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Minutes of Buckinghamshire LMC Meeting

Friday 27th March 2009
At Board Room, Verney House, Aylesbury

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Minutes of Previous Meeting

The minutes of 30th January 2009 were agreed as a correct record of the meeting.

Matters Arising

Bucks PCT and GP Statistics

The October minutes of the Bucks Health Overview and Scrutiny Committee (HOSC) state that "£2-3m of the overspend is as a result of too many GPs in Bucks".

LMC presumes that the source of this statement is dialogue with Bucks PCT.
LMC reps stressed that in terms of cost to the PCT the number of GPs was irrelevant: the cost was based on capitation.
As a result of this statement, the LMC have asked for a meeting with the PCT to discuss this and other issues. This is scheduled for 1st April.
The LMC representatives will be AS, TP, JM, AG and PHR.
It was not known exactly who the PCT would be sending but it was expected to be EM-S, GP and CL and CT.
LMC felt that this should be a meeting of equals where issues of concern to either party were discussed.

GJ reported that a member of the public had reported back to him that one of his hospital friends had told him that the PCT had informed hospital consultants that there are at least 40 too many GPs in Bucks. It was worrying that this rumour was now in the public domain.

There were concerns that the PCT was ranked 146/148 in the list of world class commissioners published in the HSJ of 5.3.09 (page 6).
Many feel that this reflects the way the PCT handles clinical engagement.

PHR reported that he had asked the PCT to supply statistics for the basis of these rumours.
He is keen to know the actual PCT spend on each component of the GP contract and assess how the per capita spend benchmarks against other areas.
He also wanted to improve the relationship between GPs/LMC and the PCT.

GPs said that HOSC may not be aware of the source of the data they had been given, and how accurate it was.
The statement in their minutes might be a true reflection of what they had been told.
LMC should consider producing a document for HOSC outlining the role of the LMC, how GP funding is constructed, and how irrelevant the number of Bucks GPs is to cost.
PHR said that this would be important once he had the facts and figures were agreed at or after the meeting with the PCT.

Action Point: PHR to produce a document for the HOSC once the meeting has been held with the PCT.

Representative at LMC Conference

Dr North has filled the remaining position as Conference Representative.

Learning Disability GP Support Pack

GPs in MK were using the Cardiff guidelines. GPs in Bucks asked if PHR could supply them with a copy of this as they had heard it was easier to use than those included in their DES.
PHR agreed to email these to GPs.

Practices reported that they had received their lists of patients from Bucks County Council.
However, there were quite a lot of discrepancies with practice lists.
Reps asked what would happen if a new list of patients could not be agreed in time to achieve the DES requirements.

Practices who have not yet signed up to the DES asked if it would be possible for them to have sight of the patient numbers and names in their practice. This would allow them to assess the business case for signing up.

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GPs felt that this would be a sensible way forward and would enable the Council to have a full and correct list of patients.

Action Point: PHR to email the Cardiff Guidelines to GPs.
To ask the Council to send lists to every practice to enable them to validate the names.

LMC Conference Motions

PHR had compiled a list of issues that had exercised TV County LMCs over the past year.
He explained the general principles of how conference motions are constructed.
Motions have a standard wording usually starting with 'This Conference believes/deplores/ agrees etc'.
They usually begin with a statement describing the current problem and then suggest an action, such as 'asks the GPC to…'.
The meeting then devised the draft motions below, recognising that they would need further refinement.

This Conference believes that the commissioning cost inherent in appointing Darzi practices in 150 PCTs across the country is money badly spent.

This Conference has little confidence that NICE

1. Understands the financial basis underpinning QoF
2. Has the ability to evaluate existing primary care therapies
3. Has any concept of the capacity available in general practice if it expects to change 1/3 of the criteria annually
4. Will identify the resources needed by General Practice to implement its recommendations
5. Will properly consult with GPC before any enforced change.

That Conference instructs GPC to

1. Try to retain the national properly evidence based QoF.
2. Demand that Government adheres to the principles underpinning the original QoF
3. To demand that additions to QoF are suitably funded.

This conference believes that greater clarity is needed on what information PCTs can ask practices to supply, especially on where explicit patient consent is needed and asks the GPC to seek suck clarity.

That Conference

1. Condemns Government For its recent proposal to allow other Government departments and the private sector access to patient identifiable information held on the national care record and
2. Reasserts its policy that no data should be uploaded to the spine without the express consent of the patient and
3. Instruct GPC to campaign vigorously against any future attempts by Government to break patient confidentiality.

