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# BUCKINGHAMSHIRE LOCAL MEDICAL COMMITTEE

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## Minutes of Vale of Aylesbury LRC/PCT Meeting

On Wednesday 28<sup>th</sup> September 2005

At Committee Room, Manor House

At 1.30 pm

### CONTENTS

#### **CTRL and Click to hyperlink**

Minutes of Previous Meeting (29 <sup>th</sup> June) .....	1
Choose and Book.....	2
Community Matrons.....	2
Recovery Plan.....	2
Practice Based Commissioning .....	3
Musculoskeletal Service Redesign .....	3
PCT Reconfiguration.....	3
New Baby Checks .....	4
Proposal for Quality Payment for Dispensing Practises.....	4
Rollover of Last Year's ES Under-spend.....	4
Manor House Rebuild.....	5
Date of Next Meeting Wednesday 30 <sup>th</sup> November 2005.....	5

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### Minutes of Previous Meeting (29<sup>th</sup> June)

The minutes of 29<sup>th</sup> June were agreed as a correct record of the meeting.

## Choose and Book

TP felt the current system was far from what was originally proposed.  
It had been agreed that the choose part would be done in the Referral Hub  
Now there is pressure for this to be done in surgery.

GR reported that this change followed a national directive.  
Agreed the electronic system is not compatible with Hub referral diversion.  
A sensible local decision seems to have been overridden by a nationally imposed system.  
LRC urged the PCT to resist this if it could.  
System cannot take sensible steps to live within budget if hospital referral has been initiated electronically prior to triage.

## Community Matrons

LRC felt they appear to be struggling to find work and their role is not clearly defined.  
PCT explained that they will all be in post by October and will probably take some time to settle in.  
There will be 2 dealing with COPD, 2 with heart failure and one with diabetes; there will also be one general one.  
The PCT have been given national targets for Community Matrons.  
Their roles will be adapted to local need.  
The matron concept is designed to reduce hospital admissions but how it will achieve this at the moment is hard to see.

**Action Point: PCT will advertise the fact that not all matrons are in post, give a date when they will be and outline their specialities.**

**Gail Tucker is the Project Manager for this and could produce this flier.**

## Recovery Plan

LLS spoke to this.  
Currently there is a deficit of £10m and there is pressure from the SHA and DoH to reduce this.  
The SHA have agreed to underwrite a £4m deficit which leaves a £6m problem.  
A Recovery Plan was submitted but has been rejected.  
Reduction in the pay bill is a major issue.  
It is hoped to protect the community hospitals, Rayners Hedge, District Nurses and OOHs as much as possible.

The co-location project is looking at the reduction in referrals to hospital.  
Co-location involves both OOHs and A&E (in hours)  
Hope to have GP sessions in A&E from either 2-8 or 12.30-6.30.  
Harmoni will move to a facility on site and allow them to see patients and support OOH in A&E.  
If patients received a triage and went away, coupled with a 5% reduction on emergency day bed admissions £1.5m of savings would be delivered.

The other arm is assessment of elective activity going into the Trust.  
8K new referrals come in a month and the aim is to reduce this to 6K over the next few weeks.  
The Musculoskeletal service is currently being re-engineered.  
In time Ophthalmology, Dermatology and Plastics will be looked at in the same way.  
Any change to the way things are done needs up front investment.

Bucks Hospital Trust is doing more activity than the commissioners can afford.  
The system has lost waiting lists as a means of controlling unaffordable referral volumes  
The target system means received referrals need to be followed through.

If hospitals work to contract PCTs and GPs will be subject to a quota system.  
Commissioners, GPs and secondary care providers need to work together to get the best out of the budget available.

GPsWI may not solve the problem if they start to see unmet need  
Alternatives to hospital referral are needed within primary care.

### **Practice Based Commissioning**

Local GPs are finding it difficult to enthuse about PBC.  
The PCT are being told that they are behind targets.  
LRC felt the need for different care pathways needs to be sold to GPs.  
Currently Musculoskeletal redesign feels like an imposed solution.

The concept of living within budget is worrying to Practices  
The problem is the need for the GP to refer as appropriate rather than in budget.  
An item has been put in the PCT Newsletter and PHR asked that he receive a copy of this.

### **Musculoskeletal Service Redesign**

This is a new concept for GPs and has produced some polarisation of GP view.  
Some GPs sympathise with the aim of obtaining maximum care within budget but others feel that the current proposal it puts them at medico-legal risk and would not accept it.

