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Minutes of Buckinghamshire LMC Meeting

Friday 28th March 2008

Board Room, Verney House, Aylesbury

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Dr Sapsford welcomed the two new members of the LMC, Mark Howcutt (Haddenham) and Amar Sattar (Wycombe) and guests (see below):

Paul Meldrum (Scheduled Care Commissioning Lead at Bucks PCT)
Frances Johnson (Head of Patient Services at TVPCA with a Referral Centre remit)
Anton Glinski (Deputy Head at the TVPCA)
Dr John Derry (TVPCA Medical Advisor)

The New Committee

Dr Sapsford expressed the Committee's thanks to those members who had not stood for re-election, (Dr McDermott, Dr Rose, Dr Quiney and Dr Labrum) for all their hard work and support over past years.

Eric Rose is still the Bucks rep on the GPC (elections for the new constituency of Bucks and Oxon soon) and an LMC Conference rep for 2008.

As he is retiring later this year he did not stand for election to LMC.

PHR explained the process for self nomination as Officers of the LMC and Bucks reps on the Secretariat Board and how to propose co-optees to LMC.

There are still 2 LMC vacancies: one in MK and one in Chiltern and South Bucks. Local representatives might consider who to approach to fill these.

PHR explained that Minutes and Agendas are issued approximately 7 days prior to meeting.

Rapid and frequent feedback is appreciated from reps on PCT initiatives and policies, especially those that are contentious. PHR hopes LMC reps will work with the Secretariat as a team. Reps should not assume he is told everything by PCTs and alerts from reps are invaluable.

Because of illness amongst Secretariat staff, help would be particularly appreciated from reps at the moment. Extra input would attract payment from LMC. The greatest need is for tough polite negotiators with PCT (Enhanced services issues especially)

Action Point: PHR to send out form for self nomination of LMC officers and suggestions for co-optees.

Minutes of Previous Meeting

Page 3, Now Government want to use QOF to support the Access arrangements,

JB raised the issue of the December minutes.

His memory of what was said and what actions were agreed is slightly different to what is written in the minutes.

Example issues are:

- ECGs as a core service,
- Publishing records of individual attendance at LMC,
- PCTs using PMs for communication rather than contractors,
- Abatement of rent for private use.)

JB felt that there was a failure to capture these points in the minutes.

PHR explained the process. The minutes are first taken in shorthand by CB (the meeting is also taped), then edited by PHR (to make them logical and readable to others) before proof reading by another Secretariat staff member. These are then circulated as "Final Draft minutes".

Any problems (such as those JB was now raising) are discussed at the next LMC Meeting under accuracy of minutes.

Reps unhappy after seeing the Final Draft minutes should email their concerns to PHR together with suggested altered or additional wording.

Action Point: JB to email his rewording to LMC office.

The amended minutes of 1st February 2008 were agreed as a correct record of the meeting.

CRB Checks

TVPCA now plans to hold Bucks satellite clinics every week, alternating venue between Verney House and Milton Keynes.

Referral to Hospital

Paul Meldrum (BPCT) and Frances Johnson (TVPCA) attended for this item.

Current referral problems are in South Bucks, although in the past MK has had difficulty (Obligatory C+B)

The TVPCA has experience of running Referral Centres in West Berkshire and Oxfordshire. BPCT has recently held three workshops at Rapid House, Verney House and Amersham HC. Practice Managers and Secretaries were the main attendees. PHR attended the Rapid House one.

Since the Amersham meeting PHR has had many complaints from GPs about referrers having to supply ethnicity data.

He has spoken with Sally Harrop (BPCT) and a BHT administrator.

The requirement for ethnicity information comes from BHT but they have assured PHR that they will not reject referrals if they do not contain this information.

PHR feels that problems arise because the PCT has not issued a clear policy and procedures document. Without this, changing the system leads to rumour and email angst.

PM addressed the meeting

The relevant managers within the PCT are Sally Harrup, Lindy Gilham and Paul Meldrum.

PM said that neither Lindy nor Sally report to him.

The services of the TVPCA have been commissioned to provide referral support.

PM thought that the LMC had received the *new Access Policy*, but PHR had no recollection of this and no one else had heard of it. Every Acute Trust in England has to have a robust access policy especially in terms of the 18 weeks rule.