That Conference insists that all nurses working in previously traditional doctor roles must undergo as robust a revalidation process as doctors and run by the PCT.

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That Conference insists that all patients have the right to be cared for by doctors who have been trained to the standard of British General Practice or its equivalent.

That Conference believes the proposals for revalidation seem so vague and unfamiliar to practices that there is an urgent need for an educational campaign on what is being developed.

That Conference deplores the lack of progress in developing commissioning whilst the PCTs are being managed by external consultants who distract and reduce further the capacity of the PCTs to deliver crucial tasks.

That Conference fears that the new extended prevention role for pharmacies will increase GP workload and should not be developed without considering the resource implications for practices

That Conference insists that money removed from practice budgets due to the changes on the QoF payments formula and MPIG must be ring fenced back to evidence based general practice.

This Conference believes that the introduction of the 18 week target has led to PCTs and hospital trusts obstructing the smooth referral of patients where nuances of patient availability might lead to the target being breached, and urges the GPC to bring this harmful effect to the attention of Government.

This Conference, with regard to the Clinical DESs for 2008/09

1. Regrets the lateness of publication of the relevant Directions
2. Regrets the lack of time available in the financial year to earn any income from these DESs
3. Asks the GPC to raise this with Government with a view to avoiding a repetition.

That Conference insists that Government must publish the DDRB recommendations before the beginning of the financial year, and if there is no increase in resources for general practice for the 4th year in a row, they should advise practices on what services can be cut.

The Conference deplores the fact that the vaccine rules remain as unclear now as they were 5 years ago when the new contract was introduced, and asks the GPC to renegotiate the vaccine section of the contract.

That Conference condemns the continued waste of money on the national IT project which in most areas remains unfit for purpose.

Additional Discussion at LMC

Core GP practice was raised as being vaguely defined, but many felt this was advantageous to GPs.

QOF

GPs had concerns about the manipulation of QoF: originally this was supposed to be additional work.
NICE need to be told that QoF pays for GPs to do the work needed for QoF.
There is still the issue of whether some QoF standards will be local rather than national and how local ones are agreed.
Concern that if practices achieve a QoF target, it is subsequently removed or raised and QOF made more onerous.
QOF is moving away from the evidence base in Diabetes.

Extended Hours
Funding for nursing time during extended hours has been withdrawn in Bucks (financial balance). Money is available only for the £2 in the DES.
Every PCT has withdrawn their LES and it appears there has been a directive from the SHA to do this.

Premises Reimbursement
RC raised the issue of premises reimbursement and agreed to try and write a suitable motion for this.

Revalidation (PHR Presentation)

PHR gave a presentation, the slides of which are available at:
http://www.bbolmc.co.uk/phrrevalid0309.ppt

In October 2009 all doctors who are GMC registered can become GMC licensed.
Revalidation (5 yearly relicensing and recertification) will begin some time after this.
The Royal Colleges and the GMC are working on Enhanced Appraisal and the evidence required.

One of the main changes for GP will be "self accreditation of learning credits".
GPs will score their learning according to their challenge and impact on patient care.
Over a 5 year period 250 credits will have to be obtained.
The points allocated will be checked by the appraiser.

Appraisals will be scored on a traffic light system and this change is worrying many established appraisers.
It is anticipated that only 2% of GPs will be in the amber/red area.
There will be a multi-tiered appeal structure for those whose 5 yearly submissions are not passed by a new local "Responsible Officer".

The new system could be a problem for freelance GPs as they will find the following more difficult to provide (patient questionnaires, significant events and complaints, 360 degree feedback).
It may be that they will have to sit an Essential Knowledge Challenge (test).
It was thought that the credit system is being piloted in Birmingham.
A Bucks pilot is looking at the evidence currently being provided.

GPs wondered if the LMC should sponsor a study half day to enable GPs to learn how to do their appraisal using the appraisal website.
It would make the whole process much simpler and quicker.

Reps were worried that if revalidation was begun in a staggered way, GPs would need to produce evidence from before the new arrangements were in place and when the evidence requirements were different.

GPs need to understand now that the requirements for 360 degree appraisal, a significant event element and audits are unlikely to disappear, and although some were doing this, not all were and this would need to be highlighted.

