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Minutes of NOPP LRC/PCT Liaison Meeting

Tuesday, 24th January 2006 at 1:30pm
Board Room, Banbury Business Park
OX17 3NS

CONTENTS

CTRL and Click to hyperlink

Previous Minutes	1
Minor Surgery Consent Form.....	1
CALS.....	2
PCT Amalgamation – Future of LRC and LMC Liaison Role.....	2
PBC Update	2
Enhanced Services.....	3
Liquid Nitrogen Provision.....	3
Clinical Governance Issues	3
Community Phlebotomy Progress.....	3
Counselling Service Provision Changes - Progress.....	4
Matt Brown.....	4
Update on Priorities Forum Decisions.....	4
Loss of Headache Clinic at HGH	4
Vasectomy Service	5
Flexible Career Scheme Funding	5
Date of Next Meeting	5

Previous Minutes

The minutes 22nd November 2005 were agreed as a correct record of the meeting.

Minor Surgery Consent Form

This has been sent electronically to all practices.

CALS

There are teething problems that PHR will take back to the steering group. The feedback from practices has generated issues and a FAQ sheet will be sent out to practices this afternoon which should help.

It will be talked about further at the County Liaison meeting.

Screening is not happening widely at the moment; CALS are still looking for a workforce.

PHR has done 2 sessions as he was available and on the Steering Group.

He felt it was beneficial to work as a pair, GP and Consultant, ensuring a sensible decision.

Some specialities will have a very low hit rate for referral turnaround and these should receive less attention.

Dermatology seem to be reading the letters and passing on to appointments; perhaps they need more advice on how the system should be working.

The CALS commissioner needs to work with the consultants on this.

Action: It was agreed to discuss this further at the County meeting

PCT Amalgamation – Future of LRC and LMC Liaison Role

With the redevelopment of county LMC/PCT liaison most of the liaison functions of the NOPP group will disappear.

The PCT felt that this should our last meeting.

The draft terms of reference for the county group have been circulated and comments have been welcomed.

Representation from the localities is very important, especially with changes to ES payments.

A PEC chair or PCT GP will be on the group.

The structure and locality for GPs to feed local issues into has not yet been decided but it will be important that there are locality based groups of practice representation.

With the reconfiguration Northampton GPs will be lost from Oxfordshire, but they are keen to remain.

It was questioned whether GP preference would over-ride co-terminosity but they want to remain part of the Group for PBC because of patient flows.

Action: It was agreed to discuss locality sensitivity at the PCT/LMC liaison meeting on 2nd February

PBC Update

Across Oxfordshire there are now natural groups of practices emerging.

Locally a PBC group was needed that would be large enough to have authority.

Other practices can join in if they wish at a later date.

Some smaller practices do not have the time to devote to this.

The QoF model has gone onto the back burner as the PCT are waiting the national DES.

The question is whether the DES will be attractive to practices who are currently taking part in PBC.

Existing local arrangements for PBC management costs seem to be a better way of doing things.

A DES has to be offered but practices they do not have to accept it.

Action: None

Enhanced Services

Final specs for 05/06 ES have still not come out to practices.

Practices have received the draft specifications but no formal ones for signing and as a result may not have taken any action.

Changes for next year's services, which ones which will be commissioned or taken out must be declared to practices as early as possible.

The joint group is looking at consistency with these services across Oxon and this will be the focus of the group.

Time will be spent agreeing what will be left in or taken out.

LRC asked if all anticoagulation dosing would be done at the hospital.

Everyone's ES have been looked at and will be brought to the meeting on 2nd February 2006.

A plea was made that all the Oxon specifications be made available by April for practices to sign up to.

LRC asked if NOPP spend to the ES floor was being ignored this year.

The PCT have got the Aspire queries and are still chasing practices for some of this data but part of the problem may be that the wrong read codes are being used.

If no PCT is to be held to account for not spending to the floor then it is a pointless exercise tracking things.

Disappointment was expressed that there would be no spend to floor.

Action: The PCT will ensure that the specifications are sent out to all practices

Liquid Nitrogen Provision

The liquid nitrogen provision to NE practices will be phased out at short notice.

Some practices feel this will be a disincentive to carry on performing cryotherapy.

Practice Managers have done a good job of re purchasing from the current supplier.

PCT became aware very late that the Contract was up for renewal and then decided not purchase service again.

Action: None

Clinical Governance Issues

This related to a GP who was practising in 2 PCT areas and needed peer group review.

Such issues are dealt with by the Secretariat.

