

**SOMERSET PCT AND SOMERSET LMC MEETING HELD AT
LYNGFORD HOUSE CONFERENCE CENTRE THURSDAY
10TH MAY 2007 11.30 AM**

Attendees	Jan Hull	Somerset PCT
	David Slack	Somerset PCT
	Ian Tipney	Somerset PCT
	Berge Balian	Somerset LMC
	Kathryn Edwards	Somerset LMC
	Sian Hanson	Somerset LMC
	John Higgin	Somerset LMC
	Barry Moyse	Somerset LMC
	Harry Yoxall	Somerset LMC
<i>Jill Hellens</i>	<i>Somerset LMC</i>	

1 APOLOGIES

Dr Donal Hynes

2 MINUTES OF THE LAST MEETING – 15th March 2007

Agreed as a true record

3 MATTERS ARISING

3.1 Interim PEC arrangements PCT

The interim PEC arrangements had been discussed at the preceding informal meeting and a paper will be presented to the PCT board.

A Letter will go to all primary care practices and acute trusts explaining the timetable and process for the PEC recruitment. A paper will be posted onto the PCT Website tomorrow which will define the PEC role and function and include the job descriptions.

IT said the Interim Professional Executive Committee has undertaken a valuable role and it was now appropriate to reconstitute the committee.

The PEC will consist of the Chief Executive, Deputy Chief Executive, Directors of Public health and Finance and 5-8 clinical members. Whilst meeting the skill specification was the first criterion it was hoped to ensure a broad range of professions were represented as well as a spread geographically.

It is important that the new PEC has strong clinical leadership as it will be setting clinical direction and the commissioning agenda. JH asked for the help of the LMC to encourage clinicians to apply, although the PCT recognized that the remuneration was low for GPs. A personal development plan will be developed for each member.

IT expressed his appreciation of Interim PEC and said that the new PEC will only be successful if there is good clinical engagement as the PEC is central to the running of the PCT. The PCT may need to consider how to make membership a more attractive package. IT valued the good relationship established between the PCT and the LMC.

It was accepted that GPs on the PEC can be dominant and a good chairman needs to draw out less vociferous members BB agreed it was important to have a strong PEC and the right people on board, although the financial remuneration will be a sticking point.

BM asked if the remuneration could be locally negotiated.

IT stated that the Department are re looking at the package and the issue of local flexibility.

HY agreed to produce an item for the LMC newsletter, to encourage clinical engagement.

IT hoped to complete the process by 1 July and will be interviewing for the Chair on the 25 June. The PEC member interviews will be held on the following wed/Thurs, the Chair will be on the panel if appointed.

3.2 Health Promotion Information

DS reported that Health Promotion are now based in Chard and a new manager will start in July, the full catalogue of material is now available again. This information will be shared with practices.

ACTION:DS

3.3 Public Health Representative on LMC

Caroline Gamlin has agreed to be a nominal member and will attend LMC meetings if appropriate.

3.4 CPD Payment for Trainers

DS has discussed this with other SHA and PCT colleagues and finds none paid this in 2006/07. He believed it was intended to be a once only payment. The LMC understood that it was supposed to be recurrent, and HY agreed to ask the GPC for advice.

ACTION: DS/HY

3.5 Ambulance Turnaround at Trusts

JH had forwarded the relevant paper to the LMC, the situation regarding turnaround times is a little better particularly at T&S, where specific actions are in place,

IT is meeting with Ken Wenman, SWAS in Somerset has not hit any of the response standards, and the PCT is looking at getting more total resource into the south west.

3.6 Counselling

JH said a lot of work has been done looking at mental health services in primary care, the new joint commissioning manager will undertake a wider consultation. The views of GPs will be sought. Currently there are two different referral systems in place and a lot of unmet need.

JH added that the new manager Wayne Lewis had joined this week, and the consultation process would start within the next two months. The PCT will write to clarify the process and timescale and also any interim arrangements.

BB commented that practices are very unsettled and counsellors were already leaving because of uncertainty.

ACTION: JH

4 PCT ITEMS

4.1 General Update

The PCT has been in place for 6 months, and is close to completing the difficult reconstruction process, all internal recruitment was completed by 31 March, and they have now extended recruitment to whole of south West and national adverts.

