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Minutes of Vale of Aylesbury LRC/PCT Liaison Meeting

On Wednesday 12th July 2006, 1:30pm

At Verney House, Aylesbury

HP19 8ET

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Minutes of Previous Meeting

The minutes of 3rd May 2006 were agreed as a correct record of the meeting.

New PCT Structure

PR said that the intention was to meet locally with GPs and have a more formal structure with the PCT but until the new organisation was in place it would be difficult to organise.

The LMC also wanted assurance that the PCT would send the relevant people to these meetings.

CL explained the interim structure of the PCT.

Clare Blakeway Phillips is the lead Director for Primary Care which includes C&B.

Judith Dean is lead Director for commissioning and urgent care, PBC and is working closely with the 3 Collaboratives and is also the pick up lead for long term conditions.

Mat Nelligan is the lead Director for Contracting

Lee Whitehead is lead Director for Specialist Commissioning for Older People, Mental Health etc.

Caroline Langley is Acting Locality Director based at C&SB and is the link for all areas.

The Finance Department still work as separate departments..

The provider arm is working closely together and Linda Lake-Stewart is the lead on this.

Joan O'Grady is the lead for Public Health.

Kate Donnelly is in charge of Governance.

The main decision body is a Joint Executive Committee which was the old Commissioning Board; it includes all Directors, PEC Chairs and Chief Executives.

The PCTs are required to maintain their 3 separate Boards until the new organisation is in place.

There is a Joint Committee, chaired by Avril Davis, Chair of Aylesbury.

Action Point: CL to email a list of new Directors to the LRC.

CL to supply the LMC with details of how the PCT are currently functioning.

Enhanced Services

Drug Misuse: Aylesbury have not commissioned this as an ES, practices who have continued to provide this service may wish to give notice that they will cease to provide it now.

The LMC advice is that if a service is decommissioned, it will be to not be provided.

The PCT accepted this and have looked at associated risks that things will go back to secondary care and will cost more in the long term.

The details of the specifications will be with CBP by 24th July and will be sent to practices by the end of the month.

Practices may wish to build up an invest to save scheme through PBC to offer services that have been decommissioned. This was accepted by the LMC however there remains a hiatus between the decommissioning of the service and the new PBC scheme coming on line.

Minor Injury An assessment of an injury is accepted as part of core services, however when it comes to treating this, if it is not funded in primary care it will probably not take place.

Rural practices are disadvantaged by this, in Oxford a system has been drawn up to provide this at practices who are a specified distance from the hospital.

Action: PR to supply a copy of this to the PCT.

The PCT asked for any information relating to the implications of the decisions made.

The LMC advice to practice will be, if they feel they are doing the work for nothing, to document the volume of activity to use as evidence for alternative forms of payment.

In the current year there is a block contract with A&E next year it will be per case so it will cost the PCT more if patients are encouraged to attend A&E from next year.

The PCT currently have no data on what practices are doing locally, to make savings it would make sense to deliver it closer to the patient and at a cheaper price.

There is an element of cost in terms of nurses time to deliver this.

CL said that, there is pump priming money in PBC for this and she would be willing to visit practices to help them develop plans.

The PCT believed that the areas that have been decommissioned are the ones that will make the most sense, however the LMC felt that with Minor Injuries this could in the end cost more.

It was agreed that PR would write to CBP highlighting this.

ES will stop on 31st July, although the validity of the April letter had been raised.

The PCT have an outstanding deficit of £1m across GMS, however the PCT has received a 9% uplift to their budgets, GPs have had no pay rise for the second year and have been told to take an 8.5% cut in their base line, along with an 8% cut in ES, this equates to a total cut of 16.5%.

Phlebotomy: This is not a VoA issue.

The ICG has stated that this is not an ES in VoA no money was put into practices global sum when SMH refused to supply this in some areas it has been included.

PTL: This has already gone.

Chlamydia Screening: Practices have never had this in Aylesbury.

Neonatal Checks: Secondary care will be the provider if this is not done in primary care.

The PCT will inform the Chief Executive of BHT that if mothers are sent home early they have to provide arrangements to see them in the hospital or have a midwife trained to do this in the community.

Home deliveries will be treated the same, the midwife must be trained or they must go to hospital.

Deponeuroleptics: The majority are given through CPNs, but the financial deficit in Mental Health budgets will mean this may be transferred to primary care.

Currently the CPNs are saying that if the patient has no mental health problems they will not take them on to their caseload.

