
BUCKINGHAMSHIRE LOCAL MEDICAL COMMITTEE

Chairman
Dr Andy Sapsford
Rectory Meadow Surgery
School Lane
Amersham
Bucks
HP7 0HG

Tel: 01494 727711
Fax: 01494 431790
andrew.sapsford@nhs.net

Treasurer
Dr Graham Jackson
Whitehill Surgery
Oxford Road
Aylesbury
Bucks
HP19 8EN

Tel: 01296 432742
Fax: 01296 398774
graham.jackson@nhs.net

Secretary
Dr Paul Roblin
Secretariat of Berks, Bucks & Oxon LMCs
Mere House
Dedmere Road
Marlow
Bucks SL7 1PB

Tel: 01628 475727
Fax: 01628 487142
paul.roblin@bbolmc.co.uk

MINUTES OF BUCKINGHAMSHIRE COUNTY LMC MEETING Friday, 30th January 2009 Board Room, Verney House, Aylesbury, HP19 3ET

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The Chair welcomed Penny Thorpe and John Derry from TVPCA to the meeting.

Minutes of Previous Meeting

The minutes of 14th November 2008 were agreed as a correct record of the meeting.

Matters Arising

McConnell Fund

GJ reported that this was not officially a charity because when payments were made from it there was no assessment of need made.

He proposed to pay the remaining McConnell funds into BMA charities.

Referral Support Centre

Penny Thorpe felt that although the LMC minutes of 14th November were correct as a record of what was said, she wished to correct factual inaccuracy.

The minutes reported that Bucks PCT was paying £500K for the services of the Centre; in fact they were only budgeted to pay a total of 360K and will have actually paid £240K. The Agency were advised that the contract was cancelled as it could not be afforded by Bucks PCT. The RFC scheme would have delivered choose and book for the PCT if the relevant "proxy referral rights" had been granted.

Once the TVPCA cease to provide the service from 31st January, the contact in the PCT for referrals is Emma Haffenden. From this date the Agency will have no access to the data.

The TVPCA hope to work with Bucks PCT to enable a smooth handover.

All referrals that have been received by the TVPCA have been scanned. Any referrals that are received from now on will be parcelled up and sent back to Bucks PCT. It would not be possible to send them back to individual practices due to the number of practices the TVPCA covered.

Meeting was concerned to ensure that these referrals did not get 'lost' at Bucks PCT and LMC wanted there to be someone checking that these referrals have been dealt with appropriately.

PHR felt it was appropriate that he called the PCT and ensured they were aware of their responsibilities and that the new process was monitored.

After discussion it was agreed that a letter should be sent to the Chief Executive of Bucks PCT raising the LMC concerns over the handover.

GPs were unclear what their responsibility was for referrals that did not get through to their destination.

Vacancy for Representative to 2009 LMC Conference

There is still a vacancy for one member of the LMC to go to the 2009 Conference on 11 and 12 June. LMC Chair felt that the Conference last year was very informative, and urged members to consider taking up this place.

C&B Referral to Secondary Care

GP enthusiasm varies and meeting speculated whether Bucks GPs would have pressure put on them to use C&B. GPs asked if the PCT have yet decided whether the funded C+B ES will continue for 2009/10.

Vision users were having the most problems. Some practices were on to their 4th upgrade without any improvement.

The meeting felt that LMC should make it clear to Bucks PCT that GPs were not unwilling to use C&B when it became a reliable tool. However, whilst the IT could not cope or PCT lacked the capacity to support it commitment to C&B would be low.

GPs reported that the RFC were doing C&B for practices on a proxy basis and as this has been withdrawn, practices were being asked to sign a document to reverse permission for proxy.

There had been no 3 month notice period of this happening and it had been the PCT who had withdrawn the facility, not GPs.

Bucks PCT would now notice a large increase in paper referrals being sent to BHT and GPs anticipated it would not be long before one of these was rejected, with subsequent major fuss.

MK GPs reported that MK PCT had been very supportive to practices over C&B. It had employed a full time C&B officer who had visited every practice and trouble shot all problems, (including IT issues). As a result C&B was working well in MK. The PCT holds quarterly IT meetings that GPs attend and C&B is always on the agenda. This model was recommended to Bucks PCT as the way forward.