PCT felt something similar had been happening on a paper basis already, especially for orthopaedic backs.

The way of managing demand is not new, especially in other parts of the country.  
Surprisingly to the LRC the PCT felt they had received minimal feedback on this proposal.

Many GPs and practices are not budgetary conscious at the moment.  
They are unaware that a budget exists or cannot be increased or spent twice.  
LRC felt that the proposal needed to be sold to GPs.  
Locally LLS and GR are visiting practices individually to discuss things in greater detail.

LRC felt that if the referral is sent down the wrong pathway, then the referral must subsequently be redirected without going back to the GP.

PCT confirmed that the triage is of paper.

If GPs did not use the referral template PCT asked that the same information be incorporated in a letter. This makes triaging easier.

The scoring system needed some explanation as GPs were not familiar with it.

### **PCT Reconfiguration**

Likely that VoA, CSB and Wycombe will become one PCT.

Full merger with MK is a vague rumour at this stage.

An away morning is being held on Friday morning prior to suggestions being submitted to the SHA

SHA proposals will then be sent to DoH for 6 weeks assessment of the proposals against their criteria  
Merger proposal then goes to public consultation (probably 3 months).  
It is anticipated nothing will have happened by 1<sup>st</sup> April 2006.  
There will be no provider changes until 2008.  
It is important that the locality perspective is retained although no details as yet.  
PCT newsletter will keep GPs up to date on this.  
There are benefits to co-terminosity with the County Council.

### **New Baby Checks**

LRC felt PCT appeared to be under the impression that GPs only did neonatal checks for home deliveries.  
The real issue is GPs are having to do them because they are sometimes not done prior to discharge from hospital.  
GPs are still being asked to provide the service and not being paid  
Neonatal checks are not part of essential or additional services.

PCT felt Hospital Trusts should be doing the work that they are paid for  
CBP said that the PCT were happy to develop an ES for a small volume of overflow checks.  
PHR said that Oxford City and MK had written a LES and these specifications could be used.  
PHR suggested that the PCT could take the cost of the LES off the funding for the maternity unit at the end of the year or the PCT would be paying for the work twice.

### **Proposal for Quality Payment for Dispensing Practices**

Recent changes to drug reimbursement provide perverse incentives for dispensing practices to switch patients from generics to branded products  
The PCT propose some financial compensation to encourage practices not to behave this way.  
LRC felt this was an Invest to Save Scheme and that funding should not come from ES but the Prescribing Budget.

### **Rollover of Last Year's ES Under-spend**

LRC asked for clarification of Horn Street adjustment.  
CBP will provide this.  
Provided latter was acceptable for inclusion in the floor the LMC would issue a letter of grant to roll the under-spend over; if it was not it would be taken off and the figure adjusted accordingly.  
LRC felt every line on any ES table must be a legitimate ES, conforming to the Implementation Guidance 2003  
The PCT are developing specifications to try and use up the over-spend  
They will be issued shortly.

## **Manor House Rebuild**

PCT explained proposed Health Park.

A letter was originally sent to practices in Aylesbury but no response received.

This letter has now been re-sent.

Since the PCG days there had been talk of having one community facility in Aylesbury.

Discussions are now taking place on how this may happen.

Letters have been sent to practices in Aylesbury asking for suggestions.

Poplar Grove is looking to develop and expand and are looking to combine new facilities with this growth.

A lot of the estate owned by the PCT is unsafe.

This is an opportunity to get rid of it and concentrate on health care rather than maintenance of old buildings

The proposal is to build a new purpose built building that will include social services and other bodies.

It is hoped to develop this as a public/private relationship.

The PCT have approached the DoH about this and the hope to become a pilot for such things.

GJ felt the LMC needed to be involved in this as it is a major redesign for Aylesbury.

Will the proposed PCT mergers interfere with this project?

C&SB are planning a Health Zone in Chesham and it is proposed that VoA PCT will contact them and discuss how a joint procurement process can be undertaken.

Something similar is planned for Buckingham.

It was asked that CBP send PHR a copy of the PHR proposal

**Date of Next Meeting Wednesday 30<sup>th</sup> November 2005**

<b>Present</b>	<b>Name</b>	<b>Organisation</b>
	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
*	Lake-Stewart Lynda	VoA PCT
*	Robinson Graham	VoA PCT PEC Chair
	Watkinson Carol	VoA PCT
*	Whitehead Lee	VoA PCT Director of Commissioning

Apologies: Dr Lilley & Jane Solomon