There have been few redundancies and there are currently 40 unfilled posts. Overall £2M management savings have been made

Currently the weaker areas are on the Admin side as many of the lower grade staff had been unhappy to travel to Yeovil. Primary Care and Finance directorates have particular problems and a 3 to 5 month period was envisaged until this is resolved.

The establishment of full Somerset PCT standards (as opposed to the four previous ones) may take 12 months to achieve. It is anticipated that the end of year will show a significant underspend, and it was noted that from 08/09 there will be little new money, and the NHS will need to live with minimum growth.

NHS will need to live with 3% growth.

In secondary care East Somerset Trust delivered the 18 week target, and the PCT have commissioned T&S to deliver 18 weeks before the end of December 2007..

Internally the current areas that are failing to reach target are Smoking Cessation and MRSA incidence.

DS reported that Primary Care directorate currently has 8-9 vacancies, but is confident that good quality candidates will be in post soon, a deputy director has been appointed.

BB asked for the position at end of year on prescribing.
DS said the outturn will be £2.5 M over against budget.

4.2 Organizational Development

Covered under item 4.1

4.3 Fitness for Purpose

This process is now completed and Somerset scored highly. Nationally the Primary Care Trust is seen as a very positive outlier in having a clear strategic framework for the next five years.

4.4 Future of PEC

Covered under item 3

4.5 Primary Care Premises

DS and Chris Breens are working on Primary care premises, and are consolidating former commitments from the 4 PCTs, but they believe little has been committed in writing. They plan to pick up any minuted commitments and then work on a 5 year plan. There is no new money allocated specifically for premises but the plan is to create a strategy on how finance can be provided. The development of premises to support PBC will be handled separately.

4.6 Strategy for Health Inequalities

IT said the PCT is committed to addressing health inequalities and, a £2M strategy has gone to board.

An example of the kind of work involved was in Mendip where The Citizens Advice bureau scheme comes to an end in June. The PCT will back and extend this throughout Somerset although there is a need for it to be taken up by the local authority to match funds and work with the PCT.

4.7 GP Appraisal

DS is not aware of appraisal plans for this year,

BB stated the need for appraisers to have that information.

HY said that Steve Holmes had spoken informally and LMC would like to consult more formally on this matter.

ACTION: DS/HY

5 GMS/PMS CONTRACT ISSUES

5.1 QOF

5.1.1 Medicines Management

BB stated that the LMC would like to have some discussion with the PCT concerning the MM QoF Audits. The guidance states these should be agreed with practices. However Shaun Green had written with an imposed set of 3 audits. This risked disengaging practices from work with the PCT on prescribing IT agreed that further discussion is needed. DS confirmed that the PCT would look at alternative proposals with individual practices.

ACTION: LMC/PCT

5.1.2 Denominator for Microalbuminuria Testing

BB explained that as more patients were excluded from the denominator as they were treated; perversely it became harder to reach the target

DS was happy to review the process

ACTION: BB to contact DS

DS said all practices had signed off their QOF and will be paid in May. He apologized for the non payment of the aspiration advance in April; an interim payment will be made this week.

DS is putting together a proposal for the 5% post payment verification check which he will share with the LMC shortly.

ACTION: DS

5.2 PMS Agreement-Updating

The recent LMC survey of PMS practices showed that some agreements are due for renewal, and some practices are concerned their agreement is already out of date.

DS said that Richard Wood has been asked to do some work on PMS agreements and PMS will become a priority over the next few weeks. There are diverse arrangements across the county. HY said that PMS Practices would like to work together as a group and this will be co-ordinated through the LMC

DS agreed the working with such a group would be easier.

5.3 Enhanced Services

5.3.1 2007/08 Agreement

BB Thanked the PCT for this year's agreement and stated his aim of agreeing for 08/09 by next January.

DS said that the PCT was finalising the 07/08 specifications and hoped to send these out to practices shortly.

5.3.2 Smoking Cessation

IT explained that the PCT are struggling in this area, which is unfortunate as if the 52 week quitter targets are met over 3 years an additional £1m will come into the community.

Currently advisors engage some practices better than others.

A new LES has been worked on by Paul Harwood, moving away from paying on basis of forms it will instead be on outcome. A 4 week quitter will attract a payment of £30.00. A move to electronic reporting would be desirable, and there is work being done on agreeing the coding.

