MA ? up to 40%

LMC thinks
* current guidance over prescriptive and interferes w pt flows
if same episode of care, s/b allowed to flow

PG L&D way out of line

PBC LEADS MEETING – FRIDAY 20th April 2007 @ 1.00 – 2.30
LMC OFFICES, THE SHIRES, ASTONBURY FARM, ASTON, STEVENAGE

consultant only

⊕ PG suggest PBC Governance deal with

1. Minutes of last meeting 1st December 2006 (enclosed)
2. Matters arising
3. Dispute Resolution PCTs don't want to get involved – LMC role neutral role
   Policy needed teeth
   PCT person as well but Beds/HeMs cover each other for impartiality
   No statutory status
   PCTs happy with it
4. Conflicts of interest
   commission / provider relationship
5. Consultant to consultant referrals
   LMC looking at policy * document
6. Premises development
   SHA says money is ~~those for this~~
   Alan Paul happy to use savings 100,000 is those savings to spend ⊕
7. Training needs
   - Workshop on bidding and tendering for services
8. Any other business
9. Date, Time and Venue of next meeting

LMC Role – ? practices w providers vs PBC decisions – role of PEC chairs & members

– publicity – legal support – protecting practices individ GPs roles – be clear Mark Andrews

C&B to continue as a LES – PBC want this locally

If carry on becomes an essential service under Custom & practice

LMC can't advise not to do : not union status

Document not telling practices to breach contract

First stage of fragmentation was development of PMS
LES devel fragments profession more & more
GPC lose strength
trying to find means to strengthen LMC
guerilla warfare concept

INVESTOR IN PEOPLE

if PCT setting up standardised services
can't put whole service out to tender

media to make various bits of systems to unsettle PCT
like insurgents
strength in diff actions around country

fragmentation gen prac or NHS - right thing
s/b fighting this - ~~to~~ not pay - use this argument
loss of bits → private sector
biggest threat in fact foundation trusts
taking over
high moral ground to bring govt down

GB NPfIT was going to be the glue → central organisation

RL PBC way of uniting practices
Govt don't bring up OOH deliberately / GMC thinks

Suffolk PMS pracs can remain PMS (incl growth)
as long as they do a whole lot of extra
work - flexibility clause PCT putting
in want - carte blanche
can go back to GMS ~~=~~ no MPIG
if want MPIG have to sign same clause

Do not do work not being ~~funded~~ ~~for~~
refuse to follow up pts → outrage consultants
and anger fellow PBC members

Bedfordshire & Hertfordshire
Local Medical Committee Ltd
Working in partnership for excellence in General Practice

The Shires, Astonbury Farm, Aston, Stevenage, Herts, SG2 7EG

Hertfordshire Subcommittee
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Chief Executive: Dr Peter Graves
Director of Operations: Viv Seal
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Hertfordshire Practice-based Commissioning Leads meeting
1st December 2006

West Hertfordshire	East & North Hertfordshire
Dacorum (DacCom) Mary McMinn, PM* Mark Jones, PM*	North Herts & Stevenage (Stevenage locality) Tony Kostick, GP
Watford & 3 Rivers (WatCom) Ian Isaacs, GP Andrew Larkworthy, GP Peter Bodden, PM* Peter Lillywhite, PM	North Herts & Stevenage (North Herts locality) Jeremy Cox, GP* Martin Hoffman, GP*
Watford & 3 Rivers (CGC Locality) Tim Airey, GP Nick Foreman, GP Sadhana Kulkarni, GP	Welwyn & Hatfield Peter Shilliday, GP* John Phipps, PM
St Albans & Harpenden Roger Sage, GP	RBBS & SE Herts (South Locality) Kamal Nagpul, GP
Hertsmere Nicholas Small, GP Ken Spooner, PM*	RBBS & SE Herts (West Central Locality) Mark Andrews, GP* Nick Condon, GP
	RBBS & SE Herts (East Locality) Peter Keller, GP
	RBBS & SE Herts (North Locality) *No lead*
LMC Peter Graves, Chief Executive* Rachel Lea, LMC/PCT Liaison Manager (Herts)* Carl Raybold, LMC/PCT Liaison Manager (Beds)* Jonathan Freedman, LMC Chair* ***attended meeting**	

(N.B. These notes follow the agenda rather than the order in which items were discussed)

1. Minutes of the last meeting 29th August 2006

There were no corrections to the notes from the previous meeting.

