
BUCKINGHAMSHIRE LOCAL MEDICAL COMMITTEE

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Minutes of Buckinghamshire LMC Meeting

Friday 12th September 2008

At Board Room, Verney House, Aylesbury

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Dr Sapsford welcomed Dr Prit Buttar to the meeting. He is the new GPC representative for Bucks and Oxon, and a GP in Abingdon. AS said that there would be no doubt that he would represent the local interests at national level very well.

Retirement of Eric Rose

AS told the Committee that this was to be the last LMC meeting that Dr Rose would be attending.

ER has been serving on Bucks LMC for 3 decades and was Chair in the 80s.

He was instrumental in setting up the Secretariat in Marlow and was in fact the first full time Secretary. He has been a dedicated member of the GPC for 2 decades.

He left the position of LMC Secretary to set up as a GP in a new practice in MK.

In thanks for all his work on behalf of the Bucks LMC, AS presented ER with a gift.

ER thanked the Committee for their kind words. He said he had been a member of the LMC since 1978 and he wished everyone the best of luck for the future.

He felt it was very important that the LMC remained strong at the moment.

Minutes of Previous Meeting

The minutes of 6th June 2008 were agreed as a correct record of the meeting.

Matters Arising

Darzi Centre

LMC asked about the result of the public vote within the Bucks PCT area on the need for a Darzi Centre.

PHR apologised for not announcing a final result after giving interim figures.

After the meeting PHR established that all Bucks PCT reps had been sent an interim ballot result on 22.7.08. (the figures were very similar to the final result given below):

Papers received	1280
Papers spoilt	3
Patients <u>in favour</u> of spend on a Darzi Centre	42
Patients <u>not in favour</u> of spend on a Darzi Centre	1235

GPs felt the ballot had not gone as strongly as the support your practice campaign.

New LMC Board Representatives for Bucks LMC

PHR reported that a vote had not been necessary for the third place as there was only one person who put their name forward.

The Bucks representatives on the Board are AS – Chair, GJ and GB.

Secretariat Workforce

PHR reported that Jane Solomon left the LMC on 11th July.

At present he is working alone as the sole BBOLMC worker liaising directly with outside organisations. He continues to have 3 BBOLMC office colleagues supporting him at Marlow.

He hoped all the work was being covered but if anyone felt there were issues that were being neglected they should let him know.

The Board have been looking at what the new workforce would look like in the future and felt it was better to get it right rather than quick.

The plan is to have a BBOLMC Board away afternoon to define LMC objectives for the future and consider the structure necessary to deliver this.

There are 2 PCT areas that are not represented on the Board, MK and West Berkshire.

The Board wondered if MK and WB would like to send a representative to the away afternoon.

The Committee felt that the Chairs of both LRCs should be asked to attend.

MK GPs said that geographically MK has felt isolated in the past.

Action Point: To ask the LRC Chairs to attend the half away day.

PCT Liaison Teams

In the past the LMC has sometimes struggled to communicate with Bucks PCT.

MK PCT on the other hand seems genuinely keen on dialogue.

For many months in Bucks it was very difficult to get key personnel to attend Liaison meetings, which was a disappointment.

LMC recognises that Bucks PCT is under capacity and may not be getting through its full statutory workload, part of which is liaison with GPs and the LMC.

The difficulty with getting the PCT attendance fails to maximise opportunities for joint working.

One view was that until recently Bucks PCT did not consider the LMC a significant stakeholder and so motivation to liaise with them was low.

PHR pointed out that Oxfordshire PCT treats its LMC very differently.

He has spoken with Ed MacAlister-Smith and now hopes communication and joint working will improve.

GP Led Health Centres

The timescale for this has slipped.

When EM-S joined Bucks PCT he decided that what was then proposed was not acceptable.

Bucks Darzi Centre planning then had to be rethought.

So far no replacement plans have been made public.

GJ reported that the rumours are that the specification is due out next week and that the prison aspect and urgent care has been removed.

The Darzi Centre will be located in Wycombe.

The bids will have to be in by January 2009.

PHR said that because of the tendering rules the PCT were not allowed to tell any one body individually; the whole had to be notified at one time.

Because of the monies involved the tender has to conform to European Tendering rules.

The specification must specify which questions need to be answered, what score will be applied and how the organisation will be appointed.

The potential legal minefield is delaying things.

Proposed dates for 2009 Bucks LMC Meetings

The proposed dates are: 30/1/09 27/3/09 5/6/09 11/9/09 13/11/09.

