

---

# BUCKINGHAMSHIRE LOCAL MEDICAL COMMITTEE

---

**Chairman**  
Dr Andy Sapsford  
Rectory Meadow Surgery  
School Lane  
Amersham  
Bucks  
HP7 0HG

Tel: 01494 727711  
Fax: 01494 431790  
andrew.sapsford@nhs.net

**Treasurer**  
Dr Graham Jackson  
Whitehill Surgery  
Oxford Road  
Aylesbury  
Bucks  
HP19 8EN

Tel: 01296 432742  
Fax: 01296 398774  
graham.jackson@nhs.net

**Secretary**  
Dr Paul Roblin  
Secretariat of Berks, Bucks & Oxon LMCs  
Mere House  
Dedmere Road  
Marlow  
Bucks SL7 1PB

Tel: 01628 475727  
Fax: 01628 481173 or 01628 474731  
paul.roblin@bblmc.co.uk

## **Minutes of Vale of Aylesbury LRC/PCT Meeting**

On Wednesday 13<sup>th</sup> December 2006

At Verney House, Aylesbury

At 1.30 pm

### **CONTENTS**

**CTRL and Click to hyperlink**

---

#### **Minutes of Previous Meeting**

The minutes of 10<sup>th</sup> October 2006 were agreed as a correct record of the meeting.

#### **Matters Arising**

##### **Premises**

John Worrall has identified the priority areas for development across Bucks and will be drafting a process to go through to meet transparency requirements.

There are many practices who need development monies.

It is not only the SHA pot that will fund premises the unified budget of the PCT can fund premises too.

In Aylesbury the first priority is the Green Field development, Elmhurst and others. The PCT covers Bucks and there is a practice in Wycombe that needs help.

##### **Hospital Blood Audit**

CBP has received some audits but not all. GB said that she had kept all hers back and would submit them to CBP now.

It was agreed that CBP would email all practices asking for any remaining audits to be submitted to her to enable her to produce a document by the end of the year.

Whilst working for Harmoni a notice had been seen in the Phlebotomy centre stating that no phlebotomy would take place in the clinic due to staff shortages, patients were being advised to go to their GP or reattend the Clinic.

In Oxfordshire the hospital sent practices a form to sign stating that if patients turned up with forms for bloods, what did the practice want done, the bloods taken and an invoice raised or the patient sent back to the practice.

PR reported he had changed this around to ask the hospital what practices should do if patients turned up there wanting bloods taken for an out patient appointment.

The money that was put into Stoke and Wycombe to do GP bloods was never taken out.

The money was for radiology and the labs.

The HA never stopped the process it was just that SMH stopped doing it.

Where there is an interaction between the hospital trust and primary care, how can they be asked to behave better?

This issue is the one where the Liaison with Andrew Kirk has not received a favourable reply.

### **LRC Chair**

Tim Peacock is now Chair of the LRC.

### **Issues from Bucks LMC 17/11/2006**

#### **LBC Training**

It was unclear who 'they' are who are insisting that GPs need to be trained in this way.

The training was needed for LBC which no GPs dispute.

Wendy Lee was following the National Screening Guidelines which recommended that half day updates are taken every 3 years.

WL proposed to hold a 2 hours session incorporating the LBC training, along with lunch.

The evaluation forms were all very positive.

WL said that people did not have to attend the training if they had attended LBC training in other areas.

The implication was that GPs had to attend the training.

GPs felt that this could be cascaded down and no one could take a smear unless they have an accredited number.

The feedback forms do not leave room to be critical of the training.

GPs felt that this did not need to be done every 3 years.

The problem is that Bucks are the leaders in LBC and other PCTs are approaching Bucks for guidance.

GPs all get audited and view this data and GPs could be asked to put this into their appraisals and if the scores are falling the GP could be asked to attend for further training.

Not all nurses in a practice needed to attend the training, one or two could attend and cascade the knowledge down to others.

It was suggested that if training was about to be put in place for GPs it would be sensible to speak to them before implementing it.

CBP reported that no smears would be turned away from the laboratory, despite GPs being told that they would.

**Action Point: Any future training that will involve GPs should be run past the LMC in the first instance.  
The evaluation form will be reviewed.**

#### **Liaison with Bucks PCT**

The aim is to make this a county wide meeting.  
It is anticipated that in the future the LRC meeting will only be for LMC members.  
The proposed membership of the Group from the PCT will be Director level staff.  
It was felt that someone from Acute Commissioning needs to be at the meeting.

