LES (the Basket). This would continue.
- PBC. Jackie Huck led on PBC; Debra Elliott could not speak on that subject.

ITEM 4 – PCT INVESTMENT/FRAMWORK REVIEW

World Class Commissioning. The PCT was working on a format for the annual visits to practices under World Class Commissioning. It would be sent to the LMC by 27 March. The aim of the visits was to build relationships, exchange information and share best practice. The visits would be carried out on the back of the QoF visits where possible to minimise disruption.

PCT

Framework Review. This was still ongoing work and it was too early to give more details. A synopsis was being written to brief the PEC on what data had to be collected, and the framework would show any changes from that standard. The LMC pointed out that at the back of the first draft there were certain services or data listed which practices were not, in fact, contractually obliged to provide.

PCT

The revised Framework would be sent to the LMC by 27th March along with a copy of the briefing paper that went to PEC.

ITEM 5 – ANY OTHER BUSINESS

Remote Log-in to Surgery Clinical Systems. It would help ease surgery space and would be significant help in times of service disruption if GPs could access their systems in the surgery remotely. Obviously there was a cost, and Dan Corfield was looking into that and the technical implications, but the LMC members urged that it was important to them, especially as the cramped conditions of premises continued.

LMC Rate. The LMC members felt that the LMC remuneration rate, currently standing at £62 an hour, should be uprated annually to keep pace with inflation and other pressures. Because the rate was commonly used as a benchmark by the PCT they were discussing it with the PCT. It was not clear whether the increase would reflect DDRB recommendations as in the past or NHS pay upgrades. The PCT agreed to find out what changes to wages were being made internally and advise. It needed to be fixed before the beginning of April.

PCT

Strategic Vision for Primary Care in Gloucestershire. The LMC members wondered whether time could be found for a 'blue skies' look at where primary care in the county ought to be going in the next 5 to 10 years. The PCT agreed that such a debate would be welcome, and suggested summer to autumn 09.

PCT

DATE OF NEXT MEETING

20th April 2009 in the Video Conferencing Room at Sanger House at 13:00, with the room available to the LMC members from 12:30.

[Signed on the original]

M J D FORSTER
LMC Lay Secretary