Those practices in Bucks that were using C&B were reporting that patients were complaining about the long waits on the telephone to book appointments.

Action Point: To commend the MK system to Bucks PCT.

Secretariat Medical Director

The Secretariat Board have decided to seek a 4-6 session GP Medical Director. It will be decided which PCTs he/she will look after when their home residence is known. PHR has produced a job description and person specification, written an application form and has a meeting planned with an H/R advisor. The plan is to advertise only when all the information and background processes are in place. This advert will appear in the BMJ, and be sent to all practices and neighbouring LMCs. Members felt that this was wide enough coverage.

This new post will not incur any extra expenses or an increase in the levy.

Darzi Centres

Bucks PCT are still in the process of discussing and planning this. Interested parties have been asked to complete a 17 page PPQ document by the PCT. The GPC have intimated that they expect many GP Conglomerates will be successful in tendering. There is a combined local GP bid going in from Vale Health, Chiltern Health and Harmoni.

The timescale is tight. Bucks PCT is apparently behind on the expected national schedule. The Contract negotiations will not be finalised until July/August. The Centre will not open until November 2009.

Urgent Care and OOHs will be added to the 8-8pm seven days a week Darzi specification. It is thought that bidders will be involved in developing the specification. Meeting felt that Bucks PCT should be encouraged to use experts to inform the process.

Meeting felt that having a Darzi Centre was a waste of resources for a PCT that was already badly overspent. The SHA has given Bucks PCT a one off transfer of £5m to help offset its deficit. An extra £1m (annual Darzi cost) would also be welcomed by the PCT. Meeting wished to make it clear to Bucks PCT that it strongly opposed this Centre which it felt was being imposed on the Bucks Health Economy. In areas of high growth (such as MK) there was some sense in having these Centres. MK GPs would have preferred to see another normal practice opening rather than a Darzi Centre. The name of the preferred bidder MK will be known by the end of February 2009.

Action Point: PHR to write to the Chair of the Bucks PCT and all members of the Board questioning the need for this Centre and giving the LMC support should the PCT wish to fight its imposition by Government.

Extended Hours

Both PCTs have withdrawn their more flexible LESs and have reverted to the DES.

The latter does not recognise nurse input. Most PCTs have recognised the benefit of patients being able to see nurses and are trying to fund this in different ways.

Bucks PCT has 'named and shamed' those practices not offering extended hours by publishing details of those that do.

Currently 52% of Bucks practices are DES compliant so it is close to target failure. The PCT is not prevented from having a top up LES.

In April each practice will be asked to complete a tick sheet from the PCT of which ESs they are taking up. Extended Hours will be part of that list.

Funding LRC Chairs (Bucks and MK)

Historically the Chair of Bucks LMC has been paid 2 sessions based on monthly LMC meetings.

Meeting frequency has now changed to two monthly alternate LMC and LRC meetings.

The Chair, Treasurer and Secretary of LMC proposed to pay Chairs of County LMC and each LRC these at one session each.

In MK the current LRC Chair is paid on submission of an invoice.

It was proposed that background MK Chair work should also be funded at one session.

This retainer would not fund Chairing of the meetings which is covered by the attendance fee.

Any work undertaken which was deemed outside that covered by the new retainer would be paid on submission of an invoice for Secretary and Treasurer joint decision.

It was proposed that these changes would take effect from 1st April to allow fair and open competition for the role of LRC Chairs in both areas.

GB seconded the proposal and it was carried unanimously.

Developing the Quality and Outcomes Framework Proposals for a new Independent Process

See http://www.dh.gov.uk/en/consultations/liveconsultations/DH_089778 and

http://www.bma.org.uk/employmentandcontracts/independent_contractors/quality_outcomes_framework/QoFconsultationJan09.jsp?page=1

It proposes major changes to the QOF from April this year. The consultation period ends on 2.2.09.

