
BUCKINGHAMSHIRE LOCAL MEDICAL COMMITTEE

Chairman
Dr Andy Sapsford
Rectory Meadow Surgery
School Lane
Amersham
Bucks
HP7 0HG

Tel: 01494 727711
Fax: 01494 431790
andrew.sapsford@nhs.net

Treasurer
Dr Graham Jackson
Whitehill Surgery
Oxford Road
Aylesbury
Bucks
HP19 8EN

Tel: 01296 432742
Fax: 01296 398774
graham.jackson@nhs.net

Secretary
Dr Paul Roblin
Secretariat of Berks, Bucks & Oxon LMCs
Mere House
Dedmere Road
Marlow
Bucks SL7 1PB

Tel: 01628 475727
Fax: 01628 481173 or 01628 474731
paul.roblin@bblmc.co.uk

Minutes of Vale of Aylesbury LRC/PCT Meeting

Wednesday 3rd May 2006

At Fairford Leys Surgery, Aylesbury

1.30 pm

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Minutes of Previous Meeting

The minutes of 8th March 2006 were agreed as a correct record of the meeting.

Referral Hub

It seems a wider range of clinical situations are being bounced, especially where a community optometrist sends the GP a letter and this is then passed on to the hospital as appropriate. They may have had Lyn Jenkins input but it is not clear what the alternative care pathways are. One practice had received 2 letters back in the last month.

JM reported she had checked these and the hub said that they were not bouncing optometry referrals, however the LOC had come in to look at the quality of the community optometrist referrals and there were 2 that had been queried and discussed with the optometrist.

GJ said that he has copied his letter to the Secretary of the LOC, but no response has been received from them.

If any more are received JM asked that she be informed.

It was asked if the hub can demonstrate value for money, what its overheads are and if it is delivering any savings.

Jeremy Newton and Lorraine Cooper are keeping statistics of throughput.

Current performance shows 20 cases in it and only one is older than a month and 3 more than 2 weeks, the urgents are all delivered by 2.30 the same day and the routines the next morning.

This is VoA throughput, not Wycombe or C&SB.

The absolute numbers of those pulled out are less than thought initially, due to different styles from GPs.

It was asked whether the hub will continue on the basis of these figures, although those for Wycombe and C&SB were not known.

The numbers of referrals have fallen by 4-5%.

The hub is something that the PCT see as essential to keep an eye on what is going in rather than react to what comes out in terms of bills and discharges.

JM to supply the name of the new manager of the hub, he is based in Wycombe which may cause problems, if practices wish they can contact JM who will take things up with the hub.

Action Point: JM to supply the name of the new manager of the hub

4 new DES

CBP is taking the lead for the new DES, it seems that all 3 PCTs now need to work together and this is causing a slow down.

There are meetings booking in when CPB returns from holiday.

It is important that Mid and South Bucks get the paperwork out to practices as quickly as has happened in other PCT areas, with a sheet to sign to indicate intention to provide.

There is also a discussion going on around how much will be in the ES budgets.

Practice Based Commissioning

Practices are expected to produce plans for PBC.

Dr Marshall has put forward a plan, but there were legal issues surrounding this in terms of the status of the organisation as it will have a provider and commissioning arm.

The 3 PCTs need to agree to fund this with the £200K and it needs to go to the Board.

It may be possible that the local agreement could be thrown out at this stage; although that was not the way they have worked in the past.

There is a fundamental willingness to support PBC and an acceptance that the DES is not enough. C&SB will use the template in the DES which is a list of tasks but the objectives are more complicated and target based.

The checklist that VoA are using for PBC, requests detailed financial predictions and as seen this is a big disincentive to get involved in PBC.

PCT needs PBC more than practices and it was asked why this was so onerous.

Poplar Grove have produced a plan and it was discussed at the Commissioning Board but was bounced to a sub meeting.

The plan is a forecast in the wind and this is something led by Jeremy Newton.
The checklist that makes up a plan is included in the DES and the description is similar to the DoH one which should not be used.
JM agreed to supply PHR with the answer.
JN and LW feel this is the most useful way forward but it was asked whether they knew enough about the DES.
There is not one model for all 3 PCTs.
It was asked how one person could control PBC plans when they did not have a dialogue with the LMC or constituent practices.
Practices will not be aware of the contents of the DES and know what the PCT can or cannot ask for.

