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MINUTES OF BUCKINGHAMSHIRE COUNTY LMC MEETING Friday, 25th June 2010 The Fairford Leys Surgery, Aylesbury, HP19 8GG

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Dr Sapsford reported the untimely death of Dr Andy Hobbs, a Partner in Dr North's practice and also a trainer. On behalf of the LMC AS had sent his widow some flowers.

Guest Item: Commissioning Enablement Service (CES)

Deene Barrett and Alan Bonfield attended for this item.

TK went through the presentation.

PCTs require patient identifiable patient data from GP systems to improve commissioning decisions.

All 9 SC SHA PCTs are working together on this.

They have naturally split into 2 groups, the SHIP cluster which is Southampton, Isle of Wight and Portsmouth and the MOBBB cluster being Milton Keynes, Oxford, Berks East, Berks West and Bucks.

ACG (Adjusted Clinical Groups) will produce a risk assessment for every patient to help guide preventative interventions.

Discussions have taken place with Wessex LMC to ensure that GPs understand what is happening with this piece of work.

The main question asked concerns the clinical governance that is applied to the data that is extracted by the modules devised by the partner company Tribal.

At the start of the CES, it was made clear that no talks would take place with Tribal without sufficient information governance assurances in place.

TK Chairs the Information Governance Group which has been looking at this.

Patient identified data is preferred but much will be pseudonymised which is in effect half way to making the data identifiable (possible but difficult).

The question is whether this is good enough? Human errors occur; is it good enough to use a system which will permit occasional mistakes?

PHR would be influenced by the degree to which the patient would come to harm if their information was disclosed.

Nationally there has been concern about confidentiality and patients opting in without expressed consent to the Summary Care Record.

There have been concerns that 250K people would be given access to this spine.

It is known that cards are shared within departments and left in machines in public places, for anyone to access or change the data.

At QoF PPV visits a GP is now part of the team who looks at patient records because of confidentiality issues.

TK said that at the moment, there was no intention to seek individual patient permission to extract CES data.

DB said that Tribal was planning a series of web based training sessions over the summer.

GPs felt that not everyone wants to undertake web based training.

It was recognised that explanatory meetings must be held to introduce the system to GPs, and web based training explained at these meetings.

The idea is that the pseudonymised data will be received by practices who will then have to unlock it.

AB was asked if a legal opinion had been sought on the confidentiality issue.

The National Information Governance Board could be contacted.

If a national group sanctions the data governance then there is an (“acceptable risk”) then GPs might be more willing to accept the initiative.

GB suggested that the Health Oversight and Scrutiny Committee could also be another good group to contact for advice.

In Bucks it is the PBC Consortia Leads who would be leading on this project. It was suggested that TK could talk to Annet Gamell or Johnny Marshall to get the names of the leads or alternatively talk to Jeremy Newton.

LMC asked if practices would be funded for the work they did.

Currently it was not expected that practices would be funded.

LMC said that if it was not funded it was not expected that practices would do the work.

Minutes of Previous Meeting on 23.4.10

The minutes of 23rd April 2010 were agreed as a correct record of the meeting.

Matters Arising

Responsible Officer Role

The email (19/5/10) from EM-S was included in the papers for the meeting.

This announced the appointment of Dr Geoff Payne to the post of Medical Director and stated that part of his role will be “overseeing the new processes for revalidation of doctors that the GMC is introducing”.

There was no mention of revalidation or Responsible Officer in the original job description.

The LMC had written to the PCT voicing its concern at this (9.4.10) but EM-S had replied by email saying that it would be sorted out later.

In many PCTs the Responsible Officer role is not the same as the Medical Director.

The revalidation process has slowed down following BMA objections and Coalition Government concerns, so it may be put in abeyance for the time being.

LMC believed the Medical Director post to be a permanent appointment not fixed term.

The LMC had also raised the issue of using ROs from other PCTs to ensure fairness.

LMC must be vigilant that the process and decisions are fair.

GB felt that:

- national policy is that the Responsible Officer must not have a direct management role with the person who is being revalidated.
- the person holding the post of RO must be a practising GP.

PHR agreed to check these points.

Action Point: To put this item on the Liaison Committee Agenda.

Revalidation and Appraisal in South Bucks

The BMA has raised concerns about the current revalidation model.

It is considered too labour intensive and likely to produce too big a diversion from patient care.

It should demonstrate that a doctor is safe and fit to practise as a doctor.

GPs do have the opportunity to ask for a second Responsible Office to revalidate them if there are difficulties such as personality issues.