It was agreed that the new LES would be discussed by the LMC and comments fed back to DS.

ACTION: LMC

5.3.3 Access Survey

HY noted that the guidance issued by the DH to PCTs asked them to prepare for a rush of re-registrations which he thought was unlikely to occur in Somerset.

DS said the PCT had been advised that the results would be published by the end of May and PPS were aware that patients might be changing practices, although that is not anticipated in Somerset.

A press release will be prepared but IT said there is no intention to send out a negative message.

5.3.4 Possible National DES for Choice and Booking

HY asked if there had been any movement towards a national DES.

DS had not heard anything, if a DES appears it will be offered, if it is not more attractive then the PCT will stay with the LES.

5.3.5 Negotiations for 2008/09

BB sought early discussions for next year, and hoped for initial meetings in September and October, in order to finalise in January.

DS agreed, so although some elements have a national context which cannot be anticipated, the local agreements could be completed by end of January and others can be bolted on as announced.

A timetable will be established for the negotiations.

ACTION: BB/DS

5.4 Premises – Date of Meeting

Covered under 4.5 date to be confirmed

ACTION: DS/HY

6 COMMISSIONED SERVICE ISSUES

6.1 Out of Hours

Dr Harry Yoxall said that the LMC is about to enter negotiations with the Ambulance trust on terms and conditions for GPs working for the service.

6.2 Acute Trust Services

The Local Delivery plan was submitted in April and an SLA has been agreed with T&S Trust within a 5 year strategy. The cost of the SLA is less than the sum of the tariff payments expected under full PBR. EST has been supported and developed to Foundation status, and in that case the SLA was for a little over the PBR total

6.3 Somerset Partnership

A two year SLA on Mental Health has been agreed, it is expected Somerset Partnership will become a foundation trust.

BB commented that patient care was paramount in all this.

6.3.1 Foundation Application

Covered above

6.3.2 Drugs and Alcohol Service

The service is currently out to tender, and the LMC have concern over the fragmentation of the

service and asked if the PCT is minded to stay with Partnership or accept other tenders.

JH said the process was set up through the DAAT and agreed July last Year. The PCT has asked for expressions of interest and there have been several. This has made Somerset Partnership understandably concerned.

But so far a detailed specification has not gone out to providers, and an independent clinical review has been commissioned. The PCT would be interested in comment from the LMC

HY had concerns that the most complex patients could potentially be treated by several providers which would not be satisfactory. The LMC will submit comments as invited.

ACTION: LMC

6.4 ATOS origins service

It was understood that arrangements locally were on hold whilst further discussion was held nationally. No details are yet available of these.

7 PRACTICE BASED COMMISSIONING

7.1 Prescribing update

DS will present a paper for discussion at the LIT next Thursday, in order to agree about morbidity.

ACTION: DS to forward paper

7.2 DES 2 Achievement

DS Explained that the DES 2 Achievement will be measured against three elements and published in May

- Prepare a Plan concerning Emergency admissions
- Prescribing
- Referrals to SMTC

The Payment will be made at the end of June.

7.3 SPBCG Business Plan Implementation

Within the SPBCG plan an implementation team is proposed and this will be discussed within the PCT.

IT said the county wide group model was unique to Somerset, and Matthew Swindall, Patricia Hewitt's special adviser, had been interested in the model. The PCT are keen to make it work.

7.4 Practice Indicative Budgets for 2007/08

DS said there had been a discussion at the LIT and the proposed timescale is to cascade information by mid June,

The PCT plan to hold a day conference for practices to attend and discuss various aspects of PBC.

7.5 Trust Envelopes for 2007/08

Covered in 6.2

7.6 Activity Information

BB said that Ardentia had been a problem as it was difficult to extract reliable information.

DS said it was not currently functioning properly but should be shortly, Richard Wood (primary care manager) is planning to roll out Ardentia re training to practices by the end of June but it was accepted that the input data from trusts was not yet reliable

8 ANY OTHER BUSINESS

BB suggested a need to meet more frequently in the coming months.
It was agreed to arrange an informal meeting in June.

ACTION:PCT/LMC

9 DATE OF NEXT MEETING

June TBC
12th July 07