Action: Any Clinical Governance Issues go through the Secretariat.

Community Phlebotomy Progress

It was hoped to set up a model to provide community phlebotomy which did not involve GPs or DNs.

The provision will be mixed but the question is where the funding will come from.

The model will be decided first and the funding will be decided later.

It was asked whether the people who are developing this knew whether the money would be coming from, the PCT or practice profits?

Practices were aware that they needed to identify funding or come up with a business case. The plan was to expand the service that could be provided, including today's workload and including future workloads, which may attract QoF points.

The current service is very variable across the PCT and this is causing some resentment. Getting involved with PBC means you are involved in commissioning decisions such as these.

Action: None

Counselling Service Provision Changes - Progress

LRC wishes to see fair shares provision for all practice populations

A meeting with counsellors will be held on Thursday to talk about this.

The number of sessions across a patch could be redistributed and all the referrals could go to a central hub, then the patients could hopefully be seen in their practice but it would mean that patients will not have to wait inequitable amounts of time.

Action: It was agreed to discuss this with the Counsellors.

Matt Brown

Matt Brown is leaving the PCT to take up a post in Cumbria and the LRC wanted to thank him for his hard work and wish him well.

Practice Managers have always welcomed his efforts as he always come back with a response and it was hoped that the PCT would have someone as good who could take over this role in the interim.

Action: None

Update on Priorities Forum Decisions

This seems to not be working.

Surgeons are unable to make decisions on patients who are admitted with acute hernia problems then are having to send the patient to the elective triage system.

It could be that Carl Griffiths is unaware of the proper functioning of the system.

Patients who meet the lavender criteria for surgery are being told at triage (? By Prof Meakins) to come back for review 6 weeks later.

Action: To discuss this further at the County meeting.

Loss of Headache Clinic at HGH

This clinic has been lost to the Horton Hospital,

In the future which commissioner should such an issue be raised with?

Any referrals to the Neurologist at Horton are now being sent to Oxford, when there are 8 Consultants there.

The PCT have a Commissioning Group and Commissioning Board and any agreement to change service level provision needs to go through the Board.
Last year 2 new Neurologists were recruited, but they are both at Oxford.
It would be have been more sensible to have them based 50:50 with the Horton.
Such a suggestion was put forward but no response has been received.
A mechanism was needed in the PCT for GPs to feedback on commissioning and providing issues
It was not clear who the lead commissioner was.
An Oxfordshire website would be a useful tool in this.

Action: The PCT will clarify this situation and advise who to address commissioning issues.

Vasectomy Service

Some practices have lost provider status
Service will now be commissioned from the Elliott Smith Clinic.
There was concern about proposal that GPs would be counselling and getting consent from the patient.
The letter practices received was from Bucks Shared Services, who host the procurement team on behalf of Oxfordshire.
The question was asked whether GPs aware that this service was available on the NHS.
Spreadsheets used to be available on who provided what service under the NHS and this was felt to be a valuable tool that GPs would like to see maintained.

Action: None

Flexible Career Scheme Funding

The Oxford Deanery have sent out letters to GPs who had been passed for FCS, indicating their FCS could not proceed through lack of funding.
At the end of December NHS Professionals was stopped by DOH, and as a result funding has stopped.
The system is meant to be that the Deanery say placement is an appropriate educationally and the person then approaches the PCT for funding which is subsequently reimbursed by NHS Professionals,
Now they have gone PCTs have a problem.
The problem may expand to include GPs already on the scheme as well as people who have been approved but not started.
The PCT said they were unaware of this but would contact Jane Miles or Linda Starkey and John Derry at the SHA.
PHR said he was seeing Simon Plint and would feed back to the PCT.

**Action: The PCT to contact Jane Miles or the SHA
PHR to feed back to the PCT from his meeting with Simon Plint**

Date of Next Meeting

There will no further meetings of the Committee.

Present	Name
	Dr Simon Bentley
	Dr Martyn Chambers
	Dr Brendan O'Farrell
	Dr Helen Van Oss
*	Dr Neil Bryson (Chair)
*	Dr Emma Haskew
*	Dr Stephen Haynes
*	Dr Kulwant Pandher
	Dr Paul Roblin
	Jane Solomon
*	Carol Birchall
	Dr John Galuszka
*	Dr Hugh Gilles
*	Ginny Hope
*	Nicky Wadely
	Dr John Walton

Apologies: Dr Van Oss
 Jane Solomon
 Drs Galuszka and Walton