Locally there is an issue in South Bucks, as the appraisal team is insisting that the only toolkit that can be used is “Revalidation Plus”.

Not all previously used documents are coming across from the appraisal toolkit website.

RM-S said that the problem with transferring data was caused by the Data Protection Act.

They can be transferred by individual GPs but the quality is poor.

This software **may not be adopted nationally**, yet there is pressure being put on appraisers to only appraise those who have used Revalidation Plus.

However, it seems that the use of Revalidation Plus now prevents Bucks GPs taking part in revalidation pilot.

GB has checked with the GP Training Sub-Committee; there is no requirement for a GP to use an electronic format. GPs can be appraised if they submit their papers manually.

It was agreed to ask Marion Lynch to attend the Liaison Meeting (7.7.10) to discuss the situation.

**Action Point: To ask Marion Lynch to attend the Liaison Meeting.
To put Revalidation on the Liaison Committee Agenda.**

Investment of BBOLMC Pensions Money (accrual for section 75 debt)

AS reported that the Secretariat Treasurer had invested this in an account paying approximately 1%.

SCR

This figured highly at LMC Conference and will now be discussed at the BMA ARM.

Just before Conference, Laurence Buckman received a letter from Health Minister Simon Burns which he read out before the SCR debate.

It noted the debate planned for 11.6.10, and proposed discussions with the BMA on SCR processes including the mechanism for patient opt in/out.

The joint BMA/NHSE statement on SCR rollout (4.5.10) suspended uploading of any SCR from practices until "practice and PCT agree that patients have been adequately informed and enabled to opt out should they wish".

The problem is that some PCTs and practices will have done a lot of work already in anticipation of SCR proceeding.

Action Point: PHR to seek GPC clarification that SCR has been suspended.

Choose and Book

LMC believes this remains a PCT Target but in South Bucks the LES had not been commissioned for the current year.

Aylesbury Vacancy

PHR said he had asked Pauline Green to advertise all TV rep vacancies to practices. This was done on 14.5.10. Some (but not all) members had not seen the adverts; it may be that there are cascading issues in some practices.

GJ reported that Rodger Dickson (RD) a Partner in a PMS practice in Winslow (Norden House) was interested in attending the LMC.

In between the 4 yearly elections, the LMC constitution allows the Committee to invite reps to fill vacancies.

It was agreed that PHR should write directly to RD asking him if he was interested in being co-opted to the Committee.

JB said that similarly Dr Mahendran had indicated he was willing to attend the LMC meetings in Milton Keynes. PHR will write to him also.

Action Point: PHR to invite Drs Dickson and Mahendran to join Bucks LMC and their respective LRCs.

GPC Sessional GPs Report June 2010

See http://www.bma.org.uk/representation/branch_committees/general_prac/sessionalgpsreport.jsp

The term “Sessional GP” refers to both salaried and freelance locum GPs. Nationally, Sessional GPs had threatened to break away from the BMA/GPC. The report of the Working Group looks at the issues and proposes solutions. The feeling is that systems should encourage Sessional GPs to be more involved with the LMC and GPC.

PHR asked how Bucks LMC should encourage engagement with Sessional GPs.

Should there be separate constituencies for Sessional GPs?

PHR said he could not remember there ever being a vote for a LMC rep position in his time in post.

It seems there are never enough applicants to fill all posts.

This may change with the implementation of the TVPCA initiative to establish email links with Sessional GPs.

PHR’s personal preference was to stick with geographic representation.

Sessional GPs could stand in the locality in which they either lived or did the largest proportion of their work.

GB felt that initially it may be better if sessionals had their own constituency.

Meeting agreed that using the new communications system, LMC could ask sessionals for their views and preferences.

LMC meeting attendance attracts a payment of £120; it may be that a Sessional doctor who has to travel may not consider this enough as they could be doing a 3 hour surgery and earning £225.

MK PCT holds a database of all GPs, which should include the details of the Sessional GPs.

It was suggested that Sharon Shepherd from the appraisal team may be able to supply a list of the email addresses of Sessional GPs in Bucks.

It was agreed to take this further at the imminent Liaison Meetings.

Action Point: To put on the Liaison Committee agendas.

Dashboards

Government policy on World Class Commissioning requires PCTs to develop scorecards of practices.

The BMA guidance seems to recognise this trend as inevitable.

See <http://www.bbolmc.co.uk/imprgpserv.pdf>

PHR explained that there have been various meetings over the last 6 months on the Bucks PCT indicators, which are currently far from being in usable form.

