
BUCKINGHAMSHIRE LOCAL MEDICAL COMMITTEE

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MINUTES OF CONFIDENTIAL CHILTERN & SOUTH BUCKS LRC MEETING 28TH JANUARY 2005, 1PM AT RECTORY MEADOW SURGERY, AMERSHAM

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MINUTES OF PREVIOUS MEETING

These were agreed as a correct record of the meeting. Members please with system of receiving the agenda papers electronically.

THE FUTURE OF THE BASKET OF SERVICES

Need to start planning for 05/06. HM gave PR a list of items which were included for 04/05.

(Zoladex, post op suture removal, ambulance arrangement, leg ulcer care, screening lists, supplementary prescriber support)

Price of basket 04/05 basket not considered high

Members felt there had been an overall financial loss to practices in accepting the services.

OOH REVIEW

The PCT now commissioning OOH.

Harmoni have now set up a complaints system. However it is not known whether complaints are passed on to the PCT.

Patients do complain to doctors and GPs need to know who to contact at Harmoni.

It was felt that the morning after feedback forms giving OOH consultation details need to be changed to say that Harmoni saw the patient on behalf of the PCT not the practice.

In Iver there had, and continue to be, problems. At the inception Harmoni West London were deemed to be responsible. However when patients rang them they would not accept the call, so Harmoni Wycombe were contacted. Their reply was the same, so it seemed that the practice was not being covered by any Harmoni area.

Practice wanted to be covered by the same OOH as the rest of the County especially as Harmoni West London is triaged by NHS Direct. On 19th December patients were told there was a long wait and they should wait to see their own GP on Monday morning, hence these surgeries were very heavy.

LMC LEVY

Mandate signing percentage is pleasingly high in all 3 counties

Most GPs are now paying. Those that do not are receiving letters, a telephone call and as the last resort a personal visit.

PRACTICE BASED COMMISSIONING

PCTs are visiting individual practices now. However PBC does not seem to be much more than a vague concept. It is expected to be up and running by 1st April 2005. No one optimistic

It was agreed to ask for an update and a timescale.

MENTAL HEALTH SERVICES

HM reported proposals for a new Community Mental Health Service for mid and south Bucks. Practice Based Commissioning may help deliver this

Some queried why the commissioning could not be done at trust level since all Bucks practices would should have similar needs.

It was agreed to ask what new proposals there were for Mental Health

LMC ELECTIONS 2005

It was agreed to let the Secretariat work up LRC election in the near future.

GUIDANCE FOR PRACTICES ON QOF AT END OF YEAR

PR reported he had received new updates on this and was summarising them.

On 2nd April 2005 each practice will nominate someone to pass the QMAS figures using electronic button. This is a legal signing. The PCT will do the same. If both agree then payment authorisation is passed to the Agency in Aylesbury. Any dispute resolution will initially be local. If no local settlement is possible then issue goes to the SHA. If there is dispute there will be payment on account with reconciliation later.

Example of practice disputing QMAS given:

One Torex practice has had a problem with the read codes for women who had had smears not being picked up by QMAS. This means that 796 women need read coding again.

It was agreed to ask the PCT when payment could be expected.

IT STRATEGY

MS has attended a meeting where he had been told that £250,000 was available to replace all the file servers and computer hardware in practices by September (may increase to £413,000). PCT will provide flat screens etc and want all the practices to have the same hardware. Regards this as an opportunity. The practices who are in the most need will be done first.

The servers will then become the property of the PCT, with maintenance provided enbloc across all 3 PCTs. This is only an interim measure until NPfIT Care Record System (CRS) starts.

It was agreed to ask what the hardware upgrade situation was.

COST OF RUNNING PCT

It was noted that the PCT had moved to new purpose built premises with many more staff in place. Members wondered how this was funded but felt probing PCT might be overprovocative.

COMMUNITY HOSPITALS

PR said this contract was for one provider. It is similar to secondary care models. Is this appropriate? Meeting felt this was an inevitable way forward and GPs would accept this. Need for as much as 5 sessions of consultant time per week was questioned. What the consultant role would be?

Contract pricing meant it would pay practices to take on an assistant to do this work and do some work in the surgery too. ?

It was agreed to question PCT on whether consultant input was over-specified.

ACCESS LES

LES was an attempt to maintain the PCT 3 star status with 24 and 48 hour access. A problem could occur when there is sickness within a practice and there are not enough staff to see a large block of patients. The PCT needed a failsafe in place to ensure that this access was met.

PR felt that the £60 penalty seemed to have been abolished. Calcott have agreed to tender for this service. The issue of transport for the patient was recognised. If the penalty was abolished what was to stop GPs referring patients to this practice?

It was agreed to ask the PCT if the penalty had been removed

DR MORRIS' RETIREMENT

Dr Morris is due to retire at the end of March. His list will be absorbed by 2 local practices.

TREATMENT OF ENGLISH PATENTS RESIDENT ABROAD

A member had treated a patient, with a sore throat, who was British but was living in Switzerland. The patient was charged £30.00 but had since read a paper on the net that he should not have been. Member asked for advice. Secretary clarified that the paper he had read was, at the moment a DOH consultation document. The area of charging patients was unclear because of varied interpretation of emergency care (Life threatening vs inappropriate to wait until return home)

DATE OF NEXT MEETING

Friday, 11 March. 1PM
Rectory Meadow Surgery

Attendees

Present	Name	Organisation
*	Corlett Helen	Member (Co-opted)
	Daily Simon	Member (Co-opted)
*	Mallard-Smith Rebecca	Member
*	McDermott Hilary	Chairman
	Sapsford Andy	Member
*	Stoneham Mike	Member (Co-opted)
*	Thompson Simon	Member
*	Roblin Paul	LMC Chief Executive
	Solomon Jane	LMC Director of Development & Liaison
*	Birchall Carol	LMC Minute Secretary