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Minutes of Milton Keynes LRC Meeting

On Friday 22nd April 2005

At the Post Grad Centre

MK6 5LD

At 1pm

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Minutes of Previous Meeting

Agreed as a correct record of the meeting

LRC Attendance at PCT Meetings

PR has asked the PCT to invite more than the Secretariat to the Primary Care Commissioning Group. In other PCTs one member of the LRC also attends important meetings to provide the view of local GPs.

SW agreed to attend, recognizing that she would have to opt out when issues affecting her practice were the subject of debate.

Enhanced Services Floor 04/05

PR was commissioned at the last meeting to go away and make sure that the list of GPwSI were acceptable for ES Floor (ESF) inclusion. He found no problems.

PR still has doubts about inclusion of physiotherapy and psychotherapy within the ESF

PR and JS met with MK PCT primary care leads last week but failed to find a resolution

PR tabled a paper at today's LRC advocating a compromise.

His view was that there are several ways of delivering benefits to GPs, one is to deliver earning opportunities, another is to provide facilities in the community which take work away from the GPs.

The crucial thing is that all GP have access to a service not provided by practices.

PR was worried that if some of these enhanced services were not be included in the floor, some practices might question whether LMC was really looking after their interests.

This risk needed to be assessed.

ER remained of the opinion that the LMC must make a stand.

ES pot of money is part of GPs' pay

Wrong inclusions in the floor means the PCT will not spend on other enhanced services.

Physiotherapy has not been offered to all practices and is not contestable and should not be an enhanced service; the clinics that are in place are as a result of fund holding and the LMC had tried unsuccessfully to get rid of them under PCGs.

Psychology, one practice under a PMS+ scheme provides this.

Psychotherapy is the same.

Counselling detail is too vague to decide either way

ER felt the LMC had fudged in previous years and got nothing back in return.

He asked what would the fudge be traded for?

PR response was "Contestability as soon as possible and equity as soon as possible"

ER agreed but felt that there must be a timescale attached to this.

It was agreed that provided we can trade rapid achievement of equity and contestability LMC will condone the 2004/05 inclusion but this is not to set a precedent for this 2005/06.

This agreement needs to be in writing

Also progress to be discussed in September meeting.

Enhanced Services 05/06

PR felt these must be commissioned clearly in 2005/06.

Meeting felt that MK PCT do provide good ES specifications.

More information was needed on the commissioning of secondary care suture removal.

PR to ask for copies of these documents from the PCT.

ER said that his practice provided an INR service for his patients and the same service for a neighbouring practice but got paid more for the other practice's patients than he did for his own. ER has asked under the FOIA who the other 4 practices providing INR testing at Level 4 are. One of the most expensive parts is the reagent strips; they get them funded for the other practice but not for his own. They therefore felt it was not unreasonable that they should be paid at the top end of the scale. An email had been received from the PCT saying they would be paid at the mid-point. If the practice did not provide this service there would be on costs for the PCT if the patients went to the hospital. They understood it had been agreed last year to provide the two costing systems to enable Walnut Tree patients to receive testing, with a view to being paid at the top end of the scale this year. Currently the practice is losing about £15 per patient.

QOF Achievement Debrief

Everyone seemed to have achieved high points.
The England average is 1000.
Balancing QOF achievement payments have been made to practices today.
Individual practice achievements will be on an NHS web site this summer
www.ic.nhs.uk
(Health and Social Care Information Centre)
2005/06 Aspiration: Practices will receive 12 monthly installments 60% of the achievement points times this year's price (£124.60) from the end of April.
Global Sum and MPIG will not be increased at all.
Superannuation will not come out of the payments; GPs will need to keep 20% back this for their contributions plus a percentage for their tax (40%).

Choose and Book (CAB)

PR asked whether practices were under any PCT pressure to sign up to CAB?
Meeting felt there was no pressure but practice based commissioning practices were obliged to comply. About 12 practices who have apparently expressed an interest in CAB.
PR asked for current views on where CAB should happen.
Meeting adamant that it cannot happen within a consultation.
ER reported that a Minister of Health had visited his practice in February and sympathised with the removal of CAB from consultations

GP IT

RC reported a new version of Vision that had the choose and book software already installed, This removes CAB from the hub and means it is done in practices.
PR to keep a watch on this.
ER reported that Paul Gold from the PCT had managed to get £500,000 for IT within the MK PCT area. He should be congratulated. He has also been very helpful and supportive at a practice level.
PR to liaise with Paul Gold and ensure practice needs are met.
PR to be informed of any areas of unfairness in IT allocation.
PR to obtain the list of software the practices use.

Premises Development in MK

PR asked what was known about spending on premises in MK

Across the Thames Valley there seems to be little money for premises growth.

The Reading based premises group have moved the whole of their share of £108m extra allocation into 2005/06, but did spend all of the normal budget last year.

Practices that approaches PR about premises development are saying their requests are falling at the first hurdle.

This is a major problem for Milton Keynes practices where population growth is very large.

It was agreed to ask the PCT how they will cope with the obvious need for growth in practices when the area is growing as there is no growth money in the Thames Valley?

Specific MK issues to raise at LMC Conference

There is an opportunity for themed debates at the Conference.

Growth is not an area for debate.

There are certain areas which can be raised nearer the time and PR ensured to make sure that the premises issue was raised.

OOHs & Walk-in-Centre

Plans are going ahead. The Centre will be where MKDoc is at the moment. The budget has been increased by £500,000 giving a total of £2.3m.

It will now be called 'The Urgent Care Centre'.

The implications are that there should be a minor injuries service in this and a mobile X-Ray.

Nurses will be able to commission X-Rays and interpret them.

A&E will only see people who need admission. A&E will not be a walk-in-centre.

The intention is that MKDoc will be based there too.

It will be open from 7am-11pm and be nurse led.

Changes likely to alter the way practices close to the center operate.

Hearing Aids

Boots are seeing patients and sending them back to practices saying that their ears need to be checked prior to any treatment.

This was felt to be an inappropriate use of GPs time.

It was agreed that PR would contact Boots for clarification.

Date of Next Meeting

Friday 10th June 2005

Present	Name	Organisation
	Alifoe Hopeson	Member
*	Carter Ron	Chair
*	Kenny Tina	Member
	Labrum Tony	Member (Co-opted)
*	Rao Laksham	Member
*	Rose Eric	Member
*	Suleman Abdulrahim	Member
*	Whyte Sian	Member
*	Roblin Paul	LMC Chief Executive
	Solomon Jane	LMC Director of Development & Liaison
*	Birchall Carol	LMC Minute Secretary