GB questioned the list of indicators.

Why include Chlamydia screening in Bucks when practices do not do this?

Jane O’Grady has said that in Bucks 10.8% were screened with no input from practices other than putting the test kits available at the front desk.

This is compared to other areas where £900K has been spent to commission a service where only 10.9% were screened.

This should not be an item on a balanced scorecard as it not being commissioned in Bucks.

It was suggested that the GPC should produce a national model that PCTs could use.

PMS Review

Each PMS practice has received a visit from the PCT.

Many seem perturbed by the potential drop in income to a £/pt contract sum similar to that of GMS practices with MPIG.

Unfortunately it will be difficult for PMS practices to resist this unless they deliver services over and above normal GMS.

Meeting agreed that PMS GPs are members of the LMC and must feel supported.

PHR will provide support, information, guidance and contract expertise.

Concern expressed that any money saved by reducing PMS contract sums would not go back into general practice but would fund the PCT deficit.

One way it could be used would be to pay for a further LES for C&B.

If PMS practices wanted additional GPC help, it was suggested Peter Holden be asked to attend a meeting.

LMC Conference

AS and JB had attended along with GB from the Agenda Committee and PHR who was a representative from another LMC.

AS felt that overall, the Conference was less lively than it had been in previous years.

There was more acceptance that cuts were coming, but the general consensus was not to leave it to the GP to inform the public.

It is traditional to have a vote of no confidence in the Secretary of State for Health but this did not happen this year as he had not spoken before the start of the Conference.

OOHs was debated and agreed that GPs should be involved in commissioning the service but not being the provider of last resort.

Coalition Health Policy

PHR had provided a list of high level coalition objectives from the health section of the Coalition Programme "Freedom, Fairness Responsibility".

A White or Green paper is expected out shortly (it is understood that the planned date of 5th July has been extended).

GPs undertake Commissioning: will this be voluntary or mandatory and will it be adequately funded? Government still seems to want to abolish practice boundaries.

Statement of intent to re-negotiate the GP contract, but it is not known what this might entail.

Foreign doctors will be stopped from working in the UK until they have passed robust language and competency testing.

JB informed the Committee that MKDOC has now merged and is known as MK Urgent Care Services.

Federation of Practices

GB presented this item

Bucks held a meeting about an Integrated Care Organisation (ICO) last Wednesday. There was representation from the Nuffield Trust and a Chief Executive from a Northampton organisation.

GB was surprised that forming an ICO as the way forward seemed a given. One organisation which will have a controlling say on how people work, refer etc.

Johnny Marshall and Annet Gamell are leading on this. The PCT has also seconded a person to manage the initiative. It is expected to have this up and running by 20 months' time. Representatives from practices had been asked to get involved.

GB predicted that if this goes ahead, the traditional way of working for a GP will go. Practices will be managed by a Board who will incentivise and control their ways of working.

Action Point: To discuss this at the Liaison Committee.

What Should be Cut in a Recession?

GB spoke to this. Consultants were told in a February email what they could not do under their reduced budget. Cuts included hip replacements and knee arthroscopies.

Meeting felt that if the PCT did not want to purchase certain activity, they should go public on this, rather than go through the Low Priorities Panel (view that the latter always says no in the end anyway).

Should the NHS consider limiting the use of Statins in the over 80s? There was no evidence it helped and patients generally wanted quality rather than length of life at this age.

PHR said that in the past Bucks and MK Priorities Forum had made it obvious that the LMC would not be welcome on the forum. This contrasts with attitudes elsewhere in the TV, and had prevented LMC from giving the GP view.

End of Life Care and DN Numbers

This had come up because of the Dashboard.

GPs have difficulty contacting their DNs.

GB reported that she had attended a patient who was extremely close to end of life only to find that she was being measured for a wheelchair which the relatives had asked for.

If they had consulted with her she could have told them that she only had a matter of a few days at most to live.

Action Point: To put on the Liaison Committee agenda.

SHA Immunisation Guidelines

The SHA has produced a Child Immunisation Policy Document without involving LMCs

Both BBOLMC and Wessex have complained.

PHR thought the SHA had learnt a consultation lesson after the DNACPR issue, but apparently not.

The document has contentious areas:

- Target of 95% coverage (WHO), possibly via a LES.
- Certificates of competency (another example of “Diplomatosis”).
- Each practice having an Immunisation Champion, ensuring 95% uptake.
- That clinics having a minimum of two staff should be mandatory.
- Opt out forms when a parent refuses vaccination of their child.
- Mandatory vaccinator study day every 3y.

