
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@bbolmc.co.uk

Minutes of Milton Keynes LRC /PCT Liaison Meeting

On Friday 27th January 2005, 2pm

At the Post Grad Centre

MK6 5LD

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Minutes of Previous Meeting

The minutes of 4th November 2005 were agreed as a correct record of the meeting

Analysis of Healthcare Commission Patient Satisfaction Survey Results against GPAQ Results

The LMC said that they valued the PCT work on this.
However the original email bulletin board reaction showed that sensitivity of wording does matter.

It was surprising the results were not what were expected.
Perhaps more work needs to be done with some practices but all practices were below the scores in the national survey.
GPs still have over 80% patient satisfaction in all areas.
The view is that MK patients are more demanding than nationally.
John Derry has written an interpretation of the questionnaires and TW agreed to forward this to members of the LRC.
The new access DES will be based on this quantitative data.

Action: TW to supply the LRC with John Derry's interpretation of the questionnaires.

Update of ES Spend Against Floor

There were no tables but the PCT agreed to supply these to end of quarter three.
It was unknown whether the floor would be hit or not.
The PCT are still trying to hit the floor but may not due to practices under-performing against plan.
The papers from the Primary Care Commissioning Group were discussed.
The LRC were pleased to see at the end of the physio and counseling documents a fair shares apportionment.
This was exactly what was wanted out of last year's ES Floor negotiations.
The PCT may commission LES for small area needs e.g. deprivation.

Action: The PCT to supply updated tables of spend.

Choice and MK Website

Practices are being told that they have an obligation to offer "Choice"
This is not true. The obligation falls on PCTs only.
This must be made clear to practices.

PHR stressed that he does not want to write out to practices telling them not to believe what the PCT are telling them
PCT should not promote views that are untrue as it will not be productive.

The PCT website is very easy to use but GPs do not find its information very helpful.
The website was developed locally as the PCT did not want to interfere with the GP referral process.

To refer to other providers GPs need to know different information
Could the website contain consultant names and their individual specialities within the hospital?

Patients do generally want to go somewhere recommended by their GP

Patients want to go to local hospitals to enable relatives to visit etc.

GPs need to know more about the service that is provided.

For local and established referral routes, even if no personal letter of referral is sent, GPs know the quality of the service that patients are being referred to.

A C&B DES is being developed which practices can decide whether they wish to take up.

The Oxford referral centre offers Choice, acting as a proxy for every GP in Oxfordshire.

PCT felt that offering Choice at the RFC would hold the letters up further.

Reps suggested that for patients who wanted choice the letter could be sent to the RFC for them to offer it.

The MK Website takes information from NHS.UK.
The website filters things that the PCT have commissioned.
It was felt that consultant names and waiting lists would be very useful for GPs.
The PCT could write into the Contract that clinical information was required to post on the website for GPs to use.
Practices need to know that signing up to PBC means you sign up to C&B.

**Action: The PCT to try and develop the MK website further from NHS.UK
The PCT to pass on that GPs are not obliged to provide “Choice”.**

Neonatal Check Specification

The revised package is acceptable.
The PCT were asked to provide practices with the stand alone triplicate forms.
To claim retrospectively the PCT agreed to accept a letter from practices with a list of patient names on it.
The PCT agreed to accept retrospective claims until 31st March 2006.

Action: The PCT to supply practices with the stand alone triplicate forms.

Flu Pandemic Planning

It was felt that it was important that MK have ordinary GP input to the Plan.
Dee Morrison leads on this and it was suggested that PHR email her.
MK population is different to the rest of the country.
Patients will want to be seen and treated instantly.
The population is younger and the situation will be more pressing here.
An algorithm will be needed on how to respond to this.
Masks have been suggested at a cost which practices are expected to pick up.
Central planning was needed for this.

Action: PHR to email Dee Morrison

Barbara Kennedy’s Response to LMC Letter

It was felt that this letter had been sent in error and was only a draft version.
PCT agreed to feedback LMC disappointment at the letter that had been sent.
Most GPs are upset about PCT frequently changing their preferred PPIs; the cost of this to GPs is very great in terms of time.
TK felt that if the budget is looked at as a whole, the way MK GPs prescribe is not the most cost effective and to cut costs, GPs should try and help with this.

QOF Visits

The lay member of some visiting teams was felt to be very aggressive
Her interaction with staff was very bad and
It was asked if practices could have a feedback form to send to the PCT.
The PCT already have a feedback sheet which practices can fill out.
It was suggested that the lay member may need further training.
Overall practices have found the visits very helpful.

Action: PCT attention to training needs of one lay visitor

Demand Management

This year the projected deficit is £1.3, they were told to break even but this has proved impossible.
The deficit for 06-07 stands at about £5m and the Board have instructed that there must be a break even situation.
The real money is over spent in emergency care.
The reality is if money is spent on urgents, electives will not be done.
The PCT has no reserves to call on.
The PCT does not have the capacity to do everything that they want to.
The hospital did have 8 theatres, it now has 12 and has the capacity to treat more but there is no funding.
PHR felt in other areas Providers and commissioners have got together and reached a compromise on the service they provide to live within budget.
For next year the hospital will be told that the PCT may commission services elsewhere to be cost effective.
MK GPs are average or below referrers.
GPs realise rationing happens but local GPs are upset as they are seen as the ones who are doing the rationing.
The PCT should tell patients that they are having to live within budget and as a result some procedures will not happen rather than letting the GPs take the blame.
GPs would like the PCT to produce a policy document to show to patients.
The LMC agreed to help the PCT with this.
GPs need to be supported by the PCT.
GPs can develop wording that labelling as low priority actually means 'not available'.
PHR felt PCT ought to know that other PCTs in the TV are blaming MK for their deficits.
The outcome of the 100 referrals project is now available and PHR agreed to email this out.
It is an analysis by GPs and Specialists; it shows that on average 40% of referrals could be managed differently, 26% for Gynae and 64% for Ophthalmology.
The intention was to demonstrate that things can be done differently possibly by using GPsWIs.
To refer a patient with a meibomian cyst to an ophthalmologist is the current option for GPs but with a GPsWI in place this would be the best pathway.
Seen as a very useful piece of work to develop the pathways of the future.

Action: The PCT to produce a policy document with LMC input for GPs to show to patients

Date of Next Meeting

Friday 31st March 2006

| Present | Name | Organisation |
|----------------|--------------------|---------------------------------------|
| | Alifoe Hopeson | Member |
| * | Carter Ron | Member |
| * | Kenny Tina | Member |
| | Labrum Tony | Member (Co-opted) |
| * | Rao Lakshman | Member |
| * | Rose Eric | Member |
| * | Suleman Abdulrahim | Member |
| * | Whyte Sian | Chair |
| * | Roblin Paul | LMC Chief Executive |
| | Solomon Jane | LMC Director of Development & Liaison |
| * | Birchall Carol | LMC Minute Secretary |
| * | Ablett Jeanie | MK PCT |
| | Clark Ruth | MK PCT Clinical Governance Lead |
| | Savage Michelle | MK PCT Primary Care Commissioner |
| | Jacklin Mary | MK PCT |
| | Kennedy Barbara | MK PCT Chief Executive |
| * | Wilks James | MK PCT |
| * | Wilson Tom | MK PCR |
| | Murthy Satya | MK PCT PEC Chair |

Apologies: Jane Solomon