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Minutes of Vale of Aylesbury LRC Meeting

On Wednesday 27th April 2005
At Committee Room, Manor House
At 12.30 pm

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Minutes of Previous Meeting

These were agreed as a correct record of the meeting

£132K 04/05 Underspend

The underspend will be used to beef up some of the enhanced services that were inadequately funded, such as minor surgery which will be funded per case.

The rest will be rolled over to this year and will be used to commission new services for this year.

Sexual Health

Terminations have to go to Leamington Spa or if it is a medical one Stoke Mandeville still do this. Brookside are not telling girls what is happening, they are handing out the BPAS telephone number.

Counselling is at Amersham and the procedure is Leamington Spa or London.

If it is a late one they are sent to Kings College. Presumably Downs syndrome ones are sent here.

The intention is to commission the counselling service at Brookside in the future.

Linda Lake-Stewart has said that there is money available to help with transport but did not want this advertised.

There were worries about patients travelling on public transport following a procedure.

With GUM the waiting time is 4-6 weeks. No appointment will be given you have to phone in on the day to get one.

Performance needed to be monitored.

The Blue Book enhanced service on sexual health says that you must provide contact tracing. Is there an argument to produce an LES for this with the GP doing the medical work and the PCT doing the contact tracing? This could improve the service being offered.

HIV is being done locally and this has increased.

The screening done by the hospital is a questionnaire filled in with the nurses etc ticking a box to say they do not have HIV.

Nurses are being trained on the NHS with HIV.

It was agreed to ask the PCT if they would take over the contact tracing with the GP providing the rest of the service.

New Enhanced Services

New services to be commissioned this year include insulin initiation and alcohol. A pilot project is in place to look at emergency admissions.

With dyspepsia the PCT will be paying for breath testing and purchasing the kit.

There is a working group in place to ensure that the dyspepsia service works properly with adequate funding.

The information goes through Practice Managers to the GPs. The dilemma is there are interested practices who will provide the service for nothing.

The PCT are going for level 4 for anticoagulation.

It was agreed that Westongrove would do a pilot last year to see the effectiveness of providing this service. The PCT are reluctant to put this paper together.

There will be £150,000 more into the enhanced services floor as Jim Griffiths' musculoskeletal service comes out. It was agreed to provide this service last year but that it would come out of the enhanced services for this year.

With the underspend and Dr Griffiths' money it make a total of approximately £280,000 that needs to be tracked.

Aylesbury PCT have been very open on their accounting.

The money cannot be used to fund practice based commissioning. If a discrepancy in the service is flagged up by PBC an enhanced service can be put in place to meet this.

Data collecting has started and it is important to make sure that the hospital does not see this as a way of keeping their management costs down.
Frequent fliers is not an enhanced service for GPs, but the hospital is using money to pay GPs to collect the data. It must be watched carefully.
This is a data collection exercise around admissions for over 65s. Whether it was avoidable or not. It is how to improve services to patients.
They are looking at 30 over 65s; some practices may not be able to supply this number on time.
It is £25.00 per form filled in up to a total of 30 or 6 weeks, whichever is the soonest.
It is now costs £2000 per admission.

QOF Debrief

There were no problems in Aylesbury.
The PCT needed to be congratulated the visits were positive with a light touch.
They were hauled over the coals by the Agency for being too soft and they have gone back saying there were not.

Choose and Book

Is there any clarification to do this in the consulting room?
There is a rumour they will slip on this. Until the IT is sorted out they cannot insist on this at the moment. After the election a whole range of new things will come.
Computers are failing and practices are being told that if they go choose and book the computers will be funded.
The PCT need a 30% sign up by the end of June.
Kevin Garthwaites proposals have not been funded. Practices with a paperlight system cannot work without a computer and when they go down they are not being replaced.
One practice had to cancel a surgery as there was no computer available for the GP to use.
Most of the hardware in the area is 5 years old and obsolete.
If the way the PCT work is if you go with choose and book you get your computers paid for then do so and you can then pull out of it.
Choice is available for ophthalmology, dermatology and orthopaedics and this works well in some areas.
It is a very slow process.
The incentive was that if you agreed to go with choose and book the practice would get broadband which most practice already have.
The LMC should express their reservations about this.
There is talk of receptionists doing this, but they will need training and the person doing this needs a smart card.

