

FARNHAM PRACTICES PBC COMMISSIONING BOARD MEETING – 08/12/10	
PRESENT: Paul Adams Martin Ballard Mayonne Coldicott John de la Perrelle David Shakeshaft Viv Rishworth Jane Dempster	Melanie Eldridge Chris Evans Amanda Jones David Luscombe Lesley Barton Ed Wernick
MINUTES OF MEETING	

		ACTION
1.	Apologies: None	
2.	Conflicts of Interest - None	
3.	Approval of Minutes from Last Meeting Minutes approved	
4.	<p>Medlinc Presentation by Dr Anne Hollings and Mr Steve Kersley</p> <p>AH described the development and philosophy of the Medlinc Consortium. Medlinc has grown out of EDICS (Epsom Downs Integrated Care Services) which is a local provider unit. EDICS has developed to become a provider and multi-directional gateway through which patients passed as they were referred from one provider to another. AH stressed that Medlinc, as a Consortium, would be separate and distinct from EDICS.</p> <p>AH described the Medlinc philosophy as one in which GPs should be in control of consortia development using the skills of outside agencies but without allowing them to take control. The Medlinc Consortium at present has a patient population of approximately 85,000 which was insufficient to manage many of the corporate functions which it would assume as a GPCC. Medlinc, therefore, needed to enlarge and join with other clusters in a federation in which risk would be shared but local autonomy maintained. It would develop an umbrella “central service unit” which all federated clusters could use. This would encompass data analysis, joint development as well as risk sharing.</p> <p>Other GP Consortia in discussion with Medlinc include Haslemere, Dorking and Woking. SK, who is the lead for Corporate Strategy for Medlinc, pointed out the management functions which would be necessary to build effective performance management within the Medlinc group of</p>	

	<p>practices.</p> <p>MB asked how Dorking Health Care differed from EDICS and Medlinc. AH said that she did not know Dorking Health Care sufficiently well to comment. DS observed that Farnham Consortium would be the only member of the Medlinc Group that would refer patients to FPH. AH replied that Medlinc would support a Farnham Consortium in contract negotiations with FPH.</p>	
5.	<p>Lead Primary Care Pharmacist – Rachel Mackay</p> <p>RM said that Farnham Practices as a Group had done well achieving a 33k under spend in their drug budget between July and October 2010. Individual figures for each practice spend were delivered to the attendees. RM stated that the Pharmacy Team would like to continue to support Practices with prescribing advice and would like to meet with Farnham Consortium representatives in the New Year to decide how best to take this forward.</p>	
6.	<p>Election Of New Board Members</p> <p>JD will represent Farnham Dene on the Board in place of David Brown and VR will take over from MB to represent Downing Street.</p>	
7.	<p>Election Of New Chair</p> <p>JD will take over Chair of Farnham Consortium from CE from January 2011 for a period of 6 months.</p>	
8.	<p>Cluster Work Streams</p> <p>CE described several work streams which needed to be divided between Board Members. These included:</p> <ul style="list-style-type: none">i. FPH Transformation Boardii. Clinical Interface Committeeiii. Consortia leads meetingiv. Liaising with IHP, Medlinc etcv. Surrey Committee Services and Local Government	

9.	<p>Farnham Provider Federation</p> <p>A discussion ensued around a Farnham Provider Federation which would be a Provider of Clinical Services. It was agreed that it should be set up quickly. David Brown has shown an interest in taking a lead in developing the Federation and a meeting would be organised to take this forward. DS pointed out that a Provider Unit needed to be that free.</p>	
10.	<p>Surrey Community Services</p> <p>CE reported that SCS is being put out to tender. Interested parties included acute trusts such as Southend and Guys and St Thomas's. CE said that Chris Botton was facilitating the tender. Consortia would have a determining role in developing guidelines and in the final choice.</p>	
11.	<p>Assura Medical</p> <p>The consensus of the Board was that it did not want to enter into further discussions with Assura Medical at present.</p>	
12.	<p>Pathfinder Status</p> <p>In the South West locality both Guildford and Waverley's patient population of 180k and Surrey Heath with a patient population of 90k had been granted Pathfinder status.</p>	
13.	<p>Dates Of Next Year's Meetings</p> <p>The next Board Meeting will be on the 12th January 2011 at Holly Trees Surgery.</p> <p>Dates of further meetings will be emailed to Board members by ME.</p>	