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# BUCKINGHAMSHIRE LOCAL MEDICAL COMMITTEE

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## Minutes of Chiltern & South Bucks LRC Meeting

On Friday 15<sup>th</sup> July 2005, 1pm  
At Rectory Meadow Surgery  
HP7 0HG

### CONTENTS

#### **CTRL and Click to hyperlink**

Minutes of Previous Meeting .....	1
Election of Chair of LRC .....	1
PBC & C&SB.....	2
Small Practices Protection .....	2
Publishing LDP for C&SB .....	2
Audit Commissioning Report for C&SB.....	2
Monitoring Finances in C&SB in 05/06.....	2
Mental Health Services.....	3
Community Matrons.....	3
Blood Sampling Services .....	3
Final 04/05 Spreadsheet and Deed of Grant.....	3
PCT Reconfiguration.....	3
05/06 ES SLAs Activity Monitoring & Cashflow.....	4
MMR .....	4
Date of Next Meeting .....	4

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### Minutes of Previous Meeting

The minutes of meeting held on 20<sup>th</sup> May were agreed as a correct record.

### Election of Chair of LRC

HM reported that she would be willing to stand for chair again.  
It was agreed the HM would continue as chair.

## **PBC & C&SB**

All but 2 practices have expressed an interest.

Most of them will be taking 1b, and will be taking the whole budget.

The PCT have added in a 3<sup>rd</sup> option management scheme in response to practice's requests.

There are 3 localities, south, central and north.

Practices can keep 30% of the savings if they save 1.5% of the indicative budget, 40% can be kept if the whole locality achieves a 1.5% saving.

The management cost is no risk to GPs.

All practices have left in the indicative budget are managing referrals and prescribing.

Each locality will have an individual manager.

One practice did not appear to be getting enough detail to identify patients.

It was agreed to ask the PCT to investigate this.

It was agreed to ask the PCT if they could send things out electronically.

C&SB PCT were the most advanced PCT regarding PBC and should be congratulated.

Each practice had received a contract which needed to be signed and returned to the PCT.

The Contract is based on a national draft; practices can negotiate individually with the PCT if they wish to change things.

## **Small Practices Protection**

The PCT has made a decision which will focus the provision of primary medical care in 4 localities in the district.

The 4 areas are Burnham, Chesham, Calcott and Amersham.

The LRC would like to view the LDP to see what the PCT are working towards.

It is a vision for PC delivery in 10 years time.

The PCT should be looking at individual cases on their own merits.

Savings from PBC can be used to improve patient care and this could include premises.

It is envisaged that these centers will house HVs, DNAs, Physio and GPsWI. Patients will be expected to travel to these for procedures such as minor operations.

GPs will continue with General Practice sessions running in the existing practices.

## **Publishing LDP for C&SB**

JC has written a piece on premises in the LDP and it was agreed to ask the PCT to send this to all practices.

## **Audit Commissioning Report for C&SB**

It was agreed to ask the PCT to have view of their Annual Report.

## **Monitoring Finances in C&SB in 05/06**

It was asked whether GPs could ask the PCT how they were spending the funds.

HM felt that with PBC it is up to practices to decide how much to block back.

Staff costs account for about £3.5m of the total spend.

It was agreed to ask the PCT for the spend on clinical services and the cost of running the PCT.

**Action Point: The LMC to try and find out if GPs had the power to block back.**

### **Mental Health Services**

The service is in chaos.

Once the graduate workers start things should get better.

PBC does not cover Mental Health.

Child Mental Health is also in chaos, the minimum wait is 12 weeks due to staff leaving.

### **Community Matrons**

5 Community Matrons will be mainly working in Chesham and Denham.

The locality managers are worried about this as they will take some of the work District Nurses do.

Aylesbury have an issue with this as they are not 'hands on'; things will get passed to the DN to do.

The role of the DN and CM seem to overlap.

It was agreed to ask the PCT how they saw the role progressing.

The worry is that the care of the patient ultimately lies with the GP and it is an issue of capacity for GPs, workload has increased.

### **Blood Sampling Services**

There are problems at Amersham Hospital with patients having to wait 1.5-2 hours to have bloods taken.

The service available to practice patients does not open until 11am so fasting blood sugars cannot be done.

There are quality issues attached to the blood service and getting the electronic path results.

It was agreed to ask the PCT if they gave money to the hospital for providing phlebotomy.

### **Final 04/05 Spreadsheet and Deed of Grant**

The final position is £135,000 underspend.

PR had written to VM to ask for a final spreadsheet of spend to ensure that all items in the ES floor were legitimate.

This has now been received and will be circulated to members of the LRC for comment.

### **PCT Reconfiguration**

The SHA wants to reduce number of PCTs.

Oxfordshire will be looked at as a priority.

Bucks and Berks will be next on the list.

The SHA want Milton Keynes separate and the other three combined.

There is resistance from the PCTs to this.

3 Boards become one and overheads will be shrunk.  
With PBC becoming stronger there will not be a need for 3 PCTs.  
There will be a need for local GPs to have a local input.

### **05/06 ES SLAs Activity Monitoring & Cashflow**

The LMC would like to see updated spreadsheets for 2006/06

### **MMR**

PR has raised this with the GPC.

MS asked that practices be offered a pack with a patient leaflet, outlining what is necessary to enable practices to give the vaccine.

Due to the closure of BMA House at the current time, nothing was happening.

**Action Point: It was agreed that the LMC should write to the GPC congratulating them on their actions on 07/07/05.**

GPs have to be confident that it is the same vaccine with different labeling or do not administer.

The Government has not come up with a solution at the moment and seen to have 'dumped' GPs in it.

### **Date of Next Meeting**

Friday 21<sup>st</sup> October 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

Apologies were received from Dr Thompson