Diagnostic Centre in Wycombe

What are the plans for transporting patients down there?
The transport will be available for patients from Wycombe Bus station to the Cresse Estate.
How much of the percentage share of £1.26m per year will Aylesbury be putting in.

PCT Consultation Protocol

There is still a statutory obligation to consult with the LMC but this does not seem to happen. The TOP case is a case in point. It did not appear to go to the PEC.

Premises & Managing New Developments

Premises are now well out of date and need replacing.

The expected growth for Aylesbury is double by 2030 and 20,000 by 2016, the Berryfields development is on top of this.

Milton Keynes will be spreading and will encompass Winslow shortly.

At the present time there is no funding for any notional rent or new premises. How will the PCT handle this? Practices need more space to provide the services they are expected to deliver.

Practices in Aylesbury are taking on over 100 new patients a month.

The issue that the TVPCA hold the funding on behalf of Thames Valley premises and they do have a lot of money but they need to get rid of it. It is up to PCTs to highlight areas of new build or potential build and put it in the SSDP. This feeds into the process where each PCT will bid for the money. They do not see the degree of urgency.

Thames Valley are favouring new build sites.

Oxford City are getting a lot of funding as they have a LIFT system in place.

Practices have been told there is no money for practice premises for at least 2 years.

LIFT is funding to get practices up dated in inner cities.

It seems that the PCT are very sluggish in their responses. Following a site meeting in Buckingham no response had been heard for 3 months and there was no one available to give a response when contacted.

We should be asking the PCT to clarify how they will manage the population growth and how they will manage if what primary care are willing and able to deliver in primary care under enhanced services cannot be met due to space restrictions.

PCT Wish List for Enhanced Services

Clarification is sought. They want a pilot project on something; they cannot find a site so they make it an enhanced service.

It would be easier if they have some ideas they would like the LMC to help with as they could see if it is something GPs would like.

Until Practice Based Commissioning happens this cannot go any further.

Finance

How overspent are the PCT and what they are planning to cut in the way of clawbacks?

Care Standards in SMH

GB had concerns whether it was safe to have patients in Stoke Mandeville Hospital. Stoke is better than Milton Keynes.

Some complaints have gone to Jane McVea.
The worry is, is it just the sheer volume?
The PCT should be responsible for the care that is being commissioned and delivered.

Agenda for Change

There is a lot of activity on the LMC list server on this.
Some practices are doing this with practice nurses but it should affect all practice staff.
Some practice nurses could find themselves losing money.
The amount of holiday that members of staff are entitled to is worrying.
Shaun Brogan is ill currently, and Linda Lake-Stewart is acting up.

Out of Hours

There is a lot of disquiet about this.
Judy Thorpe is the person to address any comments to at Harmoni.
There is concern as doctors have been replaced by nurses at very short notice. There is concern about the quality of the service.
Patients are being referred to a doctor or A&E service for trivial things.
The system needs to be more efficient than it was; the PCT is responsible for this service.
The amount of things being seen in A&E has significantly increased in recent months.
The PCT must be asked if they have a process of monitoring.
The PCT do not seem to be worried about the management of out of hours. They increased the fee payable to attract cover over Christmas and have now run out of money half way through the year. How did they get it so wrong?
Polish doctors do not need a GMC registration to work as they can work in the UK as are in the EU.
There was concern also that prescribing is not on computer, they are being hand written and not being logged.
Data is being collected on instances of concern and sent to Jane McVea
Wycombe are no longer the lead PCT on this, this has passed to Tom Wilson at Chiltern and South Bucks.
The LMC must ask what the PCT are doing and if they are happy with the process.

Date of Next Meeting

Wednesday 29th June 2005

Present	Name	Organisation
*	Beck Gill	Member
*	Beesley Helen	Member
*	Jackson Graham	Member (Co-opted)
	Lilley John	Chairman
*	Peacock Tim	Member
*	Quiney Iain	Member
	Roblin Paul	LMC Chief Executive
*	Solomon Jane	LMC Director of Development & Liaison
*	Birchall Carol	LMC Minute Secretary