Main features:

- NICE to collate, work-up and prioritise new indicators, and review existing ones, rather than the QOF expert panel, from 1 April 2009
- QOF should continuously evolve, with indicators being replaced when they have become part of standard practice and no longer need to be incentivised
- Focus QOF on clinical and health improvement indicators, removing most of the organisational and patient experience indicators
- More emphasis on patient outcomes and cost effectiveness
- Pilot new indicators to test that they are workable before introducing them with a 'cohort of representative practices'
- Eventual choice of which indicators to be adopted and at what price to be part of GPC/DOH negotiations
- (40) 'The purpose of QOF should be to provide the initial incentives to embed within general practice the best evidence-based care that will continue to improve patients' care'

- Plan is to review 20-30 of the existing 88 indicators over first 3-4 yrs, ie annual changes for this period, then perhaps biennial
- PCTs to have the flexibility to choose local indicators from a national menu from 2011/12.

Paragraph 41 of the document is a very contentious statement and many people disagree with it:

41. We therefore propose that, in assessing cost-effectiveness, NICE should regard the costs of providing the interventions in question as being met from overall GP contract funding, not specifically from the individual QOF payment for that indicator.

The concept seems to be that once the work is being done by practices the funding for this is then withdrawn so practices then have to do more work for the same funding.
When QOF was originally created it was with the promise that more points would be added.

With local QOF the PCTs could pick from a national menu.
The NHS Alliance is keen on this but GPC is not.
Bucks GPs had concerns re Bucks PCT capability and capacity.
They feared Bucks PCT could not cope with a local QOF.
This was based on practice experience of the PCT not signing off many ESs before the end (never mind the start) of the financial year.
QOF is meant to be evidence based and this document risks diluting this with political interference.
There were also concerns that NICE would not have the expertise to manage QOF.

Income Threats: QOF Prevalence and MPIG Erosion

From 2004, QOF was funded by raiding the Global Sum.
If QOF funding is to be changed then the Global Sum should also be adjusted to compensate and to cover the costs of basic patient care.

Carr-Hill is an unvalidated tool.
It looked at a sample of practices to see how often patient records were opened for various age groups. The age sex weighting is derived from this limited study.
It has not considered some types of patients such as students, or people who do not speak English.
Such groups are probably undervalued by Carr-Hill.
Fair funding for all practices was needed: Prit Buttar is vocal on this at GPC.

In MK 26/27 practices will lose income, the highest being £44K at the end of the second year.
The one practice that does not lose out will only make a miniscule gain.
In the current financial climate practices will have to cut down on staff and services to be able to survive.

NHS Employers have said that PCTs will retain any savings they make through Prevalence adjustments. It is down to the LMC to ensure that this money is kept within primary care.
MK PCT has talked about a quality assurance scheme to give the money back to practices.

In Bucks EM-S has been reported to have said that there are more GPs per weighted head of population than the average median (30% more) and that this produces a cost for the PCT.
PHR felt that the public needed to know that a practice is paid according to the number of patients it has registered with it not on the number of doctors it employs, so the cost premium argument was wrong.

Meeting understood that EM-S has based this statement on what he has been told by others in the organisation. It would not be fair or correct to use GP numbers as one reason for the Bucks deficit.

**Action Point: LMC rep to check if the alleged speech from EM-S was minuted.
PHR to speak to EM-S if report is substantiated.**

Pandemic Planning

GPC and RCGP have produced a 57 page paper on Pandemic Planning for GP practices.

PHR's PowerPoint from the Oxon practice managers' conference can be found at:

<http://www.bbolmc.co.uk/pandplnpr0109.ppt>

GPs felt this was a first class document.

Practices advised to operate a buddy system with other practices (support one another).

Document also expects LMC to operate a 24hour rota through the pandemic.

Meeting felt there seemed to be a complete vacuum about pandemic planning amongst Bucks GPs.

It seems to be another example of how the PCT are not engaging with the front line.

Unlike other PCTs areas, Bucks PCT has not asked for practice contingency plans.

Action Point: PHR to contact the Bucks pandemic lead and ask what was proposed in implementing the guidance.

Prescription Exemption for Cancer Patients

Not all GPs reported that certificates had been received.

Packs seem to have been sent to Salaried GPs but not freelance locums (like PHR).

The new certificates cannot be used until 19th February and patients cannot qualify for any benefit until 1st April.

The explanation in the pack is not clear on what constitutes a cancer patient. The wording is woolly.

