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Minutes of Wycombe LRC/PCT Meeting

15th September 2006, 2pm
AT LMC Office, Marlow
SL7 1PB

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Minutes of Previous Meeting

The minutes of 21st April were agreed as a correct record of the meeting.

Phlebotomy

Phlebotomy issue has been referred to the ICG (Implementation Co-ordination Group) for arbitration.

It is hoped they will reach a decision before PCT funding of phlebotomy stops after 31st December 2006.

Some worry that the issue is so grey that the ICG will be slow.

LRC asked PCT if the 31st December would be extended in these circumstances

PCT felt as it was a Bucks issue they were unaware of how this scenario would be handled.

JD said she would raise the issue with CBP.

LRC members felt if phlebotomy funding was withdrawn GPs would need to make a decision about whether to continue the current level of service.

If the decision goes 'against' the GPs, the GPs would accept this and move on quickly.
A follow up meeting has been scheduled for 21st September and this would be an opportunity to raise this issues.
Current Desborough Rd staff are being notice of their redundancies on 20.9.06 which implies that the service will be stopping regardless of the ICG's decision.

Action Point: JD to discuss timescale with CBP.

Redesign of Provider Services

Proposals to change PCT provider services are out to staff consultation.
Many Bucks GPs have written criticising the reductions in DNs, HVs, SALTs (approx 14% each)
A positive part of the consultation is the amount of feedback and energy that has gone into saying that the PCT proposal is wrong.
Janet Fitzgerald (JF) has made a commitment that any change is reviewed properly and alternative proposals are looked at.
There is also a sophisticated risk analysis going on.
GP collaboratives have had difficulty obtaining finance information.
Knowledge of how the Bucks allocation of £500m is currently spent could allow them to work up alternatives where cuts would be more tolerable.
The first thing on the agenda on 28th is where the PCT budget is going.
In terms of providers services, Lynda Lake-Stewart feels she has made available a lot of data to the people who have asked for sight of it.
AG said that she had asked for it but had so far not received anything.
The original redesign had been drive by finances.
However, it is now clinician driven; they are asking if cutting community services makes sense.
There is now a degree of optimism that the PCT will be told they should not interfere with this area.
The people who are delivering the service are looking at it and coming up with different ways of delivering the same savings.
LRC worried that Health Visitors are already having to interview for their own jobs, despite the fact that the consultation has not yet finished.
JD agreed to take this back to the PCT
The Collaborative want to be involved in solving problems and hope to tackle them jointly with the PCT. JF supports this approach.
JD said that the LMC had not be invited to the meeting on 28th September but would check with JF that it was OK for PR to attend.
The LMC represents GPs and it is important that he attends meetings.

Action Point:

JD to take back to the PCT that HVs have already been interviewed for their own jobs.

JD to ask JF if PR could attend the meeting on 28th September.

The New PCT

Janet Fitzgerald is the new Chief Executive designate from 1st October.
She has put out her proposed Director structure for consultation until 25th September.
Her structure lists 5 different directorates and the interviews for these posts will be completed by the second week of October.
It is proposed to have;
Finance and Business Management will be an interim director.
Director of System Reform – interim director is Paul Bennett which covers the recovery plan and LDP.
Commissioning and Primary Care Director – James Mapstone

Director of Provider Services – Lynda Lake-Stewart
Interim Director of Public Health - Jane O’Grady.
Across the TV structures are very similar for all the PCTs
The locality focus is still open for debate.
Wycombe decided that important more and more decisions would be made at M+S Bucks level so disbanded the PEC over the summer.
M+S Bucks has had a Professional Advisory Committee (PAC) which has been in existence for about 4 weeks and JF is keen to see this format continue.
It comprises the 3 PEC chairs a public health person (Clare Strong), an independent pharmacy contractor, a senior nurse and a senior therapist and a quality assurance clinical governance lead, attached to it more as an observer.
The Chairman of the PAC (Geoff Payne) is currently on the interim Board.
He is very aware of conflicts of interests and has discussed these with JF.
The LMC and Collaboratives are confused about who to interact with in the PCT.
PR has previously had good relationships with the PCT at Executive and Director level and the Collaboratives want to have the same level of input to be able to influence things.
JF is keen to communicate with collaboratives and any practices outside them well and hopes to involve the LMC.
Once a single structure is in place how the collaboratives integrate will feel very different
There is a meeting scheduled on 28th September with the collaboratives, Marlow and Practice networks.

Working with the Collaborative

PR feels LMC needs to work with all GPs and get as much grass root opinion as possible
Working with the collaboratives will be one way of doing this.
PR cannot articulate the range of GP views unless mandated to do so by the people he represents

Current OOH Situation

The adverse feedback on the Harmoni service that was being received a year ago has now slowed but it was felt the contract was coming up for tendering again.
The Harmoni contract apparently runs until October 2007.
JD reported the PCT have a duty to give Harmoni one year’s notice if the contract is going out to tender.
The PCT have had discussion about rolling the contract forward, but there were concerns at the last JET meeting about doing this.
The new PCT Board meeting in October will consider options.
LRC felt that the level of discussion with the stakeholders on OOH commissioning is currently zero.
JD agreed to send paperwork on OOH to commissioning groups to enable informed comments to be made.
The disbanded Wycombe PEC kept trying to get the OOH Contract Manager to attend meetings but continually failed.
LRC felt that rolling over the contract would be unwise.
This view should be communicated to the new PCT Board
Alternative potential providers will be speaking to the county LMC. It may be worth someone from the PCT coming to hear these presentations.
The LRC felt commissioning as important as this should follow a set pathway of decision making and consultation.

Action: JD to ensure JF knows of LMC concerns about rolling over the Harmoni contract

Bucks Hospital Trust

PR reported receiving copies of an email from practices sent by the VoA PCT outlining new data that must be included in future referrals.

JD reported that Wycombe had not sent this out; it had been stopped in time.

LRC felt that the hospital should obtain the new information directly from the patient or parent/guardian.

Action: JD to take this back to the PCT

Date of Next Meeting – Friday, 10th November 2006

Present	Name	Organisation
*	Bacon Nigel	Member (Co-opted)
*	Blair Zoë	Chairman
	Cowland Nick	Member (Co-opted)
*	Gamell Annet	Collaborative
	Moston Roger	Member
*	North Chris	Member
*	Roblin Paul	LMC Chief Executive
	Solomon Jane	LMC Director of Development & Liaison
*	Birchall Carol	LMC Minute Secretary
	Baldwin Tracey	WYC PCT Chief Executive
	Bunce Heather	WYC PCT
	Jones Tim	WYC PCT
*	Dean Judith	WYC PCT
	Needham Kate	PCT Director of Finance
*	Walter James	PEC Chair

Apologies were received from Dr Moston