

**MINUTES OF THE OPEN MEETING OF
VALE OF AYLESBURY REFERENCE COMMITTEE
HELD ON WEDNESDAY 26 MAY 2004
AT VERNEY HOUSE
AT 1:30PM**

PRESENT: Drs Beck, Beesley, Lilley, Peacock & Quiney
Dr Christopher Tiarks
Clare Blakeway-Phillips & Colin Foster (Director of Finance)

APOLOGIES: Jane Solomon
Shaun Brogan, Tim Jones & Dr Robinson

ACTION

AYL 1/5/04 Minutes of March Meeting

The minutes of the March meeting were accepted.

Matters Arising

Endoscopy – CBP said that she would take this up with David Beckett and had not had an opportunity to do so since the last meeting.

Nursing Homes/Residential Home Care

The Committee raised the issues discussed in the first part of the meeting with the possibilities of commissioning a LES for services other than essential services provided by practitioners. The Committee emphasised that people in nursing and residential and special accommodation homes had heavy workloads and needed to special skills. The PCT said there was to be a workshop in the Autumn, particularly with reference to Aylesbury Lodge and Saunderton Hostel. Saunderton in particular was on the fringes of the PCT area.

Practice Boundaries

This was not an issue that needed to be discussed.

Podiatry outside of an Enhanced Service

The spreadsheet that the PCT had sent to the Secretariat and had been discussed in the first part of the meeting now put physio and podiatry outside the enhanced services floor.

The Committee had a discussion with the PCT about their approach to enhanced services and what they felt was contestable and those services which they felt did not sit appropriately in the enhanced services floor. There was a difference of opinion about three areas which are a problem to the LMC. Provision of services to community hospitals, musculo-skeletal services and counselling. The Committee put its position to the PCT that counselling would not e

contested this year but they reserved the right to review this position in the future and did not wish this to be regarded as precedent. They flagged up that the community hospitals were in the Committees view, not suitable to be commissioned as an enhanced service and the same applied to the musculo-skeletal services provided by Jim Griffiths.

Additionally, the Committee had a problem with the GPSI in CHD. This was clearly a position of a clinical lead but had nothing to do with the provision of patient services and therefore should not be funded through his route.

Action Point: *CT said he would be writing formally to the organisation stating the LMCs position.*

CT

PCT Agenda Items

PCT Administered Funds – CBP said that Buckinghamshire had taken a county wide view to share the risk in this area. Each PCT could identify with reasonable accuracy the demand on some of this fund for example, seniority. However, it was impossible to predict the rates for locum payments for sickness, maternity, adoptive and paternity leave. CT raised the issue concerning the employers 14% contribution for non-principals; he believed that this was also a call on the fund.

CF

Action Point: *CF said he would look into this.*

In summary, the Buckinghamshire PCTs were going to have a shared strategy over PCT managed funds, some of it in a global pot and some for their own administration depending on the predictability of the call upon the fund.

Quality & Outcome Framework Visits – CBP said that they had identified assessors and the training was going ahead and the programme for the autumn was being planned. CT pointed out that there was a statutory obligation to notify by July, the date that practices could expect their visit to take place. As well as the PCT having to plan, so did the practice have to plan. Because it might stop clinical activity in the practice for certain members of staff for up to a day which needed careful forward planning.

Enhanced Service Specs – Already discussed under item 6.

PCT Financial Position Update – CF reported that the PCT have a difficult situation. This was despite the fact that the 03/04 year had broken even because of two items of non-recurrent support. However, the potential deficit carried forward into the current financial year was £4.5 to £5 million. This was because of the political imperative to meet the secondary care waiting time targets. The plans to deal with the deficit were looking at demand management, looking at the service level agreement, making a 5% budget saving on support services. With regards to demand management, JF said that referral hub would be one such mechanism to be used as well as looking at the cost of cardiac care and chronic disease management. The Committee were unsure how the referral

hub would make significant savings but welcomed the report and thanked JF for his presentation.

Any Other Business

None.

Date of Next Meeting

Wednesday, 14 July 2004 at 1:30pm in the Committee Room, Manor House