

**Minutes of the Professional Executive Committee meeting  
held on Wednesday 9 September 2009 at 1.00pm  
in Conference Area 1, Learning & Development Centre**

**Present:**

Baz Barhey	(BB)	Chair
Dipak Shah	(DS)	GP Member
Fiona Sim	(FS)	GP Member
Gerry Taylor	(GT)	Director of Public Health
Margaret Berry	(MB)	Director of Quality/Executive Nurse
Sanjeet Johal	(SJ)	Medicines Management Pharmacist
Deborah McBeal	(DMcB)	Head of Primary Care
Jackie Walker	(JW)	Head of Clinical Governance
Stuart Lines	(SL)	Public Health Consultant
Sean Barnett	(SB)	Interim Project Lead
Eleanor Harrison	(EH)	Primary Care Research Network Co-ordinator

**In attendance:**

Christine May	(CM)	Executive Manager
Lynn Murphy	(LM)	Lead Nurse, Diabetes (for item 24/09)

**18/09 Apologies for absence**

Apologies were received from Sarah Thompson (represented by Deborah McBeal), Wassim Matta, Talib Abubacker, Andy Watts.

**19/09 Minutes of the meeting held on 5 August 2009**

The minutes were agreed as a correct record.

**20/09 Matters arising**

Item 7/09 – CVD/Obesity LES: It was noted that this would probably be coming back to the next meeting of PEC.

**21/09 Declarations of Interest**

There were no declarations of interest.

**22/09 Declarations of Hospitality**

There were no declarations of hospitality.

**23/09 Flu Update**

- a) Surge Plan – it was noted that the plan had not yet been signed off by all the relevant NHS Boards and was therefore confidential. GT reported that the plan had

**Action**

been signed off by NHS Luton's Board at the end of August. She explained that in the event of a surge in flu cases:

- the plan would ensure essential services were kept running;
- the plan contained a list of inclusion/exclusion criteria;
- within primary care there would be a reduction in preventative work, some LESs would not be run, etc.

She added that support for practices was being looked at, work was being undertaken on a communications plan and on putting together an implementation plan. She confirmed that medical indemnity was being looked into at a national level.

GT asked for any comments on the plan to be sent to her. A summary for GPs would be provided.

**All**

b) Immunisations – GT reported that the PCT had been asked by the SHA to develop plans for immunising members of the public and front line health and social care staff. The first batch of vaccines was expected to arrive in late October. Practices would be updated in the next few days. Negotiations were still underway as to whether the immunisations would be organised by the PCT or GPs. At the moment a draft plan with two strands was in place, depending on what decision was made. It was agreed it would be helpful for the GPs to see the draft plan.

**GT**

## **24/09 Diabetes LES**

Lynn Murphy attended for this item. She presented the interim results of the audit. A copy of the presentation is attached to these minutes.

PEC members agreed that the results were not as good as they hoped. There were some clinical issues which needed to be clarified. There was concern that in spite of the financial input last year into IT systems and getting them set up properly, there were still issues around how to use the systems.

It was agreed that:

- the results should be compared to QOF points for diabetes for practices;
- this needed to be tied in with the balanced scorecard;
- data from Part 2 of the audit was needed to give a clearer picture ;
- diabetic leads for each PBC group should be informed of the results of the audit;

**DMcB**

**DMcB  
LM**

**LM**

- a clear action plan should be provided. It was noted that SL was working on the plan. **SL/LM**

PEC advised that clinical issues arising from the audit should be taken through the Quality Committee (via Andy Watts) and contractual issues through Deborah McBeal's team. **LM**

BB to arrange to meet Lynn Murphy outside of the meeting to go through all data collected to date. **BB/LM**

### **25/09 Research LES**

Eleanor Harrison presented the paper on the LES and Support for Practices for Clinical Research. It was noted that the LES would be externally funded. It was agreed that the LES needed to be linked into the research pro-forma via Catherine Nelson. PEC asked that the Network liaise with the PCT regarding the performance of practices before agreeing the LES with any practices. **EH**  
**EH**

### **26/09 GP Balanced Scorecard**

DMcB explained that the balanced scorecard would be used at PCT and practice level and that a different set of information would be used for each purpose. The information provided to the public would be more general, so it would help patients choose a practice, whereas that provided to practices would include more detailed information on indicators. DMcB said that the information going into the public domain needed to be robust and there were some concerns around some of the data, eg flu uptake in at risk groups, smoking. The paper going to the September Board would be re-written to reflect this.

It was noted that the balanced scorecard would be published once a year, but practices would receive data on a quarterly basis. If a practice was successful in turning around performance in a particular area, the balanced scorecard could be updated to reflect that.

It was suggested that Dr Shane Gordon, who attended the recent QIPP Bazaar at the SHA, be invited to a future PEC meeting to talk about improving access. **BB**

### **27/09 Transforming Primary and Community Strategy**

SB explained that the Strategy would be presented to NHS Luton's Board at its September meeting and would then go out to public consultation for about two months in February/March next year.

SB acknowledged that, what the changes would mean for staff, needed to be better articulated. It was agreed that there needed

to be support/development for staff. He pointed out that the strategy would be implemented over a five year period.

He clarified that the network would be multi-professional/ multi-agency.

PEC members raised the following issues:

- a) Given the restricted funding available over the next few years and the fact that the new strategy would involve additional finance in its initial stages, where would the extra funding come from?
- b) There were concerns about the geographical aspect of the strategy and that this was different to what was already in place for PBC groups, etc. PEC members asked why the existing structure could not be used. GT explained that PBC related more to commissioning of services whereas this strategy related to provision of services.
- c) BBs feedback from PBC group meetings was that this strategy as it stands, was not supported by GPs.
- d) There were concerns that the strategy had not been shared with BLPT and the L&D.

SB agreed to look at the issues raised by PEC members.

**SB**

#### **28/09 End of Life Care PID**

The PID was noted.

#### **29/09 Updates from PEC Members**

FS reported that she had attended the Board to Board meeting with BLPT and had since met with BLPT members of staff. BB/FS would discuss whether to invite Patrick Geoghegan, interim Chief Executive of BLPT, to attend a future PEC meeting or to attend a separate meeting with clinicians.

**BB/FS**

JW informed PEC that a GP appraisal group had now been established. Letters had been sent out advising GPs of their appraisers.

SJ reported that the first quarter's data on prescribing was now available. 14 practices had already overspent. She also reported that the PCT had reached the national target on statin prescribing and was doing very well on targets for antibiotic prescribing.

#### **30/09 Any Other Business**

There was no other business.

#### **31/09 Date of next meeting**

7 October, 1.00pm in Conference Area 2, Learning & Development Centre. This would be a stakeholders meeting.

