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Minutes of Buckinghamshire LMC Meeting

Friday 5th June 2009

At Board Room, Verney House, Aylesbury

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Minutes of Previous Meeting

The minutes of 27th March 2009 were agreed as a correct record of the meeting.

Guest Item - Revalidation

Marion Lynch presented this item.

A copy of her Powerpoint slides was tabled at the meeting (see www.bbolmc.co.uk)

PHR also presented on Revalidation on 27.3.09.

See <http://www.bbolmc.co.uk/phrrevalid0309txt.pdf>

ML asked for existing views of Appraisal and Revalidation.

One member felt that Harold Shipman would have passed Revalidation.

Bucks have 43 appraisers, all local GPs.

5 new ones have joined this year.

Bucks also have 436 GPs and 103 non principals.

The Appraisal uptake is 81%.

In Bucks, Form 4 is not collected as this is considered personal data.

85% of GPs submitted PDPs but the quality was patchy.

Good Medical Practice (GMP) has been updated to define the qualities required of a good GP and will guide the range of annual and 5 yearly evidence.

4 domains (currently 7) become 12 generic standards from which assessment criteria are developed.

The Four Future GMP Domains are;

- Knowledge, skills and performance
- Quality and safety
- Communication and teamwork
- Maintaining trust

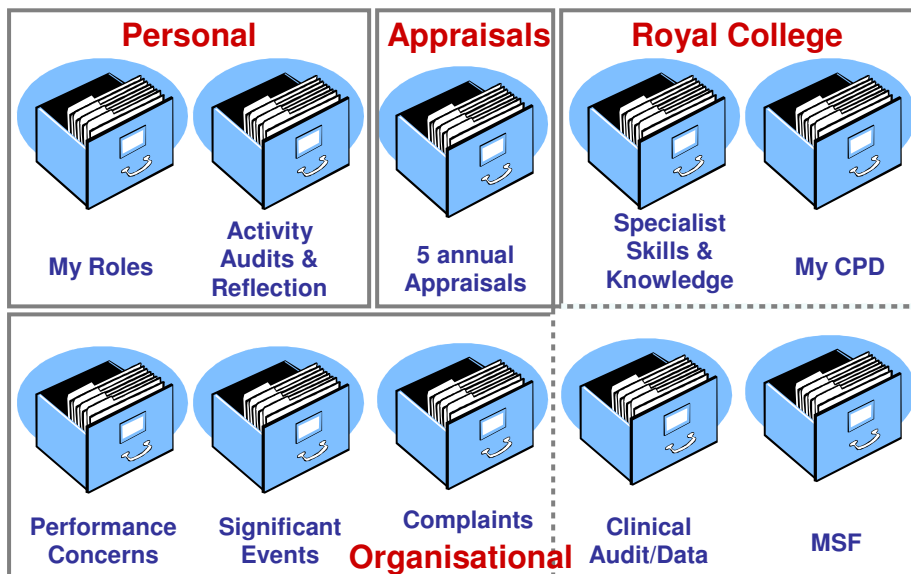
Revalidation will become more electronic.

The new appraisal expected to last 3 hours.

There is a requirement to conduct one or two 360 degree appraisal feedbacks amongst colleague in each 5 year period. The format of this will be up to the individual to decide.

See slide below for range of evidence likely to be required.

Revalidation Portfolio



Although the current evidence portfolio has not yet been sanctioned by the GMC, the RCGP wishes to encourage GPs to follow it now.

Learning Credits will be allocated by the appraisee and checked by the appraiser.

Any appraisal that is deemed insufficient will be passed to the Responsible Officer (RO) to investigate. GPs asked how the RO would be appointed. The appointee needed to have the confidence and trust of peers.

TK reported this was being addressed nationally.

The position would be advertised and subject to interview against a competency framework.

The final appointee would be subject to appraisal to ensure that they were meeting the requirements of the position.

The meeting speculated about;

- What proportion of appraisers would drop out because of the changes? ML said that on average, 5 appraisers dropped out each year and 5 new ones were trained. Whether this would change is unknown.
- The number of GPs who might retire because they could not be bothered to undertake the revalidation process. ML said that currently 16% of GPs were due to retire anyway.

GPs asked what was in place to identify the poor performers. ML said that this was covered by the development of the educational supportive side of the revalidation process. There are consequences for poor performance at appraisal. Appraisal is only one part of the revalidation process.

Consequences of not having an Annual Appraisal

In 2008/09, 9 GP partners did not undertake an appraisal.

These will be contacted and given 28 days notice of removal from the Bucks performers list. The 28 days allows consideration of mitigating circumstances (e.g. maternity leave or illness)

The GP Contract (and Performers List Regulations) obliges GPs to undergo annual Appraisal.

