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# BUCKINGHAMSHIRE LOCAL MEDICAL COMMITTEE

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## **Minutes of Chiltern & South Bucks LRC Meeting**

On Friday 11<sup>th</sup> March 2005  
At Rectory Meadow Surgery, HP7 0HG  
At 1.00 pm

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### **Minutes of Previous Meeting**

These were agreed as a correct record of the meeting

## **Enhanced Services**

PR reported that he had received an email giving notice of 2 meetings that the PCT were going to host, one to take place the day after the email had been received the next one on 17<sup>th</sup> March.

It was partly about how practices were paid.

No copies of the minutes have yet been received.

There is no idea what proposed enhanced services have been paid for or commissioned yet they must be in place by 1<sup>st</sup> April 2005.

Some PCTs have very good proposals in place but not all.

There were worries that the PCT would be clawing back any underspend, they must be rolled over until next year.

The basket was commissioned at £1.00 per head. It was originally agreed to accept it in principal.

They may be contractually committed to giving overspend to Practices but will they?

## **Sexual Health and FP Service**

It was chosen not to commission this last year. There has been no consultation about it.

The plans are it will be based at the Chalfont and Gerrards Cross Hospital.

No money is going to GPs Family Planning Services so they have stopped doing coil fits.

The PCT may not be interested as it is a very small amount although it must be costing the PCT money to administer this.

Other PCTs employ a computer programme called "ASPIRE" which takes the information it needs off the system.

## **ECG Machine Maintenance**

Practices had been supplied with ECG machines by the PCT.

These machines are now needing new batteries costing £100 to operate. The PCT are refusing to pay for these.

The argument is should this be under essential services?

As a practice you provide the premises and the staff time to do this, in other areas the patient goes to a hospital for this service.

What about the practices who own their own machines? They are paying for their own maintenance.

If the PCT wants the practice to provide the service they should pay for the equipment and maintenance.

Perhaps there should be an LES developed to cover this or include it in the 'basket'.

The issue is that more rural practices have ECG machines and they should be paid to commission the services rather than sending the patient to hospital.

The other benefit is you can take an ECG and fax it to a consultant and discuss it on the telephone and carry on treating the patient in the practice, rather than admitting them to hospital.

## **Basket of Services**

The list of items included in the basket are listed in the January minutes.

## IT

A meeting had been last week with the IT Team and EMIS practices.

£1m has been given to re-equip the whole of the PCT area. By end of September all the practices will have servers, printers and desktops all to the same specification.

The maintenance will be with the same company. There will be insurance.

They will be replacing like with like, if a practice wants more terminals, the PCT has not thought this through. It was suggested that if practices wanted more hardware they should give the PCT the money as a grant.

From 1<sup>st</sup> April 2005 new computer equipment is the responsibility of the PCT.

Currently scanners are not included in the specification.

They list the computer specifications in terms of ram etc, but there is no specification for the whole system.

If there is a dispute between the Practice and the PCT the LMC will arbitrate.

There are 2 or 3 surgeries who have been given money to develop/build new premises and they have been told that the money for the computers must come out of this fund, but they did not include it in their Business Plans.

How will new bids be approved? The PCT will not give a decision.

They must not delay on the basis of funding. It was more a case of 'you must do it our way'.

Some practices have been waiting for approval to become paperless for many years. PR reported that although you should get accreditation to do this, it is a requirement in theory.

## Mental Health Trust

Another letter has been received about the primary care mental health service. Nothing much seems to be happening at the moment.

It should be coming in at the end of this year.

There has been a shift in the psychology waiting list.

There were questions raised about the name of this service, primary care used to mean surgery staff, district nurse and health visitor. The mental health service should be called intermediate not primary care.

## Practice Based Commissioning

This is supposed to start on 1<sup>st</sup> April 2005.

At a meeting it was suggested that practices should not come in at stage 1 but come in at a higher level. The PCT feels the first year should not be one looking at budgets only.

Perhaps musculoskeletal and mental health services could be looked at under this.

Practices were writing in with an expression of interest and it was expected that 95% of practices will take this line.

There is a financial incentive to the PCT if practices sign up for this. What would happen to the money that came in? Would it be divided up between the practices?

PBC could form part of choose and book.

The management costs will be between £10,000 and £100,000 per practice.

There is talk in some PCTs of developing an enhanced service to administer PBC.

The costs of the management must come out of your savings. You can now keep up to 100% of the savings, there is no actual figure mentioned.

Do you want an alternative service in C&SB for mental health provision along the lines of smoking?

The details on PBC are vague and woolly.

Very few PCTs have moved far on this in the last 6 months.

It was agreed to ask what the PCT position was.

If an enhanced service is developed it is money back into surgery, although it is taken out of the enhanced services budget. It is dependent on practices making a saving.

### **Choose and Book**

A lot of Berkshire practices are choosing but not booking.

Details are very patchy about the software. Choice is running for cataracts and has been since 1<sup>st</sup> February.

Everyone is being asked to trial choice.

It is not part of the GPs terms of service.

Whenever a patient is given a choice outside the practice, they ring the GP and discuss it with them. Choice to a patient means a local hospital with a good surgeon recommended by their GP. Practices have to decide whether the bribe will be worth the work. There is a problem than the bribe may not come down to practices.

The cataract choice was initiated with a letter, no further information.

Would the referral be bounc/ed back if it had not gone through the choose and book referral hub?

Were GPs filling in the form, there had been no form with the letter.

If 30% signed up to choose and book by October, the PCT will get £5891 per practice and the LRC must ask where this will end up.

The money will be for signing up. The further tiers are 50% and then 90%. The money is a bribe for the PCT, not practices.

### **Agenda for Change**

This is not compulsory for general practice, it is only compulsory within the NHS body itself. The change is from the Whitley scales to the new scales. The impact it might have is most people are benefiting by going onto the new scales by between £1-3,000 per year. Their starting holiday entitlement is increasing to 27 days with 8 bank holidays from the outset of joining.

Presents market forces. Some practice contracts state they will match what the nurse would get if they stayed in the hospitals.

It has not impacted hospitals as they had originally thought. You must eventually do it across the NHS body, including medical secretaries, etc. It is the time taken to rewrite contracts more than the money.

In the C&SB area they are benefiting from fringe London weighting.

Practices need to keep their fingers on the pulse about this.

### **QMAS End of Year**

Are practices happy that they have been informed on what will happen?

After 1<sup>st</sup> April the PCT needs to see what the computer has calculated for the practice. This is automatic. They want to double check that it is legitimate.

Some PCTs did not check this on the first visit. Some PCTs are visiting practices to ensure it has happened.

Each PCT has checked in their own way.

Tom Wilson was running this.

### **Protected Learning Time**

There was concern that the last meeting had been very badly attended by GPs, but Harmoni had provided cover to all practices. What would be happening with the events centrally organised? This may be reviewed by the PCT.

### **Practice Bulletin 56: Choice Update 1**

PR reported that the bulletin contained very useful information and the PCT should be congratulated on this.

### **Date of Next Meeting**

Friday 20<sup>th</sup> May 2005

<b>Present</b>	<b>Name</b>	<b>Organisation</b>
	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