Action Point: It was agreed that PHR and JN would liaise on this.

PCT Emails

IT is being worked on to reduce emails and there are restrictions on who can send group Emails.
It was essential that the email title was clear and short.

Action Point: The PCT to ensure that title of the email was short and clear.

Spending and Enhanced Services Budget

It was previously agreed that the floor would remain the same and the 50% underspend of £200K would be added to PBC only.
It would mean that the ES budget remains alone.

Health Park Update

The Mental Health Trust wanted to use the bottom part of Manor House, but have been told to think again about this as there is an empty hospital in Amersham.
At the moment everything has been put on hold.
PFI costs a lot to change and it was asked whether staff could be employed in Amersham rather than Aylesbury and an appraisal is happening currently.

QoF 05/06 end of year debrief

Every practice has been signed off only one had to have an extra piece of work done to ensure that the points had been earned, this practice still remains to be paid.
The points scored depended on the size of the practice.

Working with a new PCT

There is an amalgamation agenda which is not clear.

It is not sure whether it will be 3 PCTs into one or 4 into one, including Milton Keynes.

In the meantime there is the Bucks Alliance which is trying to keep the work going.

Paul Bennett, Chief Executive in Wycombe is leading on the LDP; he is the only substantive PCT Chief Executive but has not been nominated as the lead for the 3 PCTs.

There is a move to get the Executive Teams working together more than they have been, commissioning and finance have been working together and the provider arm are meeting the heads to plot a way forward, the Executive Team met for the first time and they plan to do this more frequently with a less frequent local meeting schedule.

C&SB have had a number of people leaving and are in more disarray than others.

There is a lot of rumour and emotional upset in PCTs.

There is a movement to have a structure in place and the TV want to know who the leads are.

The new organisation will have to look similar.

A lot of things were merged any way such as H&S, it is the other areas that will prove harder to change.

The LMC tried to re-organise too early in Berkshire.

It was felt there would still be a need to meet with local GPs and PCT decision makers and until the new organisation is formed the current format will continue.

There is a big PCT meeting in middle of May after which there will be one PEC meeting with clinicians getting more organised as one group.

The LMC will react to changes within the PCT.

It is likely that the new PCT will be based at Verney House as it has a 13 year lease remaining and has adequate car parking.

The other PCT buildings have shorter leases on them.

There will be small offices locally.

Primary Care Support Services

The lead manager has left, and decisions have been that would not have in the past.

The PCT put in the best systems they could to cover the day-to-day things.

It is the knowledge that has been lost that is a problem.

The PCT needs to take greater ownership of decisions in the future.

When there are problems, David Custerson is Chief Executive and Matthew Webb is the Director with responsibility for Bucks Shared Services and VoA is the host PCT.

PHR reported that 2 patients have been allocated to practices outside of their practice area and it seems to come from another PCT member of staff taking advice from BSS and the wrong advice was given.

Normally this advice would be given by Marjory Bryant at BSS.

No members of the LRC were aware officially that Steve Benjamin had left; VM reported that SB had emailed practices one month prior to his departure.

In the past SB would have telephoned the LMC and asked for a common sense and practical solution to the problem.

The Project Board have proposed that the PCSS will be sited in Reading in a year's time; however no firm decision has yet been reached on this.

It will be going to the Chief Executives in TV for a decision.

Local practices were happy with the service that was delivered locally in all counties.

PMs are worried about losing a resource that they have valued in the past, however it was felt that SB was this resource.

Date of Next Meeting – Wednesday 12th July 2006

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
	Blakeway-Phillips Clare	VoA PCT
*	McVea Jane	VoA PCT
	Lake-Stewart Lynda	VOA PCT
*	Robinson Graham	VoA PCT PEC Chair
	Lee Whitehead	VoA PCT Director of Commissioning

Apologies: Dr Beck
Clare Blakeway-Phillips