The PCT asked for feedback on this

Care Homes and Admissions Management: These are not relevant.

Musculoskeletal Care: This service should not be under ES and relates to C&SB LES.

Ultrasound: This service was provided by one practice in Denham.

Suture Removal: This was not commissioned in Aylesbury.

This service could be under threat unless the trade offs can be reinstated with the DNs.

Services that will be retained but will be amended

Anticoagulation level 4: This will affect 3 practices, Westongrove, Haddenham, Poplar Grove. Have they been given sufficient notice as it was felt the period should start now, not when it was a vague possibility in April.

It is planned that this service will be commissioned by PBC and it was felt that the service was being decommissioned.

It may be possible for the PCT to look at a phasing out of the provision and the new commissioning from PBC so no break in service occurs

Counselling: This means that the funding will now be managed by the Mental Health Commissioners, although there will be a reduction to the budget of 10%.

It is a re-labelling that it will no longer be an ES.

Letters will be coming out to practices shortly.

Practices who employ their own counsellors will be funded but at a reduced rate.

For 07-08 it may be cost efficient to provide counselling across the 3 PCT areas.

Smoking: It was felt this was not an ES; money came into the PCT and were passed straight out to practices.

Vasectomy: The GPsWI had resigned from general practice and the surgery had not put this out to tender, they had trained another GP, Andy Theobald, to provide this.

It was asked whether anyone else wanted to provide this in the area, when the 3 PCTs merge it may be that one provider is used.

Action Point: CW will take this back to Commissioning

District Nursing Services

A letter had been received from Jane Taptiklis withdrawing DN support to housebound patients if they were not on the DNs caseload.

This has happened historically as part of the trade off between DNs and PNs, if a unilateral withdrawal happens and this work falls on practices, the work that they are currently providing may need to be stopped such as leg ulcer work.

The PCT felt that a very small number of practices were requiring DNs to visit patients and take bloods as a separate visit and this was what they were trying to clarify

Reviewed referral criteria are needed but the LMC felt that they needed to step in before these criteria were written.

The feeling was that this letter was very confrontational to practices and it had upset DNs too. The LMC asked that they have sight of any future documents that are sent out so that there could be discussions at the LRC or county LMC.

Action Point: CL agreed to take this back to the PCTs along with the issue of communication.

Progress on Implementing new DES

Where there is staged aspiration payment, the LMC want to see these payments made. The PCT send out quarterly data collection forms for payments on ES and this has been amended to include all the new DES.

These returns will be checked with the lead from the PCT and if the plans have been received, practices will be paid.

CW agreed to send PR a copy of the process.

With the new DES quite a large part will not be payable this year, the PCT have not included the payments that will not be made during the year.

The PCT have to make the worst case scenario for accounting purposes.

At the end of the day, the worry is that GPs will not receive the money, it will go to the PCT's overspend. The underspend will not be known until the PCTs merge.

The PCT assured the LMC that the budget is not based on 100% achievement.

Action Point: CW to send PR a copy of the process

Update on PCT Deficit and Planned cuts in Services

A locum orthopaedic referral was returned to the GP saying a community podiatry referral was needed, however GPs are currently not able to make these for adults as the service say they cannot accept them.

From 07 GPs will not be able to refer to speech and language therapy services.

PR asked that if practices found areas where they could not refer to, they told him so that he could pass this on to the PCT.

GB agreed to contact the service and see if referrals could be made to the Podiatry service.

Action Point: The PCT agreed to seek clarification on the speech and language therapy service and pass this on to PR.

Primary Care Support Services

Currently the service will remain in Aylesbury for a year and it will then be looked at again.

Currently it is being run by Marjorie Bryant however she is retiring in September and it is planned to bring in a manager on secondment, to liaise with the TVPCA.

The vacancy has been through the Vacancy Control Committee but a decision was not reached so needs to go through again.

There are known issues where the service has dropped off since Steve Benjamin has left.

It was accepted that it would be impossible to replace the knowledge and experience easily

Communication

JS asked that anything sent to the office should be sent to both PR and JS.

Date of Next Meeting – Wednesday 11th October 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
	Lake-Stewart Lynda	VOA PCT
	Robinson Graham	VOA PCT PEC Chair
	Watkinson Carol	VoA PCT
	Lee Whitehead	VoA PCT Director of Commissioning

Apologies: Clare Blakeway-Phillips, Graham Robinson and Lee Whitehead

In Attendance: Caroline Langley, C&SB PCT