Three months after the close of the financial year, Thames Valley PCTs will be contacting all GPs on the Performers List who have not had an annual appraisal (via the TVPCA), to inform them that they are considering removing them from the Performer's List.

An oral hearing will follow where circumstances can be explained and judged.

PHR encouraged all GPs to check that their partners are all up to date with their appraisals.

ML said that in future, Bucks GPs would be given a quarter of the year in which their appraisal should be done. The aim of this is to prevent a rush to complete appraisals in March every year.

GPs asked that the partners of those GPs who have not had their appraisal performed should be alerted to the possibility of Performers List action.

PHR agreed to ask for this at the next Concerns Group meeting.

GPs also asked that PHR be made aware of the names of the GPs concerned.

It may be that he could solve some of the problems in advance of the letters being sent.

ML agreed to speak with PHR about this.

Action Point:

PHR to ask the Concerns Group to alert the partners of GPs who have not had their annual appraisal.

ML to seek advice on PHR being provided with the names of those GPs who are not up to date with appraisal.

Matters Arising

Bucks PCT and GP Statistics

PHR reported that he had checked the Overview and Scrutiny Committee's website and the minutes from 1st May were still not available.

<http://www.buckscc.gov.uk/moderngov/ieListMeetings.aspx?CommitteeId=137>

He would monitor this and ensure that the hoped for correction appeared

Draft Minutes appeared on Bucks CC website on 10.6.09

<http://www.buckscc.gov.uk/moderngov/ieListDocuments.aspx?CIId=137&MIId=2619&Ver=4>

Despite Caroline Langley attending and presenting, they do not seem to contain a retraction of the statement from the October HOSC minutes that

“The £2-3 million overspend is as a result of too many GPs in Bucks”.

Learning Difficulties DES

GPs reported that they still had not received a list of patients from Bucks County Council.

GPs can provide the PCT with the list of patients and appeal, but BCC have said that they will update the list until April 2010 after the DES has expired.

Action Point: GPs to inform PHR by email of the issues relating to the list of LD patients.

Colposcopy Letter

PHR believes that both Wycombe and Stoke Mandeville Hospitals have made the requested amendments to their patient letter. It will now inform patients that at 6 months, the patient has the responsibility to book a smear with their practice.

Decisions by DN Managers

Because of knock on effects, LMC believed it should hear about changes initiated by other parts of the local NHS at an early stage. The problem with the issue of DNs not writing in GP notes has been finding the person responsible for the original letter.

The eventual response from the service describes the reason as one of patient safety.

There have been several recent near misses attributed to a broken up DN record of patient care.

Leg Ulcers

PHR recently met with CL and GP.

A local algorithm for leg ulcers was discussed.

This approach was agreed 4 years ago but never acted upon.

GPs currently refer complex leg ulcers patients to tissue viability nurses, but their availability is patchy.

GPs said that the leg ulcer issue was a capacity issue within practices.

MK GPs reported that their tissue viability nurses are refusing to visit patients that are referred.

Action Point: PHR to continue to work on this issue.

PCT Information Requests and Patient Confidentiality

PHR had circulated guidance for practices facing a PCT request for disclosure of personal patient information without individual consent.

When agreed the text will be sent to all practices and PCTs.

The guidance is largely based on the “NHS Code of Practice on Confidentiality 2003”

See:

http://www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/Patientconfidentialityandcaldicottguardians/DH_4100550

Many PCTs are not passing such requests through their Caldicott Guardian.

The law permits release of personal information without consent when there is an overwhelming public interest and the risk of harm from disclosure is considered low.

PHR plans that in future all such requests will come text similar to his guidance and a clear non-technical explanation of what will be extracted.

Practices have the right to refuse to supply the data if they consider these requirements are not met.

The guidance was originally written following a request by MK PCT for practices to supply ethnicity data as they were in danger of failing a target in secondary care.

The meeting questioned whether an overwhelming public interest applied in this case.

Meeting pointed out that Practice Managers are spending a considerable amount of time on PCT work when they are really employed to work for the practice.

AG reported that BPCT are careful about requests to extract patient information. It has already pulled a request for diabetic information as it was not felt appropriate. EMIS have a programme called CUTE which tries to gather primary and secondary care data and merge it. Bucks PCT have said that this does not apply to the IT Governance requirement and will not authorise it.

GPs welcomed PHR's guidance.

DDRB Award

PHR has circulated a paper which explains the practical consequence of the 19th formula being applied to the DDRB uplift.

The rare practice with no MPIG will receive a 12.5% rise to its funding via the Global Sum fee per patient. However the majority of the practices will be uplifted by only 0.7%, with the 12.5% rise eating into their Correction Factor.

30% of practices are now no longer dependent on MPIG but would not be receiving the full 12.5%.

