MINUTES OF THE MEETING HELD ON TUESDAY 21 MARCH 2006 AT 7.30 PM IN THE CONFERENCE ROOM, STOCKPORT PRIMARY CARE TRUST, 9TH FLOOR, REGENT HOUSE, HEATON LANE, STOCKPORT SK4 1BS

PRESENT

Dr R S Gill – Acting Chairman
Dr D Gilbert – Treasurer
Dr H Azmy
Dr D Bostock
Dr P Carne
Dr G Carter
Dr R Crook
Dr AGhafoor
Dr N Hussain
Dr S Levy
Dr A Patel
Dr R Patel
Dr R Seabrook
Dr S Watkins
By Invitation – Dr N Thomas GPC Representative
In Attendance Mrs V Cording

The Acting Chairman thanked Mr Stuart Aspin from Edinburgh Pharmaceuticals for their kind sponsorship of the meeting.

1. APOLOGIES FOR ABSENCE

Received from Dr C Day, Dr A Gilman and Dr G Parker

2. MINUTES OF LAST MEETING

The Minutes of the previous meeting on 28 February 2006 were confirmed as a correct record and signed by the Acting Chairman.

3. MATTERS ARISING

Mr Stevens reported that those Members of the Committee whose levies were outstanding had now sent their cheques to the LMC. Dr Ghafoor said that he had left a message for Dr Mathewson to make contact with him but had received no reply. Dr Bostock said that he spoke to Dr Mathewson who said that he was not interested in paying the levy. Also, there was no contact made with Bramhall Health Centre.

Dr Wells had not been invited to this meeting due to a misunderstanding. However, the Acting Chairman asked for the Committee's approval in purchasing a gift for Dr K Wells for his outstanding contribution over 25 years to the LMC. Mrs Cording would invite Dr Wells to the next meeting.

A gift had also been purchased for Ms Donna Sager who was leaving the PCT to become the Assistant Director, Strategy and Performance for the Children's and Young People's Directorate at Stockport Metropolitan Borough Council on behalf of the LMC.

4. LMC EXECUTIVE COMMITTEE

Following the last Committee Meeting when it was reported that Dr Gill would be stepping down as Chairman of the LMC and the resignation of Dr Wells as Honorary Secretary and Vice-Chairman it

was agreed that we sought nominations for these two positions from the Committee. Nomination Forms had been circulated and two had been received for the position of Chairman. Namely Dr A Ghafoor and Dr D Gilbert.

The Acting Chairman invited both gentlemen to speak for a few minutes giving their ideas on their role as Chairman of the LMC and the way forward for the Committee.

It was agreed that a show of hands would determine the decision and both gentlemen were asked to leave the room.

Dr D Gilbert was duly elected as the new Chairman of the LMC by eight votes to three votes and thereby vacating the role of Treasurer.

Dr Gilbert then took over the chairmanship of the meeting thanking the members for their support.

Dr R Gill was the only candidate who had put himself forward for the position of Vice-Chairman and Honorary Secretary.

Following a long discussion on the subject it was agreed to invite both Dr Gill and Dr Ghafoor onto the Executive Committee. Their roles within the Committee would be resolved before the next meeting. Mr Stevens agreed to look at the Constitution for the correct procedure.

The Committee asked that a copy of the LMC Constitution be placed on the LMC website.

5. PRACTICE BASED COMMISSIONING

Dr A Patel said that the PBC Board had met for the second time yesterday. He reported that as from the 1st April 2006 Stockport PCT were facing a deficit of £18M, although some clever accounting reduces this to £12M. He said that there were two options. Firstly a National Turn-Around Team could be parachuted into Stockport with the sole aim to maintain financial balance. This would involve cuts in practice budgets, cuts in primary care service developments, cuts in community services and reductions in IT spending. The second option would be to attempt to resolve the deficit ourselves. This would mean more autonomy and longer term independence in decision making, risk management and financial management.

Dr A Patel said that a proposed incentive scheme would be sent to practices in the next week. The incentives for the scheme would be linked to a points structure with points gained for performance against indicators which would have a direct impact on closing the deficit.

Dr A Patel stressed the need for collective sign-up from all practices and that failure to achieve this would jeopardise plans.

Dr Gill stated that should external consultants be appointed to turn-around Stockport's financial position nationally agreed GMS contracts would be secure, although PMS contracts could be at risk along with Enhanced Services monies for both types of contract holder.