Action Point: PHR to circulate a précis of his presentation for GPs.

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LMC to consider holding a half day study day for GPs, highlighting the proposed changes to appraisal.

Issues from MK

Information Requests from PCT

On his way to Stanstead airport last week PHR was phoned by MK PCT seeking LMC support for MK PCT to obtain un-anonymised data from GP records about the ethnicity of referred patients.
MK PCT was about to fail its target for ethnicity recording of referrals to hospital.
The PCT wanted to send someone into every practice to fill in the gaps in hospital data.

PHR's response was "What did the PCT Caldicott Guardian have to say about this?"
On his return from holiday PHR had found that Tom Wilson had sent a letter to all practices saying that they could not get hold of the LMC and asking for their help in extracting ethnicity data.

PHR has now researched the issue and felt the request was probably acceptable.
He feels two main questions are:

1. Is the PCT entitled to this information?
2. Is individual patient consent required?

The NHS Confidentiality Code of Practice allows PCTs access to information that is required for them to fulfil their function.
Where the burden of obtaining individual permission is great and the impact of disclosure on patients is low, section 60 of the Health and Social Care Act seems to permit MK PCT to behave in the way described above.

GB felt that this was against GPC policy.
For Section 60 to be used, the Secretary of State has to give instructions.
The important question is what were patients told about disclosure when they gave their ethnicity data to the practice.

Although the time limit for LMC support has passed in this case, this type of request will occur again in the future and the precise rules ought to be established.
GB advised that the persons to contact at the GPC are Grant Ingrams/Mathew Isom/Paul Cundy.

Action Point: PHR to contact the GPC for advice.

Darzi Centre Tender

RC raised problems when tendering for the Darzi Centre in MK.
As the MKDoc bid was proposing to use the existing premises, the PCT released this information to all the bidders.
This meant that 2 weeks before the end of the bidding period all the other bidders were given a list of premises to visit to assess for their bid.
The outcome of the final tender process was that the contract was not awarded.
The PCT will be going out to tender again.
All the bidders have been asked to reapply.

Spend within the PCT has gone up from £300K to £1m.
£600K of this has been put down to the administration needed for the Darzi Centres and RC felt that this spend must be challenged.

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The PCT have also stated publicly that there will be a Darzi Centre by the spring.
RC felt this must be corrected by the PCT and an explanation given to the public about what has happened.

RC asked if the LMC would support him asking, under the FOI, for information relating to the Darzi Centre process. The LMC said that it would prefer to discuss this further at the MK LRC.

Action Point: To discuss this issue further at the LRC meeting on 3/4/09.

Issues from South and Mid Bucks

Post Colposcopy Smears

One practice reported that a patient had not been called at 6 months for a repeat post colposcopy smear.
A contentious new system was introduced last year following the changes in the colposcopy follow up by the hospital.
The group set up to look at a new system did not get final LMC sign off for the new arrangements as they had planned.
It was established that the hospital send both the GP and the colposcopy patient the same letter telling stating that a follow up smear is needed at 6 months.
However, most patients expect an alert nearer the date as they do for routine smears.
It was suggested that the Colposcopy unit be asked to reword the letter to make it clear to the patient that it was their responsibility to book the follow up smear with their practice.

Action Point: To ask the Colposcopy unit to reword the letter to the patient. .

Leg Ulcers

The care received by patients with complex leg ulcers varies across the county.
In some practices the DNs provide this service but in other areas it is delivered by PNs or the Tissue Viability Nurse or not at all.

It appears that the new community nurse administration (OBMHT) is altering the status quo agreed between PHR and Katie Donlevy. District nurses are now refusing to help with leg ulcers.
PHR reported that 18 months ago Kate Donlevy had been promised that the status quo (ie post code lottery) would remain until there was a clear direction from PCT commissioners.
It was suggested that PHR contact the new nurse administration (?Anna Selby – PHR to research correct name).

The Collaboratives have been looking into this issue for a long time.
It had been put on the first Community Commissioning Group meeting agenda but had not been discussed. The excuse was the right people were not in attendance.

Action Point: To invite Anna Selby to the next LRC meeting.

Date of Next Meeting – Friday 5th June 2009

The meeting closed at 4.10 pm.

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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 Derry, Payne, Sattar and Suleman and Penny Thorpe

In Attendance:

Dates of future meetings:

05.06.09 18.09.09 13.11.09

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