The CRS IT system came to Wycombe Hospital about 18 months ago and one of its mandatory fields is ethnicity.

PM said that if ethnicity was not mentioned on a referral letter it probably indicated that the patient did not want to disclose it which they are not obliged to do.

PM had sat down with the acute trusts and established what was needed on referral letters and what GPs did not have time to ascertain.

GPs present reported the new instruction to include in their letter that ethnicity was unknown. The problem was remembering to include this sentence. Why not make the default position “no mention of ethnicity means it is unknown”.

PM continued.

Ethnicity was needed to help the Government to work out who was being treated and where.

The PCT have pushed the acute trust to implement C&B on 17th March and it appears that ethnicity has become a problem since then.

PM said that the BHT has given assurances that appointment dates will be open beyond the breach dates from 18 weeks.

However the patients will be contacted to bring these appointments forward.

PMs role is to ensure that the referrals contain appropriate data; if the key demographics are missing practices will receive a telephone call asking them to fill them in.

PHR reported that all practices had received an email in January, telling them how to get referrals through to the TVPCA Safe Haven, either by fax or email; they do not need to use the internal transport system (Brake/Break).

Before 17th March these referrals were logged on software called 'Attend'; after 17th March, those practices who had signed the sponsorship letter allowing the TVPCA to sponsor agency staff, will have their referrals put through the C&B process.

At the Rapid House workshop the complexity and diversity of referrals that practices make was not appreciated by those people setting up the system, (e.g. referrals to nurse services, fracture clinics, eye clinics, GUM, maternity services etc, which are not classifiable as primary care referrals or first out patient appointment).

Referrals can go in two directions, RSC or direct to provider, but the PCT list was not clear on what went to each option. There were too many grey areas.

PHR did not know if subsequent workshops had made this clearer, but from the number of recent emails it appeared unlikely.

The triage of referrals stopped in November but will restart in April with musculoskeletal. The proposed system is particularly confusing as it appears that these referrals need to be sent in 2 different directions. The PCT had to commit the process to paper.

GPs present said that referrals were one area that had completely failed in the past and this was why consultation with users/practices was now required.

If the triage is done well GPs would have more confidence in it.

However the general feeling was that those doing the triage did not believe GPs knew what they were doing.

GPs present felt that they knew who patients should see and referred appropriately.

It was pointed out that not all GPs made good referrals and there was a group of doctors who needed further education.

GPs were happy to receive a telephone call from triage clinicians suggesting alternative pathways.

Clare Gabe (PBC rep) has spent a long time on the pathways and these were ignored by commissioners.

She has written an extremely good letter to Sally Harrop which encapsulates what LMC discussed today.

Only 5 practices in Bucks have said no to C+B sponsorship but 2 responses are still awaited. Sponsorship involves TVPCA staff acting as proxy referrers using the referring GP's GMC number.

TVPCA Comment

The TVPCA is a referral facilitation centre not a referral management centre.

The Agency only returns referrals if they are not to secondary care.

If the speciality is missing the TVPCA will do their utmost to work it out or contact the GP.

Bucks RFC use of C+B referrals was to have started on 17th January, but the system was not ready for C&B.

Referrals are logged on the Attend database then scanned on to C&B.

One major problem is that not all GPs have an NHS Smartcard; 39/60 practices need addressing. The processing of the letter is difficult as very often the GP referring is not recognised by the system.

The number of referrals received by the TVPCA varies greatly from day to day, this does not happen in other areas and suggests an intermittent hold up in transport.

Referrals that are not going through C&B are entered on the Attend software.

The letters are stamped with a statement 'clock starts'.

For those referrals going through C&B the clock does not start until the patient rings in.

Under the manual system (non C+B) the letter is logged and then passed to the hospital trust for them to contact the patient; this applies to 50-60% of referrals.

For C&B referrals the referral is put on to the system and the patient receives a letter which is nationally produced and not user friendly. The TVPCA has therefore added a covering letter which explains what needs to be done more clearly.

If practices have not signed the sponsorship letter, or if the TVPCA does not have them on their cards, the referral cannot go through C&B.

GPs said it would be helpful if they could refer to named clinicians; GPs in MK said that they could do this.

However hospitals write their own directory of services (DOS) and the national guidance is to have a clinic list and type, with consultant's names not included.

BHT has been following the national guidance, whereas MKGH has not.