2. Matters arising

a. Meeting with PCT and SHA
Anne Walker arranged a meeting at Tonman House on 17th October for PBC Leads, PEC chairs and LMC. Peter Graves met with Neil McKay, Chief Executive of the East of England SHA. Neil McKay had been adamant that PCTs must support PBC.

b. Presentation from Kingston
A meeting to discuss Clinical Assessment Services has been arranged for 17th January, 1.00 – 2.30 at the LMC office. Dr Charles Alessi from the Kingston Co-operative Initiative will give a presentation on their GP-led CAS. Peter Shilliday reported that he is now the lead GP for the CAS in E&N Herts.

c. Membership of this group
It was reported that now Tony Kostick has been appointed as PEC Chair, he is no longer leading the PBC group in Stevenage. Dr Alison Munns is now PBC Lead for Stevenage and will be invited to join the PBC leads list server and attend future meetings.

3. Sharing good practice

Each group was asked to report on an area of good practice from their PBC activity. Most groups reported that while good ideas had been discussed and projects developed, few if any had been taken forward and in some cases ideas were rejected outright by the PCT. Reasons for this were: lack of funding for developing or pump-priming new services (including money not being taken out of SLAs); lack of support from PCT staff due to staff shortage and restructuring; PBC being led by one or two enthusiastic GPs who do not have the time to develop projects.

Some positive developments were reported:

DacCom reported that a positive outcome of PBC has been the creativity and enthusiasm of GPs in redesigning services, and the development of a number of projects that could be taken forward e.g. A&E, COPD, heart failure, diabetes. Other groups are working on similar areas and it was agreed that groups would share what areas they have been working on.

Hertsmere reported that the MSK CATS had taken 40% of referrals out of secondary care and has been supported by the PCT.

WelHat reported on a number of projects that were being taken forward including two orthopaedic surgeons working in primary care (hips and knees), and a consultant doing head and neck skin surgery and wisdom teeth in primary care. A proposal for a carpal tunnel service has also been worked up.

West & Central Locality reported on a new dermatology triage service which had been developed following the loss of a consultant at the Lister. The service brings together work that had been developed in WelHat as well as SE Herts. Chilvers McRae is involved in the triaging process. It is not expected that this service will save money, however, as money is still not being taken out of the SLA with E&N Herts Trust.

WatCom reported that all 17 practices in the group are monitoring their cardiology and gastroenterology out patient follow-ups for three months, to report back on which could be treated in primary care. This is also a process to get practices used to using data. After New Year they will be working on trauma & orthopaedics and gynaecology data. It was not clear, however, how these patients will actually be removed from the hospital lists.

4. Current issues

a. Statins
It was noted that the PCT has written to all practices asking them to switch patients to simvastatin to achieve a target of 80% of patients on statins to be on simvastatin. The national target is 60%. The LMC has challenged the PCTs' intention to invoke Annex 8 if practices do not reach the target.

b. Involvement with other stake holders
PBC groups will need to develop links with other stakeholders and include them in their commissioning process, e.g. patients, consultants, MPs, social services. WatCom have a patient representative on their group, and WatCom and DacCom have been invited to be involved in the West Herts Strictly Patient Involvement group. This invitation will be extended to Hertmere and StarCom. WelHat has invited Grant Shapps MP to a PBC meeting. A meeting of GPs and consultants was held at the Lister.

c. Data collection and validation
HIDAS (adapted from MIDAS) is in use in West Herts and PBC groups report that it is a useful system. It is likely that HIDAS will be extended to cover E&N Herts. It enables PBC groups to target validation at areas with the most savings potential. WatCom reported that practices are collecting referral data on a monthly basis in order to validate HIDAS.

d. Clinical pathways and redesign
Peter Graves has copies of clinical pathways developed in Croydon. These are available on cd-rom and will be circulated to all PBC groups.

e. PCT support/structures

Following the meeting in October with Anne Walker, E&N Herts leads met with Melanie Walker and West Herts leads met with Lesley Watts (Turnaround Director) to discuss progress with PBC. It was agreed that further meetings with the Locality Directors would be more useful than further meetings with Anne Walker.

