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MINUTES OF MILTON KEYNES LRC/PCT LAISION MEETING
Friday, 2nd July 2010
Room 1, Sherwood House, MK PCT MK3 6RT

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GMP introduced Heather Wicks to the Committee. She will be covering for Diane Gray's absence for a year or more. Her role is Director of Strategy and Planning and she will be working with Urgent Care.

Minutes of Previous Meeting (7.5.10)

The amended minutes of 7th May 2010 were agreed as a correct record of the meeting.

Matters Arising

There were no matters arising from 7.5.10.

Summary Care Record Practice Agreement

JB had forward to PHR the Memorandum of Understanding relating to the SCR.
PHR had been surprised to receive this as he was under the impression that there was a national embargo on SCR.
MB said that MK PCT was continuing to work on the SCR as were other PCTs eg Andy Ferrari was in a position to start the uploads in Berkshire in August.
PHR said that he was unaware of this and would be following this up.

LMC felt that the consent model might change from opt-out to opt-in, rendering the recent MK PIP (Public Information Programme) redundant.
Many GPs would be more comfortable with this.
The GPC agreed to trial the opt-out model solely for first wave SCR pilots not the "closely following" PCTs (eg MK) offered financial inducement to go ahead with a PIP.

PHR did not want this document to be sent to practices to sign up to without the LMC having the opportunity to comment on it and give guidance to practices.
GMP viewed the current work on the practice agreement as early work within the PCT SCR Board. It has not been ratified by the SCR Board and LMC would be made aware of anything that was being sent out to practices.

MB reassured PHR that the copy he had received was an early draft of the document and not one that practices would be asked to sign.

PHR asked what the PCT were doing in terms of funding the practices for the work that would result from signing up to the agreement.
The PCT felt that this was something that the SCR Board would need to consider.

PHR and JB stressed to the PCT that the SCR was a contentious issue and documentation should be seen by the LMC.

Action Point: MK PCT and LMC to work together on SCR issues.
PHR to follow up the report that Berkshire would be starting uploads in August.

Whole Systems Review Group

JB asked if this still existed.
HW said that there is a System Reform Group.
There is a Strategic Delivery Board that wants to extend engagement with the local community and the public on the future design of urgent care in MK.
This will be more than single point of access to the hospital, which will continue, and will involve work on more care in the community and admissions avoidance.
The aim is to look at what urgent care services will look like long term.

PHR informed the Committee that JB had been given the LMC remit to look after urgent care and it was agreed that HW and JB would talk about this.

Action Point: HW and JB to discuss urgent care.

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Accuracy of EDS (Emergency Discharge Lists) email lists:

John Parnell has emailed the PCT about the inaccuracy of email address lists for the Electronic Discharge Summaries.
It currently contains addresses for practitioners who have retired.
LMC supported his view that the PCT should have a reliable system for keeping these up to date.
AMF agreed and is trying to ensure this happens for listings of all types of GP.

JP said that there had been a PM meeting and someone had complained that personal email addresses had been given to patients by the PCT in relation to complaints.
GMP asked that the details be sent to her.

Communicating with Sessional GPs using PCT databases

PHR said that he was trying to develop an email list of addresses of Sessional GPs via the TVPCA. However, if MK PCT held such a list he would be very grateful if he could be allowed to use it to communicate with them regarding the currently low membership of the LMC.

The PCT agreed in principle to let PHR have access to these lists but it would need to be passed through the Governance lead, Graham Ball. PHR agreed that he would liaise with GB as he recognised that there were implications under the DPA.

Copying PHR into Important Documents and Communications with Practices

PHR felt that there were many departments with the PCT which communicated with practices, not just Primary Care Commissioning.
However, the agreement that LMC would be copied into any communications with practices seemed not to be recognised or acted upon by them.

PHR cited the recent Nathalie Tihon email of 18.06.10 about Childhood Immunisation. This was sent to all PMs and PNs but not GP contract holders. Neither PHR nor A-MF were copied into the email.
PHR speculated that the PCT initiative followed the publication of a contentious SHA document on the issue that both SC LMCs have complained about.
The SHA document imposes higher coverage targets (WHO) on contract holders. Practices and PCT needed to know that this objective was not contractual, yet LMC was not copied in and alerted to the need to give advice to practices.

Action Point: PHR to liaise with Graham Ball regarding access to PCT email lists and communication with Sessional GPs.
TF to send GMP the details of where personal email addresses had been supplied by the PCT to patients.

Violent Patient Service Contract

PHR asked if the problems with this contract were now resolved.
A-MF reported that the service is continuing but the contract still needs to be finalised.
Nick Reidy the provider has requested an SLA rather than Community Contract.

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The PCT have taken external advice; one PCT has said that a Community Contract was what was required, and a DOH response is still outstanding.

JP pointed out that the specific local points of an SLA were included in the appendix to community contracts.

The PCT reassured the LMC that NR would not be withdrawing the service it was just the contract that needed to be put in place. A-MF said that she intended to phone NR on her return from holiday.

The PCT assured the LMC that the patient names on the VP list would be reviewed regularly by the LMC, the provider and the PCT.

JB said that as this was a contract it was important that the provider was happy with it and it may mean he needs to take legal advice.
This would be acceptable if the contract was worth many £m however as it was unlikely to be the cost may not be proportionate to the costs incurred.