Royal Berks Hospital went directly bookable 6 weeks ago and it has caused havoc. The patient now has to phone the national telephone booking (TAL) line who can see no capacity at the hospital. The referral is then sent to the hospital, which has to contact the patient and book them an appointment. The referral then has to be sent by the TVPCA again. Wycombe currently have not plans to go directly bookable.

Situation in MK

GPs do not frequently name a consultant. Usually this follows a specific patient request.

It is possible to identify the consultant from the clinic code so referrals can be made without naming anyone.

GPs pointed out an evolving problem: consultants are becoming more specialised and GPs should be able to refer to the person most suitable to the patient's condition.

Patients frequently state that they do not want to go anywhere but their local hospital, unless there is a much shorter wait elsewhere; the TVPCA said that they could provide such a service if asked to do so but do not do so routinely.

If a letter is addressed to a named consultant and marked 'do not put through C&B' the TVPCA will not put it through that system.

Under C+B it is now up to patients to ring a number which is on the letter that is sent them.

A proportion of patients cannot read English or have cognition problems and cannot handle this task.

GPs were warned that there would be more patients rejected once the 18 week target was introduced.

The Committee felt that a separate discussion outside county LMC should be held to discuss the referral pathway and involving the BHT, the TVPCA, PCT and GPs/LMC.

The Government have imposed patient choice and 18 week targets, and all the parties involved have to make these work to the best advantage of the patient.

Action Point: LMC to ask that a referral process paper to be produced by the PCT/TVPCA and discussed at a meeting with LMC.

PHR will send a copy of the CG letter to FJ and PM.

PHR, PM and CG will work together to set up a meeting.

Matters Arising

Pensions Judicial Review (JR)

GB spoke to this.

Following the successful judicial review, the Government have 3 weeks to launch an appeal. Following the hearing the Judge did not leave to go to his chambers before ruling and awarded the costs to the BMA.

For anyone who has colleagues who have retired, the unpaid pension and lump sum is accruing interest from the date it should have been paid.

Secretariat Annual Report

Practices have all received this and no comments or queries have been received.

The Committee therefore signed off the report.

County Training

Catherine Johnson sent a letter to practices a few days ago; PHR had emailed a response and a counter response has been received.

PHR felt that withdrawal of training for which historic staff budgets had been top sliced and not boosting MPIG was unfair.

CJ's argument is that the MPIG contained this top slicing. However, the PCT have still to produce evidence in support of this claim.

GPs present felt the PCT was about to remove training valued by practices.

Practice Nurse training is particularly important when they join a practice.

PHR understood that a training programme would be available but would be funded on a cost per case basis.

GPs reported that descriptions of what would be offered suggested this training would be very generic and basic.

Practices had to remember that since 2004 PCTs are commissioning organisations and do not perceive training as their responsibility any longer.

GP are independent contractors responsible for their own training needs.

Could it become a PBC (or LMC) role to organise training for an area?

Practices have training needs now. They need to know what the PCT are planning provide and ensure that it meets practice needs.

Action Point: PHR to work with Helen Morris Khan the Practice Manager rep to ensure that what is offered meets the need of practices.

Performance Committees

PHR felt BPCT is to be congratulated for having produced a document describing the process for managing its new performance committee.

So far MK PCT has not followed suit and this could work against the fair treatment of GPs.

County Chair & Representatives for Secretariat Board

The Chair is currently AS and he was happy to continue in post for a while.

However there was an opportunity for people to self nominate.

AS proposed that the new committee should settle in with the current officers for the next meeting on 06.06.08, and if there is an election for posts, this would take place between the June and September meetings.

Meeting asked to decide if the post of treasure was elected or appointed.
Historically the position has been difficult to fill, so unless there was another enthusiast LMC would ask GJ to carry on.
GJ currently fulfils the position of Treasurer in both Bucks and Oxon.
The Secretariat Board has three representatives from each of Bucks, Berks and Oxon.
Currently the membership consists of each county LMC chair and treasurer and one other county member.
Should anyone wish to nominate themselves they were encouraged to do so.

Action Point: PHR will devise a form to send to all reps.

South Bucks & Milton Keynes Liaison Groups Membership

Currently there is only one member of these groups who was not a member of the full LMC.
It is considered very helpful for non-county LMC members to put themselves forward for this and members were encouraged to advertise this facility.
Helen Morris Khan is the Practice Manager representative in Bucks and a similar person was sought for Milton Keynes.