PB (GPC rep) had reported at Thursday's Oxon meeting that the Government have delayed authorising a mandate for NHSE to consult with GPC on next year replacement for the 19th formula.

It could be that the 19th formula will be re-applied next year as time was too short to develop an alternative.

GPs asked what the PCT were planning to do with the £400K that they would be getting by way of the savings from the QoF prevalence money.

PHR said that the PCT prevalence windfall would appear a year from now.

GPs felt that negotiations could start now.

Action Point: To start negotiations with the PCT regarding the use of the prevalence windfall

Medical Director Appointment Failure

PHR received no enquiries or applications following advertising for a Medical Director.

AS reported that PHR was continuing to do the work of 1.5 people within the Secretariat extremely well.

He thanked him very much for continuing to do so but recognised that the situation could not continue indefinitely.

PHR said that it was his intention to retire at in 4 years time, and succession planning was needed.

Some GPs felt that when Jane Solomon (JS) was in post she had worked quite effectively and asked whether there would be any advantage to having another such person appointed.

PHR had envisaged that he would cover 3 PCTs and also have overall responsibility for the organisation, with the new appointee covering the 2 PCTs closest to where they lived.

PHR said that it would actually increase his workload to have to oversee the work of a JS equivalent as well as fulfilling his current post.

Members felt that the lack of NHS pension and the current economic climate may have stopped people applying for the position.

The Secretariat Board had discussed the situation and had agreed to consider re-advertising the post around Christmas.

Pandemic Flu Issues

PHR has received complaints from TV practices about the time involved in swabbing possible flu cases.

He suggested that a dedicated swabbing team with a car would offer a more efficient system.

This has been considered by MKDoc and MK PCT.

3 GPs could provide 24 hour cover task and that swabbing only required an HCA.
A dedicated team would be a sensible solution.

Personal Protective Equipment (PPE)

Both PCTs have provided this in varying forms.

PHR has asked for each PCT to describe in detail what it plans to provide to each practice and the funding arrangements.

MK GPs reported on the very useful bulletins the PCT have been sending out.

Although they all contained mostly the same information, the PCT had highlighted in another colour any information that had changed from the previous issue.

This was down to one individual, Adrian House, and he was congratulated.

When he was away recently, although there were items in colour the information had not changed.

Now he has returned the system is again working well.

Bucks GPs said that the PCT were cancelling some practice meetings with the Prescribing Advisors (necessary for QOF) because MMT staff have been diverted to work on pandemic flu.

This will cause problems for practices as some of the meetings are to do with the issues of QoF.

The issue of FFP3 masks was raised by JB

Although the majority of Swine Flu cases appear to be mild at present, there are 4 patients in intensive care in the UK.

It is not known how many are actually in hospital, the ones in intensive care had pre-existing medical conditions.

One of the recent deaths in the USA was a school aged child who had no pre-existing medical conditions.

JB reported on US (CDC guidance) suggesting that people with pre-existing medical conditions, including pregnancy, should either be reassigned to avoid contact with flu patients or, if this was not possible, use the equivalent of FFP3 masks.

It was agreed that reassignment may be impractical, but for those groups defined in the CDC guidance, FFP3 masks should be provided, by the PCT, without cost to the practice.

The meeting speculated about how many GPs have pre-existing medical conditions.

The GPC is apparently addressing the issue of locum doctors not having NHS pension death in service benefits.

What would happen to them should they come to harm whilst seeing NHS patients with pandemic flu?

SW envisaged a situation where only GPs without pre-existing medical conditions and children and dependents would be prepared to work, and was worried that such exclusions would become excessive

The Practice Buddy System was not designed to cover exclusion of non flu affected staff.

Once a pandemic is at its height, schools will probably close.

Caring responsibilities will then prevent other staff members from coming to work.

At the Bucks LRC, a pandemic working group was suggested, but so far no PCT requests have been made for attendance at any meetings.

Patient Survey Results

Practices have recently received their patient survey results for PE7 and PE8.

Many have not achieved the higher threshold for payment and face QOF losses. The survey was designed to deliver 95% confidence (level) that the result obtained was within 7% (Confidence Interval or CI) of the real population result.

In many cases the sample size has been too low and the GPC advises practices to appeal.

PHR will send all practices and PCTs an explanation of the problem.

PHR recommended all practices appeal if their CI was >7%.

He has now asked all Thames Valley PCTs to supply the CI to each practice if they have not already done so.

The GPC lawyers were working up a case that this year's questionnaire was flawed.
PHR hoped that they may be successful, but knows that PB (GPC rep) was less optimistic.

AS felt there was an issue with the way questions were worded.
It asked if you could see a doctor within 2 weeks
Patients have been interpreting this as seeing the GP of choice within 2 weeks.

