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# BUCKINGHAMSHIRE LOCAL MEDICAL COMMITTEE

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## Minutes of Vale of Aylesbury LRC/PCT Meeting

On Wednesday 27<sup>th</sup> April 2005  
At Committee Room, Manor House  
At 1.30 pm

### CONTENTS

#### **CTRL and Click to hyperlink**

Minutes of Previous Meeting .....	1
£132K 04/05 Underspend.....	2
Primary Care Development Group Feedback.....	2
Sexual Health .....	2
New Enhanced Services .....	3
QOF Debrief.....	3
Choose and Book.....	3
Diagnostic Centre in Wycombe.....	4
PCT Consultation Protocol.....	4
Premises & Managing New Developments.....	4
PCT Wish List for Enhanced Services .....	5
Finance .....	5
Care Standards in SMH.....	5
OOHs.....	5
Training Manual for Staff.....	6
Date of Next Meeting .....	6

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CBP said that she had asked Lee Whitehead new Director of Commissioning to attend the meeting in future. Also Carol Watkinson will be attending when she can. She asked that the PCT be informed of any specific issues for the meeting in advance so the right personnel could attend.

### Minutes of Previous Meeting

These were agreed as a correct record of the meeting

## **£132K 04/05 Underspend**

TP reported that the LMC had been updated on the 2004/05 underspend plans.

The musculoskeletal funding of £150,000 for Dr Griffiths needs to be added to this figure. It had been agreed to provide this service for 04/05 but it comes out in 05/06.

CBP said that it was not as much as this, probably in the region of £100,000 with small add on costs.

The PCT was very transparent in its accounting and the LMC thanked them for this. There was no concern about anything that was happening in the background.

## **Primary Care Development Group Feedback**

The meeting frequency has increased from every 2 months, to once a month.

## **Sexual Health**

The LMC were seeking clarification on medical TOPs.

Medical TOPs used to be done at Stoke in the Gynaecological out patients. Currently they will be done at Leamington Spa or London.

Counselling will be done at Amersham or Brookside. It was removed from Brookside as the PCT felt they needed a licence to do this. This is to be issued.

There was concern about ladies needing late TOPs due to abnormal anomaly scans. Would they have to travel? No they would be followed up in the Obstetric Department at Stoke.

Stoke will not do elective TOPs but will do as a result of an abnormal scan.

Medical TOPs will be dealt with as much as possible locally.

If you are expecting a local procedure and have to go London it is more of a problem than if you expect it in London and have it done locally.

It would not be safe for a patient who has had a procedure to travel by public transport, although you are usually dealing with fit, young women early in the pregnancy.

There was concern that Dr Curtis said that with medical TOPs 20% of them needed a follow up D&C. The Gynaecology service would be concerned if they were getting a large number of failed TOPs.

There was concern about the costs to the patient of transport. Many of them are teenagers or Asian girls, for whom a TOP is culturally unacceptable.

The PCT to publish how funding for transport is available.

BPAS to be asked to provide information to the patient on contraception following the procedure.

GUM clinics. Nationally there are difficulties with the provision of care with access due to the numbers.

There is a potential enhanced service for GPs to get involved. GPs could administer this but would have problems, in the first instance with contact tracing.

The Blue Book enhanced service says that the GP would be responsible for contact tracing. This is an issue that GPs would have a problem with.

A patient had reported that there was a 4-6 week wait for an appointment.

It was agreed to ring the clinic to see what was actually being said as the patient may have misunderstood.

The PCT agreed to take this suggestion back.

The new person in post is very good and has an interest in HIV and is seeing a lot of patients because of this.

The screening of new staff at Stoke is by a self administered questionnaire. You are reliant on professional responsibility.

## New Enhanced Services

Carol Watkinson was to be congratulated on the way the enhanced services were set out. It was asked how these services were disseminated across the county. They were sent to Practice Managers. There would be too many to go to GPs. What had been agreed with anticoagulation and level 4? The PCT are finding out the costs of hospital tests for level 4. Will the pilot be evaluated? Westongrove were to be evaluated but this has been difficult due to changes. The costs will be compared between Westongrove and the hospital. Westongrove got the money to provide this pilot, Haddenham provided the level 4 service but at level 3 funding. Westongrove need to be forced to provide the information. Failing to produce the pilot means they do not get the funding this year. They were commissioned to prove to the PCT that it was cost effective.

## QOF Debrief

The PCT were congratulated on this. Carol and Jane McVea are attending a workshop to look at verification aspects. There was a lot of pressure before about the level of achievement but this has proved correct as achievement was even greater. Nationally figures are between 900-1000 which was not predicted at all. Financial incentives work within primary care. With exception reporting once every one has been paid there will be a discussion about this to try and achieve a standard across the county. Guidance was needed when to do this.

## Choose and Book

Practices are being told that to get new computer systems they should sign up for choose and book. Where is the IT agenda going and plans for the future? CBP said that 60-65% of current referrals are done electronically at the moment and choose and book will not be such a bit issue if done through the referral hub. Kevin Garthwaite is trying to employ someone to work with practices to get smart cards in place. If everyone is registered the PCT will receive £6,000 for each practice. Practices are not likely to want to register for this. If a GP signs up what does it involve? It is signing up to choose and book which will be done through the referral hub. If the system can be changed to the choose and book system the referral hub can still be used and this will save £20,000. Everything has to go through the hub as hospitals will not accept referrals without an identifier number. If you sign up to use the referral hub it is one thing, but to sign up to choose and book is something else that you cannot back out of easily. In MK one practice had agreed to do this through the referral hub but they had been told that the Department would not allow this. To get this extra money 30% of GPs need to be signed up by the end of June. The response for Practice Based Commissioning was not at the time linked to choose and book but it has been since. Practices now need to be circulated with a question on whether they still want to be involved in this? The response will probably be very different. Central Government will probably back off about this happening in the consultation but they have not done so yet.