Dr Gill said that the control of ICATs was fundamental to GP future in Stockport.

It was agreed that PBC would be a regular Agenda item for LMC committee meetings.

6. NEW DIRECT ENHANCED SERVICES

Mr Stevens gave a presentation on the New Enhanced Services for 2006/07.

Access

He advised that practices had been sent an Access to Primary Care (2006-07) Action Plan. This practice action plan constitutes the elements of component one of the access enhanced service for 2006/07. Practices would receive a payment equivalent to £0.69 per registered patient on submission of this plan.

To enable the PCT to authorise payment for this component, the practice should complete the plan to demonstrate how the practice will work towards delivery of access areas in respect of opportunity to consult a GP within 2 working days, opportunity to book appointments more than 48 hours in advance and ease of telephone access to the practice.

The remaining 2/3 of the income available under this Directed Enhanced Service would be paid to practices according to the results of a nationally procured (MORI) survey. Members expressed their concern as to whether such a survey could accurately reflect practice performance under this enhanced service.

Mr Stevens informed GPs that the monies to pay this enhanced services were not new monies and that they were made up of the previous Access DES and the 50 bonus QoF points. Effectively, whereas Stockport practices had through their hard work, achieved full payment under historic arrangements the structure of the new scheme meant that they would be likely to achieve a significantly lower payment under the new enhanced service.

IM&T

Practices are also to be sent an Information Management and Technology (2006/07) Action Plan.

The service specification for this enhanced service indicates that practices will receive an up front, first component payment upon agreement of an action plan with the PCT. This component is worth £0.40 per registered patient.

To fulfil this component practices will need to identify the name of the practice lead who will liaise with Connecting for Health as well as a Caldicott Guardian. Practices will also need to produce a training needs assessment and training plan for each member of the practice team involved with the operation of IT systems.

Dr Ghafoor asked Dr Watkins how senior should the Caldicott Guardian be.

Dr Watkins suggested that any health professional could take on the role.

Practices should also maintain a log of training undertaken by each member of the practice team and demonstrate proficiency in information governance standards.

Locally, the Directed Enhanced Service for Practice Based Commissioning was to be developed to incorporate the proposed PBC Incentive Scheme.

Mr Stevens also informed the committee that the PCT had requested the committee's views on the procedures payable under the Minor Surgery Directed Enhanced Service. However, the committee felt that was insufficient time available to discuss this issue thoroughly and deferred discussion until the next LMC meeting.

7. GPC NEWS

Dr Thomas said that GPC had insisted that any discussions regarding GP pension arrangements were separated from the ongoing overall NHS pensions review. The GPC will keep the profession fully updated on any developments and continue to do all it can to prevent any imposition of a dynamisation factor that is less than full implementation of the original deal.

Dr Thomas said that the GPC remains supportive of the principles of practice based commissioning and the opportunities it presents to improve services to patients. Dr Thomas said that it is important to note than one major concern surrounding the DH guidance was an ambiguity in paragraph 48 concerning the use of freed-up resources (savings) to offset PCT deficits. The GPC have now received clarification that up to 70% of resources freed-up (savings) through PBC could be made available to Practices to re-invest in further service improvements. This will be clarified soon on the Q and A section of the Department's PBC website.

Dr Thomas said that the Department of Health has issued guidance to PCTs and SHAs on non-GMS contracting arrangements for 2006/7. It states the Department's intention to "issue further Directions to SHAs and PCTs who have entered into PMS agreements requiring them to review the financial provisions within all their PMS contracts at the earliest opportunity with the specific aim of constraining the costs of such agreements/contracts.

As this guidance relates to locally-negotiated contracts, the GPC was not consulted on it. The GPC will issue general guidance to PMS practices and LMCs, but the fact that PMS agreements are not uniform will make it difficult to give definitive and detailed advice that covers every situation. It will also be clarifying and providing advice on possible exit strategies for any practices that feel they do not want to remain in PMS.

8. DATE OF NEXT MEETING

The next meeting will be THE ANNUAL GENERAL MEETING and will be held on Tuesday 25 April 2006 in Lecture Theatre B, Pinewood Education Centre, Stepping Hill Hospital at 7.30 pm.

A hot buffet will be available from 7.00 pm in the Common Room Servery.