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Minutes of Vale of Aylesbury LRC/PCT Meeting

On Wednesday 29th June 2005
At Board Room, Verney House
At 1.30 pm

CONTENTS

CTRL and Click to hyperlink

Minutes of Previous Meeting	1
Termination of Pregnancy	2
Waiting List Initiatives	2
IM&T Update	2
Choose and Book.....	3
New Enhanced Services – Level 4	3
QoF.....	3
Requests for Information from the PCT	3
PBC	4
PCT Reconfiguration.....	4
Community Matrons.....	4
Referral Support Centre.....	5
Health Visitor Consent for Immunisations.....	5
Diagnostic Centre	5
Harmoni.....	5
Date of Next Meeting	6

Minutes of Previous Meeting

The minutes of 27th April were agreed as a correct record of the meeting

Termination of Pregnancy

Transport details have still to be made public.

There is an issue with post operative care. When a patient suffers bleeding post procedure there needs to be guidelines for BPAS to follow. Currently they are telling patients to contact their GP for referral to the local gynaecological service.

The patient should be directed to A&E, OOH or Gynaecology directly.

The Contract needs to be revised to include pathways.

It was asked whether BPAS were offering further contraceptive advice.

They are asking the patients to see their GP 2 weeks following the procedure for follow up. Is this to discuss contraception as there is little else a GP can do at this stage?

Perhaps the letter could be reworded to get the patient to contact the GP for contraceptive advice.

Clarification and communication is needed on what service to expect.

Shirley Hayward will be asked to write to all GPs to get the service to work smoothly.

From start of July the initial consultation will restart at Brookside.

Medical TOPs are working well at Stoke Mandeville.

Waiting List Initiatives

This centres around patients who attend hospitals out of area for procedures and then experience problems. Patients are being told that post op problems are not covered by the hospital they had the procedure carried out at and to contact their local hospital. SMH are telling them it is not their problem either and that they need to get their GP to refer them back into the system for which there is a 17 week wait.

The duty of care stops once the patient has left the hospital.

Physiotherapy is also a problem.

Patient choice is also a factor. They may not want to travel large distances for follow up or advice on a wound.

The service could be commissioned to include a pre-op assessment, the procedure and then one follow up appointment. Perhaps the duty of care should include the period up to 14 days after the procedure too.

The problem arises if the GP does not know what to do and the patient cannot wait 17 weeks for follow up.

IM&T Update

Upgrades were necessary for choose and book.

How long do practices now have to wait if a piece of equipment fails?

When the managed service appears the system will be smoother. Currently it is ad hoc.

If a file server goes down, the practice either contacts EMIS or SCA, who will deal with this instantly, the PCT are not involved.

For any other equipment speak to KG or Lyn Colley. Equipment is being repaired quickly now, usually within 2 days.

The managed service will improve things. This will include an SLA with response times and the levels of stock.

Due to the size of the contract it has to go to European tender. Advertisements were put in the European Journal and over 50 responses were received, these have been reduced to 6. The main criteria applied are that they had NHS experience and GP involvement.

They will meet with the PCT to go through what is expected. They then have 40 days to put forward a proposal bid. The PCT will hopefully get this down to 2 and interview with a view to awarding the contract.

It is hoped to have it up and running by the end of the year.

The 'mission critical' will be placed with the supplier once the PCT are confident with them. It will remain with the PCT until then.

There is a minimum standard for everything. It is hoped to specify higher than this and Lyn is currently visiting practices going through an inventory of equipment.

If practices are expanding, they should remember to inform the PCT in advance, ideally at the start of the financial year, of what their needs will be.

It was agreed to put an item in the newsletter about this.

There will be an annual contract review visit, which is separate to QoF, and practices are encouraged to submit their future needs in this document.

The PCT have achieved 30% sign up for smart cards, however they are experiencing problems connecting with the network to register. The time limit has been extended by 2 weeks to allow PCTs to register.

It is a national problem.

Smart cards are all ready to be issued to GPs. Some of the keyboards will have the readers incorporated, others will have these separate.

If a GP loses their card, the PCT are working on a directive to ensure that it is replaced as quickly as possible.

GPs can now work at any PC, provided they take their card with them.

The new equipment will be in practices after the summer holidays.

Choose and Book

Will the referral hub be doing the booking?

Currently it looks as if it will be NHS Direct.

New Enhanced Services – Level 4

A paper has been received from Westongrove and will be going to the next Primary Care Development Group meeting.

QoF

The 5% PPV process has been put together across Thames Valley.