E&N Herts leads had a further meeting with Melanie Walker on 30th November at which the PCTs' requirement to find a further £30million of savings was discussed. The GPs agreed to support the PCT in this, although they do not believe the savings are possible in the short term. The PCT will be sending out further edicts to practices to curtail elective activity at all Trusts, with all new non-urgent referrals to be "stockpiled" until April. The GPs and LMC have recommended that the PCT sends out a press release in advance of circulating this edict. A concern was raised about what happens to those non-urgent referrals that may become urgent in the interim period as it was not clear whether referrals will be completely ignored until April or will be read but not actioned unless urgent. It was agreed that the LMC will put this question to the PCT and recommend that the PCT issues a press release. Other suggestions for financial savings included a proposal to close Hert Doc at QE2, and to review funding for primary care. The LMC will challenge any attack on contractual funding.

Without a Locality Director in post in West Herts, leads from West Herts feel less supported by the PCT and unsure who to contact. The post is being advertised in

the Health Service Journal this week. A follow up meeting for PBC leads has been arranged for 13th December.

Concern was expressed that PBC leads are now being used by the PCT as a sounding board for ways to save money. It was questioned whether this is actually practice-based commissioning, and whether GPs were being prevented from doing PBC because PCTs will not provide pump-priming to get services up and running. Peter Graves presented two options for GPs: to continue to be involved in PBC and regard the deficit as the responsibility of everyone working within the health economy; or to consider the deficit as the PCTs' problem and go back to just providing good clinical care. These issues are similar across the country.

5. Training needs

The LMC is planning a workshop on tendering to be held in February.

6. Any other business

a. New national PBC guidance

The DoH document *Practice based commissioning: practical implementation* was published on 28th November. This gives some ammunition to PBC groups to insist that PCTs introduce incentive schemes next year to support PBC. Jeremy Cox drew attention to paragraph 3.26 which states that practices in areas subject to special measures must use any freed up resources to address national or local priorities, which could undermine PBC group plans.

Other points to note from the guidance:

- unless a PBC group has formed a limited company, the practices remain the legal entities and PCTs must produce indicative budgets at practice level rather than group budgets
- mental health and community services (including community nursing) will be included in indicative budgets next year.

b. Update from Bedfordshire

Outpatient follow-up: Carl Raybold reported that a PBC group in Bedfordshire has written to consultants to inform them that they would be reviewing all out patient follow-ups to identify patients that can be followed up in primary care. It was not clear how patients identified in this way would actually be removed from the secondary care system.

PBC Management: Carl Raybold reported that three of the PBC groups in Bedfordshire have now appointed full time business managers. These groups are reporting, however, that they also require staff to work on data analysis.

7. Date of next meeting

To be arranged for end February 2007

CAS meeting Janaury 17th, 1.00 – 2.30, LMC offices

Actions arising

1. LMC to write to Anne Walker about the decision to suspend all non-urgent elective surgery to (i) suggest the PCT sends out a press statement and (ii) to

ask for clarification about what happens to referrals that are made but not actioned to ensure patient safety is not compromised.

2. All PBC groups to share a list of the projects currently under development

3. LMC to organise workshop on tendering

4. LMC to send out copies of clinical pathways from Croydon

5. LMC to invite Alison Munns as PBC Lead for Stevenage to the next meeting and to join the list server

6. LMC to arrange next PBC Leads meeting for end February

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AGENDA ITEM 5 a
HERTS LMC/PCT LIAISON 17/04/07

Practice-based Commissioning Dispute Resolution Procedure

Draft 1 – April 2007

1 Introduction

Practice-based Commissioning (PBC) is bringing practices into new working relationships with each other. Many practices will be forming together as consortia to commission services on behalf of their patients, and to agree how resources will be used. As part of this process, expectations will be placed on both individual practices and the executive committee (howsoever named) of the consortium. On occasion, disputes may arise between member practices over PBC issues, or between individual practices and their PBC executive. It is expected that any disputes will be resolved informally within the terms of the consortium agreement.