Action Point: To encourage a Practice Manager from MK to join the Liaison Group

Liaison LMC Reps (e.g. Enhanced Services)

One of the biggest tasks of the Secretariat is Enhanced Services negotiations, where the specs need careful reading and thought.
PHR would like help from someone with local knowledge and an assertive personality.
JS would have fulfilled part of this role, but she is off sick.
PHR is looking for a doctor to take on some of this work who is prepared to be a tough negotiator.
The extra work would attract payment.
A PCT based, LMC team would achieve more.
TP and GB volunteered for Bucks and SW for MK.

Extended Hours

GB reported.
The national DES is still not available to practices because it is with the lawyers.
The GPC have not seen the final document from the DoH.
The lawyers on both sides are meeting in the second or third week of April to look at an SFE amendment. The earliest this can be expected is the end of April.
Many other PCTs in the country are producing a LES to enable them to meet their 50% target.
PHR reported his perception that whilst showing broad support for a LES, Thames Valley PCTs have met and agreed to stall a little until they see how they will be performance managed over Extended Hours.
Performance management of PCTs on uptake of the DES has different implications performance management on uptake of extended hours.
The latter is more likely to lead to more flexible and attractive LESs being considered.
The national DES seems to offer no flexibility at all.

The GPC feel that PCT will be performance managed on getting 12 hour opening, not how this is done, but there is no written evidence for this view.

Some Wessex PCTs are giving developing top up LESs to fund practices to see walk in patients (as well as pre-booked) outside core hours, bringing the price per patient up to £5 per year. The other LESs that PHR has seen were not as flexible as originally portrayed.

GPs present were concerned that BPCT was not sitting down to talk with GPs. Originally they promised they would discuss ES with the LMC and GPs but this has not occurred.

GPs need to be aware of what the PCT is expecting from practices.

Practices need to start to talk to their staff about new job terms and conditions, or recruit if there is no negotiated agreement to change.

The longer the DES is delayed, the longer practices will lose the opportunity to earn back the lost Access and C+B income.

GPs felt that a discussion must take place soon with the two PCTs and should occur at the right level.

Ed McAlister-Smith is the new Chief Executive of BHT and is in post.

Nick Hicks has been in post in MK for some months.

Action Point: To invite the new CEOs of both PCT to attend the next county LMC

QoF Changes

The changes for 08/09 have been announced.

See www.bma.orh.uk

The anticipated loss of flu for the various clinical conditions has not occurred.

There is a change in date for QoF achievement payment to the end of the first quarter, and aspiration payment has been increased from 60 to 70%.

Historically the payment used to be made within 1 month of the final QMAS report.

The DOH justification for this change is many PCTs (not Bucks) were failing on this.

Some practices are unhappy about how this affects their cash flow.

Darzi Centres

The Bucks PCT is the most specific and deviates most from the normal plan.

They want urgent care centres and are trying to disguise this as a Darzi centre.

The specification for each PCT will be finalised over the next few months and tenders will be made by July.

Both PBC consortia are joining together with at least one outside organisation to make a bid.

Most felt that no one who is not in partnership with a professional organisation will get through the PPQ (Pre-Qualifying Questionnaire) stage.

Many unfounded rumours are circulating e.g., “when the Centre sees a patient who is not registered with them, the practice will be billed for £65”

In MK the PCT need a new practice on the Eastern Flank, and they have decided to make this the new Darzi practice.

Action Point: PHR to try and get more details of the PCT plans

LMC Conference Dates

- The deadline for submission of motions is 14th April.
- Conference documents will be issued on 23rd May.
- The deadline for submission of motions on new business is 6th June.
- The conference takes place on 12th and 13th June.

RC, GB, ER and AS, are the Bucks LMC representatives at the conference.

PHR tabled some proposed motions from ER, TP and himself. GB had also produced some which she read out.

Members were encouraged to write their own motions on issues that interested them and email them to PHR.

The reps who speak to the motions need to be comfortable with the wording.

GB has written motions regarding the CRS, Government Management of Medical Practices, Pensions, the National Audit Office etc and agreed to email the final motions to PHR for submission to the Conference.