Action Point: AM to contact NR on her return from holiday.

DNACPR in MK

SB said that the PCT were going live with this from 1st September.
PHR noted that other PCTs had already introduced this and sent their practices a pad of lilac forms and "Message Bottles".

SB said that she would be working with staff to raise the awareness of the policy.
She was working with the Hospital, Willen Hospice and GPs.
The Community Health Services support this policy but it was recognised that it will be GPs who will discuss CPR with the patient.
DNs may be able to alert GPs when they feel the patient has reached the stage where this could be discussed.

The process involves the GP discussing CPR wishes with a patient and committing the decision to a lilac form.
This will guide ambulance crews or A&E staff when faced with a patient in cardiac arrest.
The patient will retain the lilac form together with a pack of stickers; one will be placed just inside the front door and the other on the fridge.
The fridge will contain a bottle with a tear off strip from the lilac form completed to indicate where the lilac form is located.

SB said that the bottles had yet to be provided.
JP said that Lions could supply them.

PHR raised the fact that once the practice runs out of the lilac forms they are expected to purchase new supplies and this was felt to be unacceptable.
It was not possible to only get a single pad.
The SHA team has agreed to supply an electronic version of the form but have yet to do so.
The SHA still wish this to be printed on lilac paper and would reject a white form.
LMC felt that ignoring patient wishes just because the paper colour was wrong, could result in accusations of assault for wrongly attempted resuscitation.

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SB said that on 15th July at the Post Graduate Centre there would be a system mapping exercise and they were going to invite the PEC GPs to this. Others were welcome to attend.
GMP agreed to send out a mailbox announcing this.

Action Point: GMP to send out a mailbox announcing the event on 15th July.

Contract Uplift

The national agreement is that the global sum will be increased by 0.41% and a letter from the GPC suggests that the national agreement specifies that the PCT should uplift both PMS contract sums and the LES payments by the same %.
The PCT said that this was currently with Finance awaiting further guidance.
PHR reported that in West Berks the PCT have already agreed to apply this guidance.

Action Point: To await further deliberation by the PCT Finance Department.

PLT

LMC asked MK PCT for their attitude to practice closure for PLT.
If practices continued to have a half day for in house PLT, would the PCT regard the practice to be in breach of contract for not opening 8-6.30?
Practices would be employing an emergency service to cover the workload and the time would be used for educational purposes.

Action Point: A-MF said she would take this back and clarify the situation.

PCT Financial Position

GMP reported that the £46K a day that the PCT has previously reported as the amount to be saved had now been increased to £85K a day.
One of the areas the PCT is looking at are the services that are currently provided to practice free of charge.
Currently there is nothing on the list but work will be starting on developing this.
LMC reminded the PCT of the services that practices provide free of charge for the PCT such as phlebotomy.
If the financial situation becomes too tight then this may need to be looked at. Trade offs had to work both ways.

GMP said that there were 3 key priorities:

1. Money.
2. Not to compromise patient safety and
3. To get the PCT fit for the future in whatever form that may take.

One area the PCT have been told they must comply is that Commissioning must be separated from the Provider arm by 31st March 2011.

Internally within the PCT every single role is being looked at to ensure that it is fit for purpose and there will be redesign if this is necessary.
Role scrutiny will include the directors.
It may be that people's skills will be used differently in the future.
A vacancy freeze is currently in place.
LMC asked how the financial savings target had been calculated when the PCT will receive flat cash and is not planning to purchase more.
Health inflation presents a problem; more money has to be spent just to stand still.
The majority of NHS staff are being paid under Agenda for Change and as such will be entitled contractually to an incremental pay rise, denial of which would be a breach of contract.

It was not known if the tariff would increase but if it does this would be problematic.
It is anticipated that the White Paper will be very thin on implementation guidance.
It was suggested that the LMC invited Graham Ball to the next meeting to present an overview of the situation.
However, as the next meeting is not until 1st October, it was suggested that the PCT produce a finance paper for PHR to read (and comment on) from a GP's perspective.

Action Point: The PCT to draw up a paper stating the PCT's financial situation and forward this to PHR for comment prior to sending out to practices.

Date of Next Meeting – 1st October 2010

The day of the meeting was discussed, it was agreed to remain with the meeting on a Friday, revisiting the situation should any new members be unable to make this day.

The meeting opened at 2pm and closed at 3.10 pm.

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Present	Name	Organisation
*	Birchall, Carol	LMC Minute Secretary
Chair*	Bradley, Julian	Milton Keynes LMC
	Brookes, Clive	Milton Keynes PCT
	Carter, Ron	Milton Keynes LMC
*	Fisher, Toni	Practice Manager MK
*	Frost, Anne-Marie	Milton Keynes PCT
	Hicks, Nicholas	Milton Keynes PCT
	Kenny, Tina	Milton Keynes PCT
	Marshall, Rob	Practice Manager MK
*	Parnell, John	Health MK
*	Prager, Gillian	Milton Keynes PCT
*	Roblin, Paul	LMC Chief Executive
	Suleman, Abdul	Milton Keynes LMC

Apologies: Dr Kenny

In Attendance: **Marianne Berry, Heather Wicks, Sheila Begley Janet Westcott**

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