This paper sets out a framework for a formal local dispute resolution process for inter-practice or practice/consortium disputes relating to PBC when the informal channels have failed to find a mutually agreeable solution.

This procedure is for local agreement between Bedfordshire and Hertfordshire LMC Ltd and PBC consortia in Hertfordshire and Bedfordshire and it is expected that all parties signing up to this procedure will abide by decisions made. However, it should be noted that it has no statutory standing and is not governed by GMS or PMS regulations.

2 Informal Processes

PBC Consortia are expected to have agreed an internal process to resolve problems that may arise between practices. All parties will be expected to have followed these processes before proceeding to this formal process.

Informal resolution helps develop and sustain a partnership approach between practices and the consortium, as well as avoiding bureaucracy and cost for both parties. Informal resolution might benefit from the involvement of a suitably qualified conciliator or mediator.

3 Formal Process

This procedure applies to all disputes arising from decisions within the jurisdiction of the PBC Consortium

3.1 The Panel

Practices who are aggrieved by a decision of their PBC consortia (or vice versa) can lodge a request for "Formal Local Dispute Resolution" in writing, including the grounds for the request, to the Chief Executive of the Beds & Herts Local Medical Committee Ltd. Under these circumstances the LMC Ltd will set up a Local PBC Dispute Resolution Panel ("panel") to hear the dispute and make a determination.

The panel will consist of:

- The Chief Executive of the Local Medical Committee Ltd
- An LMC Representative from a different county
- A PBC Lead from a different county
- A PCT PBC Director or Manager from a different county

It is expected that a Hertfordshire LMC Representative, PBC Lead and PCT Director will form the panel for a case concerning a Bedfordshire or Luton practice/PBC consortium, and vice versa.

The panel will be chaired by the Chief Executive of the LMC Ltd.

3.2 Responding to the request for Formal Local Dispute Resolution

If a practice or consortium requests formal dispute resolution, the LMC Ltd shall acknowledge receipt of the request, in writing, within ***3 working days*** of receipt of a written request, explaining the procedure to be carried out by the LMC Ltd.

3.3 The Hearing

The Chair of the panel will be asked to arrange a meeting of the panel to hear the dispute, and ensure that all parties are notified of the date, time and location of the hearing. The hearing should be held within ***25 working days*** of the request being lodged, but with the agreement of both parties to the hearing may be delayed to a date agreed by both parties. The Chair of the panel will ensure that at least ***10 working days*** notice of the date of the hearing will be given to all participants.

3.3.1 Documentation

All the relevant documentation, including the request for Formal Local Dispute Resolution will be passed to the Chair of the panel and then to panel members for consideration before the hearing.

3.3.2 Representation

Both sides will have the right to be supported at the panel hearing by an LMC member or a friend (or other appropriate professional body colleague). The supporting colleague will not normally be allowed to speak to the panel. If a solicitor accompanies either party, the Chair of the Panel will make it clear that the panel is not a statutory tribunal.

Professional advisors, such as solicitors or accountants, will not normally attend in a *representative role* unless especially requested in advance of the hearing.

3.3.3 Witnesses

Either party has the right to call witnesses. Any witnesses shall be present at the panel hearing *only* while they are giving evidence.

3.3.4 Procedure at the panel hearing

The discussions of the Panel will remain confidential.

The Chair of the Panel will keep a record (or arrange for minutes to be taken) of the hearing.

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Both parties will be asked to present their cases and may call witnesses. Members of the Panel will be given the opportunity to ask any questions relevant to the case.

Following the presentation of their case both parties will withdraw and the panel will deliberate. The panel will reach a decision on the case and notify the parties of the decision including any recommendations in writing within seven days after the hearing.

LMC Ltd
April 2007

It is recommended this policy and procedure will be reviewed not later than 1 year from the date detailed below by the LMC in conjunction with PBC Consortia.

don't yer know what disputes it will relate to