The Committee suggested that it would be a useful experience for members to attend just one day of the Conference as an observer to show them what happens and enable them to make a more informed decision about attending in future years.

GB said that if anyone else wanted to attend they could do so in her place as she would be at the Conference in her role on the GPC.

Any self nominations could be received virtually up to the date of the Conference.

Action Point: GB agreed to look at any motions produced and to re-word them if necessary.

Commissioning ES

After some initial problems in MK, these have been largely resolved in the Liaison meeting and the PCT have started to work with the LMC. A paper is still awaited from them.

In Bucks the whole process has been problematic for a second successive year.

Things had looked very positive after the first meeting; however it appears that the PCT have staff capacity problems at the moment.

The 2008 ES Specifications have been issued with a covering letter outlining the changes in the specifications.

The main problem is that this letter did not highlight all the changes, so practices and reps have been reading each specification in minute detail and finding all sorts of problems that have been there for many years.

There is too much cutting and pasting in the ES specs in Bucks, with no author identified and no sense of a cohesive document.

The anticoagulation specification is cut and pasted to such a degree that it only really applies to secondary care.

Members speculated that the current PEC does not read through the documents in sufficient detail, and assess them for clinical sense, and clarity of commissioning.

With the advent of the new Chief Executive these things need to be highlighted from the start.

In both PCTs, the previous GP Commissioning groups have been disbanded with detrimental effect. Members felt that these should be re-established.

An invitation to both Chief Executives from Bucks and MK should be issued to attend the next county meeting asking them to give a presentation on how they see the PCT engaging with PBC and the LMC.

LMC hoped for improved leadership within BPCT.

The Committee felt that the Bucks PCT was a victim of its secondary care trust.

For many years the LMC have highlighted to the PCT where the problems were within the trust but there has been no apparent action.

In MK there has been liaison between the GPs, the LMC and the PCT over the secondary care trust and MKGH has now got a formal target for discharge summaries with the possibility of penalties being imposed.

Action Point: PHR to ask both MK and Bucks Chief Executives to the next county meeting to give a presentation on how they will engage with PBC and the LMC

Information Requests from PCTs

PHR asked that when practices get examples of unreasonable requests for information from PCTs, they pass them to him to deal with.

Information requests are often very onerous, outside GP obligations under regulation, and directed straight to the Practice Manager rather than contractors.

Date of Next Meeting – Friday 6th June 2008

The meeting closed at 4.05 pm.

| Present | Name | Organisation |
|---------------|------------------------|---------------------------------------|
| * | Beck, Gill | VoA LMC |
| * | Birchall, Carol | LMC Minute Secretary |
| * | Bradley, Julian | Milton Keynes LMC |
| | Carter, Ron | Milton Keynes LMC |
| * | Cowland, Nick | Wycombe LMC |
| | Crawford, Margaret | TVPCA |
| * | Derry, John | TVPCA |
| | Frost, Anne-Marie | Milton Keynes PCT |
| | Gamell, Annet | Wycombe LMC |
| * | Glinski, Anton | TVPCA |
| | 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 |
| | Mallard-Smith, Rebecca | C&SB LMC |
| | Marshall, Johnnie | PBC Lead |
| | Maclister-Smith, Ed | Bucks PCT |
| * | McDermott, Hilary | PBC Lead |
| | North, Christopher | Wycombe LMC |
| | Payne, Geoff | Bucks PCT |
| * | Peacock, Tim | VoA LMC |
| | Rao, Lakshman | Milton Keynes LMC |
| * | Roblin, Paul | LMC Chief Executive |
| | Rose, Eric | GPC Rep |
| Chair* | Sapsford, Andy | C&SB LMC |
| * | Sattar, Amar | Wycombe LMC |
| | Solomon, Jane | LMC Director of Development & Liaison |
| * | Suleman, Abdul | Milton Keynes LMC |
| * | Thompson, Simon | C&SB LMC |
| * | Whyte, Siân | Milton Keynes LMC |
| | Wilson, Tom | Milton Keynes PCT |

Apologies were received from Drs Gamell, Kenny, North, Payne, Rao and Rose, Carter and Jane Solomon

**In attendance: Paul Meldrum (Scheduled Care Commissioning Lead BPCT)
Frances Johnson (Head of Patient Services TVPCA)**

Dates of future meetings:

06/06/08 11.09.08 13.11.08