

**MINUTES OF THE OPEN MEETING OF
VALE OF AYLESBURY REFERENCE COMMITTEE
HELD ON WEDNESDAY 4 JUNE 2003
AT VERNEY HOUSE**

PRESENT: Drs Jackson, Lilley & Beck
Dr Christopher Tiarks & Jane Solomon
Jane McVey, Shaun Brogan, Chris William's & Clare Blakeway-Phillips

APOLOGIES: Dr Peacock
Dr Graham Robinson

ACTION

AYL 1/6/03 Minutes of March Meeting

The minutes of the March meeting were accepted.

Matters Arising

The PCT had discussed the issue of paying for GP advice and costs. The PCT have decided to fund this on a £40 per hour basis, CT said the success of this would be reflected by how many GPs would be prepared to work for this rate.

GPs in A&E - The PCT said as yet there is no data to report on. They said that Dr Trower and Hood were doing sessions, members of the Reference Committee said that GPs in A&E should only see patients who would normally present at general practice and it was important to define clearly what a GP should do in this capacity. CT reminded the PCT that there were medico-legal and indemnity issues that needed to be clarified.

Action Point: *The PCT to provide a job description.*

PCT

AYL 2/6/03 Stoke Mandeville Outpatient Waiting List Management

GJ said that the actual workload for this was in primary care. He said that there had been an increase in workload as a result of this initiative and in order to speed up appointments because patients were interrupting the 21 weeks wait in the letter, GPs were being phoned up and appointments were going up for patients trying to reduce this waiting and expedite their appointments. He said there was also an issue of literacy and whether or not patients who were illiterate could respond to this letter adequately. He said the response time of four days was not long enough before GPs were asked to chase up patients. JL said that the PCT should ask the statistics to show that this has had an improvement on the DNA rate, he said that the concerns needed to be fed back to the Trust

Action Point: *CBP to follow this up.*

CBP

AYL 3/6/03 Prescription for Triclofos

JM said that the referral was totally inappropriate and that she had written to Catherine Noon about it. GB said it should be noted that there as an increase in these referrals to prescribe.

JM

Action Point: JM to copy the LMC into the letter that she sent.

E-referrals

GJ reported on the workload implications for general practice of e-referrals. He also said that the Physio's had written to GPs saying they would not treat any patient unless they received an e-referral. He said this was not legal and that the PCT should look at this issue. He said it was taking them longer to make e-referrals and the process of getting patients onto the waiting list was taking longer as a result. CT said that GPs needed it to be demonstrated that e-referrals were effective. GJ added that all Buckingham GPs have turned of the system due to workload.

SB

Action Point: SB to follow this up.

CBP reported that Physio's had as a result of a surgery reported that they were suffering from GP bullying and verbal abuse. CT said that this was totally unacceptable and he would write a piece about it in the newsletter.

CT

Action Point: CT to write about GP Bullying in the next newsletter.

AYL 5/6/03 Practice Nurse Questionnaire

CBP said that Practice Nurses had decided to carry out this questionnaire and had combined it with a training needs assessment at the same time. GJ said the questionnaire had been sent to staff without going via their employers and that questionnaires such as these should be kept to a minimum. CT said that all questionnaires should come to the Reference Committee first before being sent to GPs in order to get GP endorsement of the questionnaire.

AYL 6/6/03 Recording Ethnic Status in Primary Care

CBP tabled a paper. JL said the LMC were not interested in participating in collecting ethnicity figure if there were no resources available. He said it needed to have epidemiological purposes, he said that Practice Managers had no statutory right to agree to make decisions for GPs.

Health Summit & Resulting Work Streams

JM tabled a paper entitled Health summit in which the decisions about controlling costs were set out, she said that some of the key principles was the control of primary care to a 11.5% upturn but that proposals would only reduce prescribing spent slowly. She said the only real savings would be on banning a specific drug entirely.

Point 15 of the paper was considered to be the most contentious, in which it stated that the Vale of Aylesbury ad identified a possible reserve of £335,000, which had been drawn from the In-house clinics budget to fund the overspend. The Reference Committee asked for

the names of the members of the Prescribing Committee and were dismayed to discover that there was no representative member of the GPs there. SB said that them PCT had to demonstrate to the TVHA that it was making a serious attempt to reduce spending on prescribing. The Committee pointed out that the political imperative impinged on the terms of service and delivering the quality agenda for GPs, they asked why GPs should pay penalties on arbitrary level so that the PCT could reach its targets. CT pointed out that it was necessary for the PCT to engage with primary care and to seek GP representatives on the Prescribing Committee.

Funding for Enhanced Services, IM&T & Primary Care Estate (GMS Contract)

CW said that the PCT had identified what this applied to in their budget, which was access, innovation, GPs with Special Interests, LDS and Demand Management. CW said the allocation for enhanced services had already been received and there was no additional money to come. There was a discussion about an additional £50 million, which was to be made available, CW said that as yet there had been no clarification on this. He said that IT funding was expected to come centrally but again had not had any clarification nor on funding for premises.

CW

Action Point: *CW to send the Committee a breakdown of the money and costs available for primary care.*

Prescribing Budget

JM said that the Prescribing Committee had met in February and agreed to the capitation budget. She said there was pressure on funding and consequences of not meeting the prescribing budget were high. She did add that any sanction or penalty placed on a practice that will not come in within budget shall be referred back to the Prescribing Committee, she said that expensive drugs in future would be treated on a indicative budget set for each practice. The budget would be set on last years spend with an uplift for the percentage of price rise. SB said the PCT was facing a deficit, he said the deficit across Buckinghamshire was £8 million, £5 million of which could be attributed to the overspend in Acute Trust. He said five workstreams have been agreed across Buckinghamshire with the Strategic Health Authority, each PCT taking a lead in one or other of the workstreams. The Workstreams are;

1. The rise in agency staff
2. Estates
3. Increase in Day cases
4. Reduction of management costs
5. Prescribing

He said that Aylesbury was the lead PCT for prescribing, he noted that there had been a rise nationally for prescribing of 13-15% but the rise of 11.5% would be expected to be held I Buckinghamshire. GB said that at least 40% of prescribing in primary care originated from secondary care.

Any Other Business

None

Date of Next Meeting

Wednesday, 30 July 2003 at 1pm in Room 1, Verney House.