A paper will be circulated to all practices and then 2 names will be pulled out of the hat.

It was suggested that the system used in Berkshire and Oxfordshire be used, whereby the PCT allocates each practice with a number and then asks the LMC to come up with 2 numbers, thereby choosing the practices. They will also run the same system for Wycombe and Milton Keynes.

Westongrove's data cannot be validated, due to IT issues. They merged their database between 1st January and 31st March. There are 6 practices in the country with the same problem and they are now with the DOH and the PCT are not getting involved any further.

Requests for Information from the PCT

Information is being requested more frequently by the PCT. These requests are coming through to Practice Managers. It is causing a lot of work for practice staff.

It was suggested that all requests could go through the LMC who would verify what the PCT were proposing to do with the information.

There was also a question of patient identifiable information being requested in terms of NHS numbers. Patients should be informed that this information is being requested.

The question is why is the commissioning department not doing this and what is the information needed for? It would make GPs happier to provide this information.

It was agreed that all requests for information from the PCT go through CBP who would then pass it on to the LMC.

GPs want to help the PCT and supply what information they can but there is an issue of workload on practice staff.

Where possible the PCT get their information from QMAS, only information that cannot be got elsewhere is asked for from practices.

CW said that practices are very quick at responding to requests.

It was agreed the PCT would ask the LMC Secretariat to look at the information being requested and the PCT could then approach practices saying that the LMC have supported the request.

PBC

There is a PCT meeting with practices on 7th July.

Indicative budgets will be sent out soon.

Some of the suggested areas for work have been received from 2 practices.

The feeling of the Steering Group was that it was flat and technical and not clinical or interesting.

This seems to be a national feeling too.

Practices do not seem to have an idea of the next step or what to do.

It takes a practical example of what to do before anyone else will take part.

PCT Reconfiguration

Oxford will become one PCT by October 2005. Berks will become West and East and Bucks are hoping to work as one collaborative without Milton Keynes.

The press are talking about this happening by 1st April 2007.

Local staff are aware this may be happening, however nothing has been firmly decided yet.

The SHAs have to sort out the PCTs and will then cease to exist.

The view in Bucks is to have locality working.

Community Matrons

Practices are struggling to find work for her.

None of the patients are appropriate, they are non-recurrent. They have been in twice for different reasons.

The PCT can now go back and revise this.

If you ask GPs and DNs who the currently active 'at risk' people are they would be able to provide this.

It is hoped that with PBC the role of the Community Matron could change.

The PCT want feedback.

CBP will speak to Linda Lake Stewart.

The ones that are being appointed are looking at heart failure. It was asked whether this area could be covered by the heart failure specialist nurse at SMH, who also managed people at home and if the PCT appointments would be a duplication of workload.

The Community Matron position needs to be looked at further. It is an evolving role.

Referral Support Centre

There is talk that this will be reducing the number of referrals into secondary care.

They will be looking at referrals from GPs and others. They will be looking at 10 categories.

The idea is to come up with alternative ways of looking at referrals.

For example are referrals to T&O appropriate if it is a back with no sciatica and there is no mention of the patient having physio?

It is a matter of patient confidentiality. To do this the letter must be read in detail, and originally it was about extracting data. Patient consent will now be required.

There would be a need for a public meeting to discuss this issue.

It is currently only a concept.

Health Visitor Consent for Immunisations

HV have suddenly informed practices they will not be obtaining consent for baby immunisations from the parents.

There had been no consultation about this.

Brookside need to recall the child and GPs must insist that they continue to do this.

CW to talk with Viv Pink about this.

A consultation process needs to be established.

Who agreed to withdraw this consent? Was it the PCT or a HV Forum?

This has significant impact on GPs.

Diagnostic Centre

The new Diagnostic Centre will be operational from 8th August, and will be open for viewing the week before this.

The PCT have agreed with the 3 other PCTs to fund this, VOA will be contributing a minor share.

Harmoni

Is VOA taking any role in the monitoring?

C&SB are the lead PCT and the commissioning team liaises with other PCTs.

Tom Wilson has written a briefing paper about Harmoni and CPB agreed to send this to GPs with a copy to the LMC.

Date of Next Meeting

Wednesday 28th September 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
*	Blakeway-Phillips Clare	VoA PCT
	Brogan Shaun	VoA PCT Chief Executive
*	Robinson Graham	VoA PCT PEC Chair
*	Watkinson Carol	VoA PCT

In attendance: Kevin Garthwaite

Apologies were received from Drs Roblin and Quiney and Shaun Brogan