GJ asked if the September meeting could be moved back one week to 18th September as GPs were still getting over the summer holidays.

Action Point: To move the September meeting to 18th.

LMC Accounts

GJ reported that he had managed to get a tax free second bank account that was paying interest. The amount paid last year was only small as the account had only been set up at the end of the year.

As the GPC Defence monies accrue during the year they amount to £30K which will be earning interest in the future.

It was asked why the payment from non-principals was so small. Answers given were:

- Salaried GPs are funded under their practices levy.
- In the past the effort required to actively collect money from freelance GPs was thought to be too great for the return.
- Freelance locums did not see the point of joining an organisation which given their circumstances they would use little.

The entry on travel expenses also included the meeting fees.

Sundries included liaison work, extra work and locum costs to cover attendances at Conference.

At the end of the year the LMC had made a loss of £1k over the 12 month period. In reality this is about £4k as some funds for the GPC levy had to be passed to the current year.

It is important to remember that any profit will be taxable so this figure is kept small.

GJ reported that he would be requesting 8p this quarter in levy and would probably have to request a similar amount in January which would make the total levy 32p. The mandate allows for 35p.

The McConnell fund is still in existence and one payment to a bereaved widow in MK had been made. The monies are earning untaxed interest every year.

Members asked about the relevance of keeping such a fund going. It was originally set up by a Dr McConnell in the days where GPs probably did not make adequate provision for surviving partners and it was intended to help with costs until estates could be sorted out.

It was suggested that the monies in the account could be passed to the Cameron Fund and thus be used by all GP widows. The Charities Commission needed to be approached to ensure that this is acceptable.

Action Point: GJ will research the options behind the scenes and report back to PHR.

HPV Vaccination for Year 13 ad MMR Catch-up

HPV

In addition to the original cohort of school year 8 (aged 12 or 13) the Government now wishes to vaccinate school year 13 (aged 17 or 18).

A proportion of these patients will have left school.

The DOH expects the original year 8 cohort to be vaccinated by the school nursing service.

For the new, year 13 cohort, other TV PCTs are offering practices a LES.

In Oxfordshire, the original price being offered was £7.51 (the same as flu).

PHR looked at the obligations for call and recall and letter writing.

Potentially each 17 and 18 year olds could require 9 letters.

Oxon has now offered an increased price of £9.33 and East Berks is considering this.

Bucks PCT has been slower than others. MK has produced an HPV paper and is in dialogue with Oxon.

MMR

The MMR catch up is another summer announcement.

The DOH is asking PCTs to ensure that all adolescents up to the age of 18 who have not had a full course of MMR are identified and brought up to the required level of vaccination.

All TV PCTs have taken advice from John Derry.

It is possible to interpret the regulations that the core contract (roll over of Red Book rules) requires GPs to administer the vaccine up to and including the age of 15.

The regulations do not specify a call or recall system and this is the area where PHR plans to concentrate his negotiation.

There is also the additional cohort of 16, 17 and 18 year olds not covered by additional services funding and these will need to be covered by a LES.

It was suggested that as Bucks PCT had a capacity problem they should be approached and asked if they would like to roll over their MMR catch up LES to include this population as the target population in the original LES are now too old.

Action Point: PHR to approach Bucks PCT and ask them to consider revising the LES they have in place for MMR catch up.

Concerns Processes in the two PCTS

Progress is being made in both MK and Bucks.

Bucks has a Committee and PHR now receives the papers, although has not yet been able to attend any of the meetings.

MK has produced a sizeable Concerns Process document, describing two 2 committees, where elsewhere only one exists.

The PCT are planning to discuss this issue at the MK LRC.

PHR wants the process to be fair, non bureaucratic and to work.

BPCT Primary Medical Services Steering Group

So far this committee has met only once.

The agenda for the next meeting seems to be dominated by a presentation by PSEC, whose brochure describes its services for data collection about Bucks practices, but disappoints with the number of unrecognised typos.

PHR wondered whether this was the best use of the committee, when other issues remain unresolved. See examples below:

eg HPV, MMR, phlebotomy, anticoagulation, MPIG, PMS reviews, the new DESs, Pharmacy White Paper, Provider Services, IGSoc, GPSOC agreement, measles status of clinicians, Flu vaccine by DNs.

One rep who attended the first meeting was disappointed.