The document describes things which are public health aspirations but not contractual obligations.

No reference is made to the GP contract regulations or the Immunisation section of the DES Directions.

Reports that the document was sent to PMs who assumed it was gospel and started to work to it.

PHR has raised this directly with John Newton (SHA Director of Public Health) and a meeting is planned for early July.

It was agreed that an email be sent from PHR to all PMs highlighting that this was in fact public health aspirations not general practice contract obligations.

The quality of the GP input to these documents was questioned.

Reps speculated that the problem is that the SHA is using PEC Chairs/members for advice and Committee input.

They look at things differently to LMC and through workload give insufficient attention to detail.

SHA should involve LMC more.

Action Point: PHR to write to all PMs regarding this document.

GPC Letter re Contract Uplift June 2010

Chris Finlan wrote to GPs on 8/6/10.

See <http://www.bbolmc.co.uk/implgmsupllett0610.pdf>

A 0.41% uplift is being offered to GSE and DESs with encouragement to use the same % for PMS and LESs.

WB PCT has said that it will apply the 0.41% uplift to all its LES and PMS contract sums.

Levy and LMC rep issues from BBOLMC Board

BBOLMC Board has discussed what should be done if a rep did not turn up to meetings for a long time and suggested County LMCs should consider an annual table of meeting attendance and selective requests to step down.

Bucks LMC today agreed that:

- if there was long term sickness it was felt it would be acceptable to have a deputy for the length of the illness and take legitimate absence into account.
- Each year, the Bucks Chair and Secretary will analyse the attendance rates, followed in selected cases by personal contact to understand the reasons and seek a solution (possibly asking them to either stand down or start attending).
- A minimum attendance of 50% is expected.
- Contribution to email dialogue will form part of the assessment of involvement.

JB said in MK it was felt more important to have representation at the local LRC meeting rather than the full County meeting at which attendance would be reduced.

Cases should be looked at individually.

Action Point: At the beginning of each year, PHR will compile a list of attendances in the previous year.

PHR and AS will discuss who needs a personal call.

Cytology Audit

Practices had received a request with 5 days notice to conduct a lengthy audit of women who had had hysterectomies.

GB said that in her practice it had necessitated 14 hours overtime.

QoF

PHR asked if there were any problems with the patient survey results and whether anyone was intending to appeal. No obvious early issues reported.

NC said that his practice would not be appealing as they had spent a considerable amount of time last year on an appeal only to have it rejected for reasons that were predictable in advance but not communicated.

Meeting noted that the Government intends to withdraw the 48 hour GP target.

Will these points be removed from QOF?

Notional Rent

NC reported that his practice had been given a 2% rent reimbursement cut in November but had appealed successfully.

Their surveyor had worked on a no win no fee basis and the outcome was that they had been awarded a 5% uplift.

He commended the appeal procedure to other practices and said he would be willing to supply the LMC with the name of the company he had used.

Action Point: PHR to advertise the news and to hold surveyor information for all practices to access when needed.

Date of Next Meeting – 17th September 2010

The meeting started at 2pm and closed at 4.10 pm.

DRAFT

Present	Name	Organisation
*	Beck, Gill	VoA LMC
*	Birchall, Carol	LMC Minute Secretary
*	Bradley, Julian	Milton Keynes LMC
	Buttar, Prit	GPC Rep
	Carter, Ron	Milton Keynes LMC
*	Cowland, Nick	Wycombe LMC
	Derry, John	TVPCA
	Frost, Anne-Marie	Milton Keynes PCT
	Gamell, Annet	Wycombe LMC
	Hicks, Nicholas	Milton Keynes PCT
*	Howcutt, Mark	VoA LMC
*	Jackson, Graham	VoA LMC
	Kenny, Tina	Milton Keynes PCT
	Langley, Caroline	Bucks PCT
	Macalister-Smith, Ed	Bucks PCT
*	Mallard-Smith, Rebecca	C&SB LMC
	Marshall, Johnnie	PBC Lead
	North, Christopher	Wycombe LMC
	Payne, Geoff	Bucks PCT
*	Peacock, Tim	VoA LMC
*	Roblin, Paul	LMC Chief Executive
Chair*	Sapsford, Andy	C&SB LMC
*	Thompson, Simon	C&SB LMC
	Thorpe, Penny	TVPCA

Apologies: Drs Derry, Gamell, North and Payne

In Attendance: Deene Barrett and Alan Bonfield

Date of Future Meetings:
12.11.2010