
BUCKINGHAMSHIRE LOCAL MEDICAL COMMITTEE

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Minutes of Chiltern & South Bucks LRC/PCT Liaison Meeting

Friday 21st October 2005, 2pm
At Rectory Meadow Surgery
HP7 0HG

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Minutes of Previous Meeting

The amended minutes of meeting held on 15th July were agreed as a correct record.

New Arrangements for Stoke Mandeville & Wycombe Hospitals re: Acute Service Provisions

The recent re-organisation where different functions sit within different hospitals has some clinical teething problems.

Patients seem to be receiving less good care than they should; they are being transferred around the county between hospitals etc.

Consultants have reported to GPs that they cannot treat patients in Wycombe because some essential equipment is at Stoke.

JC asked for more detailed feedback on clinical issues so they could be looked into more carefully.

The Trust did not feel that patient care was affected; in fact they felt that patients were getting a quicker diagnosis and faster access to consultants than was previously the case.

The planned in patient surgical treatment centre at Wycombe has not had to turn one patient away since it was started.

Transport issues for relatives of patients were raised.

The need for transport has been so small that the planned shuttle bus has not been commissioned.

JC agreed to update GPs on the current transport service between hospitals.

Problems with some Paediatric cases with children being assessed at Stoke for surgical needs and then being transferred back to Wycombe. This is not felt to be acceptable.

The County Council is responsible for ensure that public transport is adequate and the PCT agreed to find a named contact for this.

Mental Health

Last month the consultation document about the rearrangement of mental health services in Bucks was presented to the County LMC.

Consultation Paper concerned with adult mental health services only.

(child mental health is not included)

Child Mental Health

GPs cannot access child mental health services at the moment,

This has been a problem for about 18 months.

The MHT has been trying to replace some of the people who have left and are bringing people in from Oxford.

The current commissioner is Michael Bennett and Judith Deane is the director leading this.

Action Point: It was agreed that if GPs have a problem with commissioning they should approach JC.

Adult Mental Health

This will look different when the primary mental health care teams start, and a lot of the concerns will be addressed during the consultation phase.

South Bucks were keen to remain in Berks as the service they receive is very good.

Action Point: It was agreed that this should be fed back to the consultation process.

The planned change would be to transfer even those long term mentally ill who have been treated in Berkshire.

Hep B LES

This was not a C&SB LES.

Intermediate Care

There is still problem in the very south of the county.

Debbie Raven is aware of issue and says that this should not happen

The matter is being looked at.

If a GP has a day time referral and it is accepted, (it is not always accepted), then the Intermediate Care Team should be approached.

If the request is after 6pm Bucks will not cover it and Berkshire do not do twilight as it is not part of Intermediate Care.

The service has been taken up very well by GPs and if it continues there will probably be a request to increase funding to increase capacity.

The PCT should ensure that twilight is part of Intermediate Care and this was agreed.

Practices are encouraged that when they receive a visit request which might lead to Intermediate Care involvement, that they inform the IC service before the GP visits so that assessments can be made early.

Referral Triage

The leaked three PCT Commissioning Board paper recently featured on the Today programme LRC feeling that it was wrong not to consult earlier with LMC.

Involving GPs at an earlier stage is more likely to get their full understanding and co-operation.

LRC recognised that C&SB have been discussing this with practices as part of PBC.

Same could not be said of the two other PCTs

Musculoskeletal Referral triage has been happening for 6-9 months.

Issues will be discussed at the GP Forum next month.

All practices have been informed of the 100 referral survey results and how they justify referral management initiatives.

The Acute Trust Consultants seem reluctant to accept the Dermatology pathway and it is anticipated a hybrid model will be devised for this.

Overtrading (living within budget) discussed.

West Berkshire have developed a draft list of things that should not be referred to secondary care C&SB did not want to do it this way; they wanted GP involvement.

If follow-up rates could be addressed it would save a lot as they are twice the national average.

Referrals letters need to be looked at

One view was that no GP Registrar or Locum letters should be sent out without being checked first by someone more senior.

Overtrading and Deficits

Any overspend this year will mean less money for next year.

Currently elective care is at the national tariff, there is no block contract.

The deficit will still exist whether it sits within the hospital or the PCT.

Referrals need to be kept down to the most appropriate ones and the health system needs to stay within budget.

Either GPs develop commissioning skills or decision making will be taken away from them and given to a company like United Healthcare.

Harmoni

OOH contacts for Practices in Iver go to Harmoni West London via NHS Direct but some requests for help from Bucks patients are being rejected.

The PCT are investigating this issue and are looking for the tapes to find out what had been said.

All Bucks practices should be on the Harmoni data base so there should not be a problem.

Nationally all calls will eventually be triaged by NHS Direct, so Harmoni London are ahead of Bucks on this.

There were also problems with the feedback from Harmoni; sheets are confusing because they include the entire history from the first contact to the final diagnosis.

It is often difficult to decipher the content on the forms.

GPs only need to know who was seen and what treatment they received.

There were also problems with some clinical management although this may not be due to the use of foreign doctors.

Action Point: CL asked that specific issues be fed back to her for investigation.

PCT Reconfiguration

The SHA have put forward 3 options to the DOH involving 3, 4 or 5 PCT configurations.

C&SB reps did not want to be in a Bucks wide PCT with MK and would prefer the 5 PCT option.

Currently the management structure of the new Oxford PCT is going out to market tender

Could an organisation such as United Healthcare win the contract and could this model be rolled out further within the Thames Valley?.

ES Spend

Spreadsheet of cumulative spend to date against plan tabled.

Currently a lot of figures were awaited on Quarter 2 and a lot of LES had been late starting.

Action Point: It was agreed that the LRC would study the new information provided

Date of Next Meeting – Friday, 16th December

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
*	Carmichael Jonathan	C&SB PCT
	Johnson Bart	C&SB PCT
*	Langley Caroline	C&SB PCT
*	McVey Vivienne	C&SB PCT PEC Chair
	Wilson Tom	C&SB PCT

Apologies: Dr Sapsford
Jane Solomon