The LMC saw this group as an executive group that will do background work and produce papers for use within the PCT and at LMC meetings (local and county).

GJ said that the framework and structure of the group was worth pursuing and full LMC representation should be sent to the next meeting.
He recognised that there should be a shared agenda with the LMC having equal input to it.
The terms of reference of the group may be too loose and need re-discussion.

Action Point:

To ensure agenda contributions remain multi-sourced.

To ask the PCT to ensure that all current issues are discussed at Steering Group and not just PSEC.

Janet Rowse C&B email of 03.09.08

Janet Rowse emailed all Bucks PCT practices not using C+B on 3/9/08.
Because of its tone and implied threat of naming and shaming, it has provoked some GP comment in the intervening 10 days.

ER reported the GPC view that C+B was not compulsory, and that traditional referral methods could still operate. This opinion was obtained when MK PCT had insisted that the only referral channel was by C+B.

GJ reported that at an EMIS Conference the GP National Lead for Connecting for Health had said that a number of PCTs across the country are misleading GPs over C+B being obligatory. He asked that LMCs let him know if this was occurring as it is not Government policy.

It was rumoured that Janet Rowse had now left the PCT and in her absence it was suggested that EM-S should be approached with LMC concerns about the email.

GPs reported that using NHS swipe cards their IT system is 25% slower and on occasions has crashed altogether.

There are complaints that patients cannot understand the C+B paperwork they are given. Practice secretaries then have an increased workload and GP appointments are being consumed unnecessarily.

Action Point:

PHR to write to EM-S.

Management of Bucks Provider Services by the Acute Hospitals Trust

Katie Donlevy wrote to all practices on 8/9/08, outlining PCT plans for its provider services to be hosted by BHT. The letter cites integration of clinical services across acute and community care as a benefit of this change. It will also allow the PCT to concentrate on being a commissioner of services.

PCT Board approval for this will be sought on 30/9/08.

LMC reps wondered whether such a change had to conform to European Procurement rules and go out to competitive tender.

Many worried that BHT did not have the necessary capabilities.

Should the change be challenged and reported to the Bucks Overview and Scrutiny Committee (OSC)?

The PCT propose to sign this off at the next Board meeting.

This is fairly rapid progress given that the item has not been on previous agendas.

Action Point: PHR to alert the Bucks OSC.

Information Governance

Bucks PCT has requested practices to complete a statement of Compliance on Information Governance by the end October 2008.

The workload is large and LMC has received alerts from overburdened practices on the issue. PHR sought views from other areas about how this was being handled.

A neighbouring PCT has employed a project manager to work with and help all its practices with this work. This description of this help has been sent to Bucks PCT but so far no response has been received.

Measles

Bucks PCT Occupational Health Department has written to all practices on 31.7.08.

In reality it is offering help in vaccinating all frontline health care staff against measles after practices have clarified their immune status.

Unfortunately the first sentence comes across as a command and this has irritated many.

PHR has spoken to the author about the wording and the impact it has had.

Administration of Flu Vaccines by DNs

Carol Watkinson (CW) has sent Bucks PCT practices a letter (11.9.08) announcing that any vaccines given by DNs will be charged at £7 in 2008/09.

This does not seem to recognise last year's agreement that any patient already on the DNs workload would not be charged for. Has there been a failure of corporate memory?

The LMC were reminded that Stuart Townsend dealt with the flu issue last year and it may be that Carol Watkinson did not know about this agreement.

The communication sent out last year by ST did not go through Caroline Langley and it was questioned whether this one had done.

PHR will make contact with CW.

New DES

When its delayed 3 month consultation ends on 1.10.08, Government plans to implement the DDRB suggestion on Global Sum uplift and MPIG.

In anticipation of this, the DOH has issued details of 5 new Clinical DESs that will go towards the compensatory 1.5% increase in spending on GP services.

PHR has alerted practices, PCTs and local authorities, to potential difficulties with the Learning Difficulties DES.

The DES requires GPs to use local authority lists that will probably not be listed by practice.

It may also be that the Data Protection Act will deny practices access to the information.

Clinicians are required to go on a designated course but there are none available locally.

The other DES all appear to be end of year reports which will be retrospective for the whole of 2008/09 and so allow some catch up for the start half way through the financial year.

Secretary's Issues

National MPIG Negotiation and PMS Uplifts

PB (Bucks and Oxon GPC rep) reported that the news was bleak.

There is a group of civil servants who feel that GPs are grossly overpaid.