When GPs were asked to participate in the hub they were told that the hub would do the chasing of appointments for patients. This does not appear to be happening.  
The hub would have the information about the waiting times within hospitals which GPs do not.  
It may be worth Kevin talking through with GPs what the PCT want to achieve.  
TP to bring this matter up at a meeting that evening.  
The message for the PCT is that everyone is suspicious of this.  
What is happening with the replacement of hardware within the area?  
Kevin is still working on this budget. He is working with other PCTs to fund an IT support system.

### **Diagnostic Centre in Wycombe**

This is a 5 year Contract. What percentage is Aylesbury contributing to this?  
With the absence of transport to it patients may not use it. There are patients who would benefit from MRI.  
The PCT will assume a small percentage of contribution based on usage.  
The MRI unit will be a mobile one and there is no reason why, in the future, it could not visit local areas offering the service. This needs to be looked at.  
The reports will be legible, understandable and what GPs want. They will also be electronically sent to practices.  
If some people get to the service it will take the pressure off Stoke.  
The idea of more provisions must be welcomed.  
Perhaps transport should be factored into the cost of such services in the future?

### **PCT Consultation Protocol**

Does PCT have a process on consulting on what is being commissioned? TOPs is a case in point.  
Lee is the person to address this.  
The LMC has a statutory role to be consulted.  
A pathway needs to be created.

### **Premises & Managing New Developments**

The funding is piecemeal and bitty. There is a lot of new growth within the Town and the Berryfields Site. There is increasing pressure for GPs to deliver more from premises.  
Most practices are running out of space, how can GPs get hold of money to develop this?  
There is not much money available. There is a Thames Valley wide investment fund. Decisions are made based on SSDPs. No decisions were made at the last meeting.  
The PCT do not know if there will be growth funding available after 2007. GPs must stop relying on this pot.  
A large number of PCTs across the country did not use this funding so that is the message going back to Government.  
LIFTS have been discounted as the area is not big enough.  
The PCT may employ a growth project manager to look at this agenda. This person will look at the vision around health care in the next 20 years.  
If a practice has a problem, who do they call? Primarily CPB or John Worrall.  
A consultant is employed to help with issues around Thame Community Hospital. It would be useful to have a training session directed to writing a business plan.

There had been a workshop with practices in Buckingham to develop one site for all three practices, however one has now extended their premises and do not need to go into such a centre.  
Advice to practices on how to put together a business plan would be appreciated by GPs. Contingency planning was also needed. If you run out of space is there anywhere else the service could be provided from.  
GPs need to look at premises in order to be able to provided enhanced services.  
A vision is needed at how the area can look at the large increase in the number of patients.

### **PCT Wish List for Enhanced Services**

Does the PCT have a vision for what they would like to commission?  
Once work starts on Practice Based Commissioning things will come forward.

### **Finance**

What is the overspend? £5m. How will this be managed?  
Different levels of SLAs with acute trusts trying to pull money out of secondary care as this is the most expensive part.  
A report from Sector will report back to PEC and Board on the options available.

### **Care Standards in SMH**

Stoke are struggling to cope at the moment.  
Another alarm went out highlighting closed wards and D&V outbreaks and emergency admissions.  
Are there specific things?  
Patients are being discharged with pressure sores that the hospital have not treated.  
This is a basic care and safety issue. Does the PEC receive feedback on this?  
It is difficult without some specific issues.  
All the information is anecdotal.  
Concerns are that with monitoring systems these should be highlighted now rather than when they become a major problem.  
The hospital to be asked to provide case numbers of pressure sores etc.

### **OOHs**

Standards and quality needs to be monitored. There are increasing worries about Harmoni and how it is going. Wycombe are no longer the lead PCT, this is now Chiltern and South Bucks.  
Prescribing is not done by computer etc.  
The Monday overflow is impacting on surgeries.  
There is a monitoring group and things need to be addressed to this.  
The monitoring group were going to produce a quarterly report but this is difficult to get hold of.  
There was one produced at a recent meeting on activity and outcomes but this was not widely available.  
Monitoring of standards does not reflect the clinical care given to patients. The PCT as a commissioner needs to have some way to look at things that are not appropriate.

There are issues around the true cost of the service; it is around the use of A&E and prescribing, the use of nurse triage etc.

The LMC is worried about the standards of care.

You can get the feel from some of the A&E attendance sheets that patients should not be there.

### **Training Manual for Staff**

This has been distributed to all practices.

### **Date of Next Meeting**

Wednesday 29<sup>th</sup> June 2005

<b>Present</b>	<b>Name</b>	<b>Organisation</b>
*	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
*	Blakeway-Phillips Clare	VoA PCT
	Brogan Shaun	VoA PCT Chief Executive
*	Robinson Graham	VoA PCT PEC Chair
	Watkinson Carol	VoA PCT