

FARNHAM PRACTICES PBC COMMISSIONING BOARD MEETING – 09/07/2009

PRESENT: David Brown (DB) Chris Evans (CE)
 Martin Ballard (MB) David Luscombe (DL)
 Laurie Brown (LB) Chris Botten (CB)
 Louise Dixon (LD) Mayonne Coldicott (MC)
 Lorraine Hunt (LH)

MINUTES OF MEETING

ACTION

1.	Apologies	
1.i	Apologies received from PA	
2.	Conflicts of Interest/Communication	
2.i	No new conflicts of interest	
3.	Actions Arising from Board Meeting 09/06/09	
3.i	Public Health Practice Profiles – These have been circulated electronically to practices and will be used as reference document for future business cases.	
3.ii	CAU Service Specification – To be discussed later.	
3.iii	Best Practice 24hr Blood Pressure Monitoring - The response from Dr Baker was that there was no definitive answer to support 24hr Blood Pressure Monitoring.	
3.iv	Retinopathy Screening – Provider arm has been contacted.	
4.	Feedback from Surrey Community Services workshop held 3rd July 2009	
4.1	<p>Service specifications have been put out to trusts to be signed off. It is an opportunity to look at what community trusts are doing and what they should or could provide in the future. DB responded to CB his thoughts on the service specifications on where services could potentially align to, this was then circulated to the clinical leads and discussed at the workshop.</p> <p>It was felt at the workshop that some specialist nursing teams could potentially move into secondary care specification. Nursing – respiratory nurse would be better linked into secondary care with community remit. Possible outcomes from the workshop were that Marion Heron would look at pilots in regards to community services especially around district nurses and Specialist nurses and how relationships could change.</p> <p>Surrey Heath would like to explore how district nurses could integrate with Primary care. The question arose that, do the District Nurses need to be managed by Surrey Community Health? The current management system is not financially cost effective, but some sort of organisation needs to be in place to manage the District Nurses. The issue is to whom they are accountable and how is clinical leadership handled. If this was handled on a local level it would have to be a peace meal approach initially, so that the contract with Surrey Community Health and the PCT can be amended. Pilots would challenge pathways and the pathway management, but they would allow the services to be looked at to see what should be kept.</p>	

	By October next year Surrey community health needs to be a separate organisation which will be presented on next week. Therefore there will be a radical overhaul especially regarding management roles.	
5.	<p>Update on Farnham Practices Working with Dorking Healthcare</p> <p>5.i A meeting was held with CB, LD, MB, DB, LB and two representatives from FPH and Dorking Healthcare which outlined Farnham intentions and how they would like to engage with FPH and clinicians. It seems that FPH and RSCH have an agreement not to take each others business. The steering group will proceed with its original intentions but this will start on a small scale, looking to take half of the current activity from FPH (which equates to 70% of activity from Farnham).</p> <p>LD and MB are working up ideas. 50 plus clinics a week can be established through the Farnham practices and this does not include twilight or weekends. FPH will be given notice when the plans are drawn up. Practices could consider moving TWR's to RSCH so there would be a shift in pattern from Frimley. Talks will be held with Clare Park on extended choice as this could reduce referrals and also with RSCH to foster and strengthen relations. Dorking Healthcare have thoughts in regards to Frimley Parks response, around talking to clinical leads at FPH and using private work addresses. Dorking Healthcare will start having discussions with identified consultants as agreed at the steering group meeting.</p>	
6.	<p>CAU (Clinical Assessment Unit)</p> <p>Woking and Caterham have a similar set up; the challenge is to increase activity. CB thought we could evaluate and potentially tweak the Norman Day Unit. The advice from Susan Joyce was that the skills set would not be able to deal with patients for MAU/CAU as purely geriatrician and more clinical expertise would be needed. The advice is welcomed. CE spoke to Caterham CAU as their medical cover is provided by a medical consultant working part-time. Farnham would have to progress this on current medical cover provision. CE and LD will have a meeting with the Geriatricians - Dr Munday, to see to what extent we can increase capacity within the current workload, and if a CAU was to be established how we might utilise the step up beds.</p>	
7.	<p>Cardiology</p> <p>There are three options: Option 1 – CE and DA were sent information on Inside Vue with three levels of testing and heart screening. Option 2 – BNP pilot. A pilot for three to six months including ECG and chest x-ray. Option 3 – ECG along with Cardiology GPwSI cardiac opinion.</p> <p>The argument is that ECG's can be difficult to determine heart failure and we have a requirement in primary care to reduce inappropriate echo's and reduce secondary care referrals. If PBC looked at a BNP pilot it would be establishing if echo referrals would rise dramatically and measure the demand within practices to undertake BNP screening. This would be with pathology plus which has links with FPH and Royal Surrey. The pilot would allocate a number of tests to each Practice as a starting point and would work on the same model as Waverley. DB asked if we could use Inside Vue for the community echo or alternatively RSCH or FPH (Secondary Care).</p>	

	This will discussed further on the away day.	
8.	<p>Incentive Scheme</p> <p>DB wanted to clarify that previously the cluster received £1.15 with the Practice receiving £1.60. It now looks as though £1.85 goes to the cluster and only £1.00 goes to the Practice. It is splitting of quality, productivity money and pooled funds. LD feels this needs to be fed back as seems odd as why would Practice be happy in taking a cut. All referrals will now need to be collated through an excel spreadsheet to enable information gathering. Board agreed for DB to send an email on behalf of the cluster.</p>	
9.	<p>Lay Member Report</p> <p>MC met Ed Palfrey (FPH Medical Director) and had a very informative meeting. MC had a brief call with the Epilepsy Action Group where they were trying to ascertain if locally the GPs had had a bad experience of epilepsy treatment and if specialised 'Sapphire' nurses were available in the locality. The board reported that there were no epilepsy nurse specialists.</p>	
10.	<p>PCT Update</p> <p>Covered in previous points.</p> <p>DB has requested a letter from Karen Parsons clarifying the position in regards to Freed up Resources. The position in regards to 30% of freed up resources needs to be made clear that this must relate to what will be done by Dorking Healthcare and not gone through Frimley Park.</p>	CB
11.	<p>AOB</p> <p>Medicine Management – LD asked for the Board to think about what agenda items they would like to discuss with the Medicine's Management team at the October board meeting. One point for discussion would be the start dates of the incentive scheme.</p> <p>Away Day – The September Away day will be used to discuss commissioning intentions for the next two years. It was agreed for this to be held on the next meeting date of 9th September with the venue to be decided.</p>	

Freedom of Information: Those present at the meeting should be aware that their name will be listed in the agenda and action notes of this meeting, which may be released to members of the public on request under Freedom of Information requirements