They feel a GP should earn £70-80K per annum not £130K.

The Government want to abolish MPIG and the GPC expect that the MPIG will go.

The unknown is the timescale.

Further news will be available following the GPC meeting next Thursday.

PB felt all general practice must get its house in order.

There are still practices that close half days, over lunch, or if their computer systems crash.

Although all practices say they offer appointments at 48 hours notice in some it is impossible to get appointments for much longer.

This does not help the GP cause and is difficult to defend.

The Labour Government want to get rid of MPIG and it is known that the Tories want a new contract, where funding will be rebadged.

The GPC have always been keen to trade but Government seems to prefer unilateral imposition.

ER said that the loss of MPIG would certainly mean that his practice would have to close as they currently receive £231K in MPIG.

There are problems with the Carr-Hill formula.

His practice only attracted a C-H index of 0.7.

If the Government took MPIG away and raised the pounds per weighted patient from £54 to £65, his practice would only get 0.7 of £65.

From his experience the GPC do not understand this problem.

There is a real possibility that a significant number of practices will go out of business.

If this is the case it may be that GPs would be prepared to resign as they would have nothing to lose.

In MK GPs had had a meeting with their local MP who had spent time justifying the Government's actions.

It was the MP's opinion that the negotiators had stitched up the Government.

ER had pointed out that during all the negotiations the Treasury had been present and it was Government that was pushing for the deal that was struck.

Reps suggested that using the FOI it was possible to get the MPIG figures on every practice in the LMC area.

This should be done to enable the LMC to give the GPC an informed view.

In the meantime, the LMC should write to the GPC raising their concerns regarding the possible loss of MPIG.

Action Point:

PB to feed back on national discussions.

To get the MPIG figures for all practices in the LMC area.

To write to GPC re MPIG and GPs' concerns.

PMS Uplift

The DOH (Dyson) has instructed PCTs to manage any PMS uplifts in the same way as GMS Global Sum (GS) and MPIG.

If any PMS Contract sum is more than 2.7% larger than the GS then no uplift is to be offered.

Extended Hours

The DES is now out but, as predicted, it offers little flexibility.

The Bucks PCT LES included the most flexibility of any in the Thames Valley.

MK PCT has stopped accepting LES applications complying with their original LES because of Government instruction that these would not count towards their 50% target.

The new MK LES is very like the national DES.

TK advised practices in MK to speak with Ann-Marie Frost before making an application.

Appraisal Documentation Trials

Bucks appraisers are in the early stages of piloting new documentation (evidence) for appraisal in preparation for it feeding into revalidation.

It is hoped that early involvement of practising GPs will result in a practical acceptable outcome.

Phlebotomy Funding

PHR reported that he was meeting Caroline Langley before the next LRC meeting and will find out whether the proposed increased funding has been ratified at a higher level in the PCT.

Anticoagulation and Warfarin

GB reported that Alison Wakeford has been asked to look at the phlebotomy and anticoagulation issue.

AW has managed to get round most of the Aylesbury practices affected by the withdrawal of prescribing of Warfarin by the S-M hospital.

The proposal which it is hoped will receive approval is that work transferred from secondary to primary care will be funded at £7.50 per patient (to the end of the financial year).

This seems to be an acknowledgement by the PCT that anticoagulation is not part of core work.

The PCT are setting up a group and have asked for 2 GP volunteers from Mid and South Bucks to attend this Group. GB asked to represent LMC.

Other PCTs have higher numbers of practices offering level 4 of the anticoagulation NES. Bucks PCT has struggled to develop such near patient testing because it cannot identify a funding stream that it can remove from BHT to pay for the shift in activity.

Reps thought that it cost in the region of £85 per patient visit to BHT which is considerably greater than any equivalent payment to GPs.

Is there a level playing field in the way PCTs treat secondary care and primary care?

Losing the name PCT 'NHS MK' CEO letter 01.09.08

Some MK reps thought that losing the Primary Care bit from the name PCT was appropriate given their perception of the organisation's limited engagement with practices.

Date of Next Meeting – Friday 14th November 2008

The meeting closed at 4:20 pm.

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
	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
	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
*	Rose, Eric	Milton Keynes LMC (Co-optee)
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 were received from Dr Derry, Gamell, Payne, Rao & Suleman and Ed Macalister-Smith

Dates of future meetings:

14.11.08 30.01.09 27.03.09 05.06.09 18.09.09 13.11.09