Shared Care Protocols in Bucks (anticoagulation and medicines management team)

PHR has spoken to Jeremy Newton about the PBC Collaboratives (as commissioning advisors) defining the patient pathway for anticoagulation, advising Bucks PCT on where levels 1-4 should take place and the level of funding.

PHR felt that level 1 is being responsible for the prescription, 2 is taking the blood, 3 is dosing and 4 is testing close to the patient. Bucks PCT persistently fails to recognise level 1 and this is causing the current Aylesbury problem.

An impasse has been reached with Bucks PCT.

They have been unable to identify the money within the BHT envelope, so it can be redirected to primary care as an "Invest to Save Scheme".

Practice managers have supplied Bucks PCT with figures on how much an anticoagulation service costs them.

It was felt that this is considerably less than the BHT would charge.

The problem is that the two sides of BHT charge differently.

In Wycombe it is in a block (pathology budget) but at Stoke it is cost per case.

Bucks PCT has a problem with there being no Director of Commissioning or Finance. Real decision makers seem to be in short supply, which explains why problems like this are never sorted out.

Reps felt that the BHT had had sufficient time to unpick the contract.

If they were unable to do so by now, Bucks PCT should be telling them how much it will be taking from their budget and passing on to primary care for an Enhanced Service.

Bucks PCT has published a contentious anticoagulation shared care protocol for GPs to follow but did not involve the LMC in its preparation.

At a meeting in Aylesbury, Mona Sood (Head of Medicines Management) said that the protocol had been written following consultation with GPs but would/could not name which ones.

The meeting had asked that the document be withdrawn for 2 weeks and Mona had agreed to do this pending agreement.

It was felt that the document needed to be re-titled and should be named joint working.

At a recent meeting in Wycombe (less than 2 weeks after the Aylesbury one) there had been no indication of the Aylesbury decision that the document be withdrawn.

The LMC felt that a letter should be sent to MS stating that it was unreasonable to implement this and to advise practices accordingly.

In Oxon, MK and West Berks, LMC has not experienced the Bucks problems because the PCTs seem to accept the concept of shared working in tackling problems.

There was a long discussion about what the LMC could do help Bucks PCT overcome its difficulties.

As the meeting had identified a number of issues that needed discussion with the PCT, it was proposed that AG, JM and PHR should arrange a meeting with EM-S.

To have AG and JM present would put forward to the PCT that the Collaboratives and the LMC work well together.

Action Point: AG, JM and PHR to meet with EM-S.

Retirement of John Worrall (Premises Officer) on 10th March 2009

GPs hoped that his replacement would be as knowledgeable, helpful and supportive as JW had been over the years.

He is an extremely effective person and would be sorely missed.

Action Point: The LMC to write to him thanking him for all his efforts over the years.

GP Premises

Notional and cost rent reimbursement was not ring-fenced but part of PCT unified budgets.

The Premises Cost Directions 2004 are clear that at three yearly reviews, notional rent can only go up. All TV PCTs are looking to implement these directions correctly.

A proper policy is needed: it is hoped to hold a TV PCT workshop using the new West Berks policy as a starting point.

At some stage in the past one or two practices have been receiving a very generous allowance for the number of GPs per sq foot.

When the calculations were done corridors etc were added in and the auditors have now been told to claw this back which they are able to do.

Community Hospital Proposals: Bucks PCT

PHR reported that he was aware that this was going out to tender.
Local GPs who are affected by this have not consulted the LMC for advice and have tried to resolve it themselves.

Date of Next Meeting – 27th March 2009

The meeting closed at 4.15 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
	Lilley, John	VoA LMC
	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
	Rao, Lakshman	Milton Keynes LMC
*	Roblin, Paul	LMC Chief Executive
Chair*	Sapsford, Andy	C&SB LMC
	Sattar, Amar	Wycombe LMC
*	Suleman, Abdul	Milton Keynes LMC
*	Thompson, Simon	C&SB LMC
*	Thorpe, Penny	TVPCA
*	Whyte, Siân	Milton Keynes LMC
	Wilson, Tom	Milton Keynes PCT

Apologies: Drs Buttar, Cowland, Lilley, Peacock, Rao and Sattar

Dates of Future Meetings:

05.06.09 18.09.09 13.11.09