#### **Scanners as Core It**

At a recent meeting the PCT had decided that these were not seen as core IT.  
There are local discussions ongoing on how to fund these.  
The IT are drawing up a paper for the end of the month.  
It may be that if practices buy their own scanners the PCT will maintain them or it may be that the PCT will purchase them.  
The IT people in the PCT are currently Lynn Colley, Richard Cox and Deeney Barrett who will be developing a local policy.  
Scanners are essential to send a referral through C&B.  
The PCT have not been able to fund any new equipment in the past.  
C&B might give the PCT an opportunity to obtain more funding.  
There is no money for the LDP next year but things will need to be funded and the money must come from somewhere.  
With the continued support of the DES for PBC needing to be funded from 31<sup>st</sup> March 2007, it was asked how the PCT planned to do this?  
The guidance instructs the PCT to produce an incentive scheme to fund this.  
The Commissioning Groups need to know what is planned to be able to give staff 3 months' notice to close the organisations down if no funding is available.

**Action Point: CBP will feed up the situation regarding PBC.**

#### **Mandatory Fields in Referral Letter**

Emma Haffenden suggested that GPs make up dob etc to fill in the mandatory fields.  
The problem is these fields are not mandatory for C&B so they should not be for other referrals.  
GPs will not be supplying this information and it may be that referrals are sent back.

### **C&B**

Some practices are unable to achieve the second part payment through no fault of their own and the PCT were asked their plans for this.  
The PCT will be asking the C&B Steering Group to come up with a contingency plan if practices can produce evidence that they cannot access C&B.  
Practices have asked how to record on the computer if they cannot do C&B, however no response has been received yet.  
Paul Meldrum or Judith Dean are members of the C&B Group and are the contacts.

The Government have no ability currently to send out the questionnaire to patients asking if they have been offered choice, the form of questions have not yet been decided as they have had to sort out the Access questions first.

The Group will be meeting before Christmas and the LMC asked if they could have sight of the minutes.

**Action Point: CBP will ask the Group to look at a contingency plan.**

### **PCT Performance Table**

No data was supplied from Bucks for referrals

### **ES Letter 11.11 from CBP**

CBP said that the letter was 11<sup>th</sup> October not November.

Drugs Misuse will be commissioned shortly in Aylesbury.

This letter clarifies which ES will be commissioned.

Those practices who have cared for drug misusers in the past will not be funded for existing patients.

The ES will only apply to new patients provided they are under shared care.

The problem is some the DHAT have refused to see some patients; these patients can be funded, it is only those that have previously been funded under ES that will not be covered.

The ES will go to PEC for ratification on 21<sup>st</sup> December.

Training and refresher courses will be funded by DHAT.

**Action Point: The final document will be circulated to practices shortly.**

### **Phlebotomy Audit**

The national decision is awaited on 14<sup>th</sup> December.

There is an issue with the withdrawal of funding and practices are confused as to when this will be implemented.

Practices have known since January 2006 that ES were being reviewed and have been given several lots of 3 months of notice periods.

The problem is that the ICG date keeps being move and the PCT cannot keep funding this.

The Executive Team have discussed this and said that the service must end by 31/01/07.

Originally in September CBP said that the time would be 3 months from the ICG decision.

It appears that a commitment by one arm of the PCT is being overturned by another arm later on.

Practices have been told the PCT will fund this post the ICG decision provided they came up with evidence of plans for a future service but so far no plans have been received.

If the ICG say that the service must continue the PCT must start to fund Aylesbury too.

The problem is that if the service is stopped and the staff are lost, how will it start again?

CBP offered to help practices set up a service, but who funds it is not known yet.

The problem is if there is no funding stream why waste time and money developing a stream?

If the decision of CBP has been overturned, the LMC need to be informed in writing.

CBP has been asked to write a paper for the Board on 19<sup>th</sup> December and a letter has been drafted to go to practices after this meeting.

GPs are upset as they believe one thing and are now being told another, in the short term is does relationships no good at all.

**Action Point: PR will write to the Board putting GPs case prior to the meeting on 19<sup>th</sup> December explaining why practices are so upset.**

### **Medical Cards**

There is no problem with the PCT no longer sending out medical cards to people, however certain patients use their card for other reasons and these will be directed back to the PCT.

**Action Point: To advise GPs that if requested patients can be directed back to the PCT**

### **List Cleaning**

The PCT had asked when the best time was to do this?

There were problems with Asians not really being ghosts but going abroad for 3 months an then returning.

It was suggested that the first day after the closure of the quarter would be the best time.

**Action Point: To remove patients the first day after the closure of the quarter.**

**Date of Next Meeting – Wednesday 7<sup>th</sup> February 2007**

<b>Present</b>	<b>Name</b>	<b>Organisation</b>
*	Beck Gill	Member
*	Beesley Helen	Member
*	Jackson Graham	Member (Co-opted)
*	Peacock Tim	Member
	Quiney Iain	Member
*	Roblin Paul	LMC Chief Executive
*	Solomon Jane	LMC Director of Development & Liaison
*	Birchall Carol	LMC Minute Secretary
*	Blakeway-Phillips Clare	PCT
	Dillon Mark	PCT
	Newton Jeremy	PCT
	Robinson Graham	PCT
	Watkinson Carol	PCT
	Lee Whitehead	PCT

Apologies: Dr Quiney