

FARNHAM PRACTICES PBC COMMISSIONING BOARD MEETING – 09/06/2009

PRESENT: David Brown (DB) Chris Evans (CE)
 Martin Ballard (MB) David Luscombe (DL)
 Paul Adams (PA) Laurie Brown (LB)
 Chris Botten (CB) Mayonne Coldicott (MC)
 Louise Dixon (LD) Chris Townsend (CT)
 Lorraine Hunt (LH)
 Dr Michael Baker (DMB)

MINUTES OF MEETING

ACTION

1.	Apologies	
1.i	Apologies received from LH.	
2.	Conflicts of Interest/Communication	
2.i	No new conflicts of interest	
3.	Public Health Practice Profiles Dr Michael Baker presented an informative summary of the GP Practice Profiles for Surrey, 2008 Farnham. The data was collected from various sources and this will be used as a reference tool for Practice Based Commissioning. The last time this was undertaken was 2 to 3 years ago and will now be updated on an annual basis. Practice profiles to be sent electronically to Practice Managers to disseminate within practices. Feedback forms to be returned to Public Health	LD/Practices
4.	Actions Arising from Board Meeting 28/04/09	
4.1	Review of patient services in Farnham Hospital This piece of work is happening as part of the work with Dorking Healthcare.	
5.	Surrey Community Services	
5.i	Service Level Agreements for community services have been circulated to Commissioning Clinical Leads informing them of the current status quo. PBC workshops are to be held shortly to discuss Surrey Community Health Services being floated off. As part of the workshop it will be establishing what should be in their portfolio. Currently lots of questions are being asked from suitability of community hospital estates to where District Nurses and Health Visitors should sit. The commissioning relationship needs to be developed with Practice Based Commissioners so that PBC can influence the prioritisation of services. Step up Beds PA asked whether Guildford were seeking step up beds at Farnham. CB reassured board members that the step up beds at Farnham were 1 st choice for patients resident in Farnham and that IHP were resourcing a review pilot for single point of access. LD has been working with Susan Joyce to ascertain accurate timely data in regards to step up bed activity. Currently the average length of stay is 18 days. Blocks in delays have been social care packages and the understanding of the step up beds.	

	<p>Currently within the PCT there is much discussion in resolving savings and the transfer of free to save. It is acknowledged that a spell in one of the extra 10 step up beds is probably not cheaper. This partly due to the lack of understanding around HRG4. With the current economic climate there is some thinking that there could be some changes a foot to devalue the acute tariff to save efficiencies. PBC needs to maximise the 12 step up beds and like Hampshire and aim for 14 day mean length of stay. Hampshire does not invest in occupational therapy or physiotherapy.</p> <p>CAU CE fed presented to the board the differences between the rapid assessment clinics held at the Norman Day Centre and Caterham Dene. The key differences were that Caterham Dene has more diagnostics available to them. Diagnostics could be progressed. £14k is required to purchase an I/Stat machine.</p> <p>It was recognised that D-Dimer Service at Frimley Park is a good efficient service. CB to circulate a service specification to board members prior to the next board meeting for clinical approval</p> <p>DMB to explore best practice for 24 hr blood pressure monitoring</p>	<p>CB</p> <p>DMB</p>
6.	<p>Update on PBC & Prescribing Incentive Scheme.</p> <p>CB advised that work continues to be progressed with the PBC Incentive Scheme for 2009/10 with a start date of the 1st July 2009. The clinical engagement element has been agreed at £1.20 and £0.50 for Medicines Management. Further work is being undertaken in regards to referral management, Quality and Efficiency. The Lower Quartile based on the prescribing incentive was not agreed as away forward by the Clinical PBC leads. It is hoped that all referrals will be counted by practices so that the shift between private and NHS referrals in order for us to collectively manage demand. Better understanding is required in understanding the impact of clinical thresholds. DL informed the board that we also need to be mindful of counting those patients who mix and match between the NHS and Private sector for dermatology and lasering.</p> <p>The Locality Executive Committees will be established in September and budgets will be devolved at a locality level. This is a significant step in empowering the GP voice within localities</p>	
7.	<p>Retinopathy Screening.</p> <p>DB informed the board that currently retinopathy screening for Farnham patients occurs either in Normandy or Haslemere. Government target for diabetic retinopathy screening is 100%. Locally the uptake is 90%. This could be due to transport links. The DRSS currently have a camera that they would like to locate. Currently the Cedar Centre has a lack of space and would consider moving. With the development of Dorking with Farnham there is potential for the cedar centre to relocate to Hale ward where there would be room to site the camera and a room to undertake accuracy testing. This in return would set some of the costs for Hale ward. Board in full support of this. Patients may need to be encouraged to use the service and the development of a twilight service would be invaluable. DB to discuss further with DRSS and Sarah Wardle.</p>	<p>DB</p>

8.	<p>BNP</p> <p>CB informed the board that the Waverley Cluster was starting a pilot to undertake BNP screening with Pathology Plus for a period of three months. Pathology Plus are able to return the results within 24hours at a cost of £16.45. An Algorithm has been developed jointly with Helen Grisewood and the Royal Surrey to ensure appropriateness to echocardiograms. The Farnham Board agreed they would be interested in undertaking a pilot. LD to circulate the algorithm and to seek approval at the next board meeting</p> <p>Primary Care direct access to Echocardiograms was discussed. CE gave feedback on Inside Vue pilot undertaken in conjunction with Surrey Cardiovascular Centre. The board agreed they would like to view sample echocardiogram reports. CE to send sample reports to DB. One-stop clinics were discussed and what they might potentially deliver.</p> <p>At the next board meeting a discussion would be needed to discuss a clear steer on what service the board would like to commission.</p>	
9.	<p>Lay Member Report</p> <p>MC informed the board that she had met with Tory Councillor Denise Lagul. The 4 Lay representatives across the SW had met and much discussion was had in regards to the role of links and Practice Based Commissioning. MC has an informal meeting arranged with Ed Palfrey shortly and has attended a PPG meeting at Holly Tree. During the month of June MC will be attending a voluntary service network lunch.</p>	
10.	<p>SLA Meeting</p> <p>DB informed the board that the Frimley Park SLA Meetings had been reinstated back to Frimley Park.</p>	
11.	<p>PCT Update</p> <p>CB informed the board that the structure for Local Executive Committees had been approved with devolved powers. The SW will be like a professional executive committee and will be chaired by one of the PBC clinical Leads. The Local Executive Committees will report to Surrey NHS Board. This places commissioning to the top. Delegated funding not agreed to date.</p> <p>Karen Parsons, CB are having weekly meetings re turnaround and the target of saving 60 million. The trajectory in September is not clear. The thought is to repatriate tertiary care to local secondary care providers to create capacity.</p>	
12.	<p>Finance update</p> <p>CB updated the cluster that the outstanding management allowance invoices are being resolved and payments should be following on shortly. Incentive scheme payments for 08/09 for Referral Management and Engagement have been signed off.</p>	
13.	<p>Update on Dorking / Farnham Healthcare</p> <p>DB updated the board that Dorking / Farnham Healthcare had had there first board meeting. Dr Ballard is the nominated clinical lead. A meeting has been arranged with Frimley Park.</p>	
14.	<p>Medicine Management GP Lead</p> <p>All Clinical Board leads to go back to partners to and see whether a GP from Farnham can be identified to represent Farnham.</p>	

14.	Date of Next Meeting Thursday 9 th July, 1pm at Farnham Dene Medical Practice, Lodge Hill Rd,	
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