PCTs and Practices have been told that they must not share or discuss their results with anyone.
Doing so would put them at risk of legal action.

LMC Conference Agenda

Conference Representatives discussed this alone after the meeting.

Pre-Operative MRSA Screening and Treatment

Both Hospital Trusts (BHT and MHFT) are moving the treatment (and re-swabbing) of swab positive cases to GPs. This is not happening in other PCT areas.
Within BHT, this is currently happening in Urology, Plastic Surgery and the National Spinal Injuries Service.
PHR requires practices to send him evidence of this practice for passing on to BHT.

Geoff Payne has said that he has been informed that the number of times this work would be passed to GPs would be minimal. This was what he had agreed to.

The ORH in Oxford is swabbing all pre-op cases and giving them a kit of 3 topical antiseptics to use preoperatively.
Swab positive cases merely have their course extended when an inpatient.
This system had an evidence base and was a more efficient use of resources.

Issues from Recent Liaison Meeting with PCT(s)

Bucks PCT has set up have sub-committees involving LMC, but no dates have ever been set.
This means that problems cannot be addressed

LMC Rep for University of Buckingham Ethics Committee

SW said that she would be interested in the position. (SW appointment agreed by LMC).
PHR asked if it would be funded.
AG also expressed an interest in ethics.

Action Point:

AS to put SW's name forward as the LMC representative and ask if funding would be paid for attendance and preparation.

LMC Rep Resignation (Amar Sattar)

Due to other demands on his time, Dr Sattar has resigned from LMC.
He was thanked for his contributions to the LMC over the past year.
PHR will alert Wycombe Practices to the existence of a vacancy on LMC.

Action Point: PHR to contact Wycombe constituents to see if anyone wished to serve on the LMC

Genetics Questionnaire

GPs in Oxon and Bucks have complained about a unilateral change in the process of referral to Clinical Genetics at the Oxford Radcliff Hospital (ORH). BBOLMC was not consulted.

GP letters have now to be accompanied by a completed 8 page patient questionnaire (genetic pedigree). This was insisted on by the SHA specialist commissioning group to comply with the 18 week target. However, the solution was an ORH one.

GPs feel that the questionnaire is complicated and difficult to complete by those whose first language is not English.

PCTs were meant to have communicated the change but this appears to have been patchy.

The questionnaire can be found at:

http://www.oxfordradcliffe.nhs.uk/forclinicians/referrals/genetics/clinical_genetics/Docs/cancer_questionnaire.doc

PHR has met with senior administrators from the department and the ORH, together with the lead clinician and has received an apology for the lack of consultation.

He has also re-drafted the questionnaire to include a prominently displayed departmental help number for those patients experiencing difficulty with completing the 8 pages.

He hoped this would replace the current version on the ORH website

GPs asked if it was possible to have the questionnaire electronically to put it on their own intranets.

It can be downloaded from the URL above.

Reps suggested genetics used the system currently employed for psychiatry referrals in Bucks.

Any questionnaire not returned by the patient within a certain time would result in cancellation of the referral.

Reps recognised that the data needed was complicated and could take many months to gather together.

National Cytology Edict

From the end of 2009, national policy is to withdraw the option for practices to communicate cytology results to patients.

The TVPCA will take over responsibility for the task, with the aim of speeding up referrals to colposcopy.

PHR has received reassurance that should errors of communication occur GPs will not be liable even though they are the initiator of the test

GPs present said that they had rewritten the cytology letters to make them more 'touchy feely'.

Would the TVPCA equivalents create more patient anxiety and queries?

PHR will meet with the TVPCA to discuss concerns.

Action Point: To enable discussions to take place, JD to let PHR know who is handling the change within the TVPCA.

5% QOF PPV Random Selections

The list of those chosen for this year can be found at
<http://www.bbolmc.co.uk/qofpract09.xls>

PHR stressed that the selection was completely random.
All practice that had not been selected in the past 2 years went into the hat.

JD said that the visits would not take place until August due to later publication of the patient questionnaire results.

Date of Next Meeting – Friday 18th September 2009

The meeting closed at 4.05 pm.

Present	Name	Organisation
*	Beck, Gill	VoA LMC
*	Birchall, Carol	LMC Minute Secretary
*	Bradley, Julian	Milton Keynes LMC
	Buttar, Prit	GPC Rep (Co-optee)
*	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
*	Mallard-Smith, Rebecca	C&SB LMC
	Marshall, Johnny	PBC Lead
	Macalister-Smith, Ed	Bucks PCT
*	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 Marshall and Suleman

In Attendance: Marion Lynch Associate Dean, Oxford Deanery, Anna Cordle (GP Registrar) and Thao Nyugen (GP Registrar)

Dates of future meetings:

18.09.09 13.11.09