
BUCKINGHAMSHIRE LOCAL MEDICAL COMMITTEE

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Minutes of Milton Keynes LRC/PCT Liaison Meeting

On Friday 22nd April 2005

At the Post Grad Centre, MK6 5LD

At 2.00 pm

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Minutes of Previous Meeting

These were agreed as a correct record of the meeting

Enhanced Services Floor 04/05

This issue had been discussed in the Reference Committee and the Primary Care Commissioning Group. The PCT felt that this was resolved in June 2004. LRC disagreed but didn't labour the point. RG tabled a paper giving detailed breakdowns of Physiotherapy and Counselling spend.

RG went through each item and gave the paragraph number of the Implementation Guidance which the PCT felt justified inclusion within the ES floor.

LRC unhappy at uneven distribution of practice based services.
When were the rest of the GPs given an opportunity to bid for these services?
Some practices wanted physiotherapy and counselling. Where was the equity?
Fundholding has been gone for a long time now.
All practices should have an opportunity to access these services.

LRC proposed that equity and contestability were more important than a 2004/05 dispute.
The LMC were prepared to sign off the 2004/05 Floor spend in exchange for rapid movement to equity and contestability in 2005/06.
LRC requested that the PCT put such a commitment in writing
RG agreed.

RG for PCT

A lot of equity work has been done already.
Counselling is to be a new enhanced service with a minimum of £55k being put to this.
The change has got PEC agreement.
The whole service will be put to tender in about 2 months time, with a view to commissioning it for September.
It had been hoped to have it in place this year but staffing issues had meant this was not possible.
RG said Physiotherapy is tied into a larger piece of work.
The tender will go out in September with a view to commissioning for April 2006.

MK Village practice asked what the psychotherapy by P Mellet referred to.
They had not heard of this person. RG said it was probably for one named patient.
The same query arose with psychotherapy by Delia Gray.
Members felt this could be mislabelling money that should come to practices.
RG was not familiar with the details of these. She would check with finance
They may not need to be counted for the years spend.

Members stressed that it was difficult to digest the paper in the time.
The LRC reserved the right to raise issues from it at a later date.
LRC did not want to set precedents for future years with recurrent expenditure.

The PCT will define as soon as possible the new arrangements for physiotherapy and counselling, LMC were prepared to sign off 2004-5.

Enhanced Services 05/06

PHR has not seen the contracts for enhanced services for 2005/06.
RG agreed to supply these.
By default JS attends some meetings where these are discussed and RG asked if these were passed on?
Yes they were.
PHR asked that anything that is sent to practices (snail or email) is also copied to the LMC.
RG said that she would check in the first instance with PM groups and then action it.
PHR also asked that any emails sent to him should be copied to JS and vice versa.

QoF Achievement Debrief

RG reported that feedback will be going to practices shortly.
A formal report is being made to the board on 19th May.
The provisional average score for Milton Keynes is 947.43.
The range is 757.56 – 1050.
In the Clinical domain the lowest score is 414.89/550,
In the organisational domain the lowest score is 98/184.

Under the freedom of information act everyone will be able to access all the scores.
The PCT are not publishing the data until it is confirmed.
As expected for a young population the prevalence in most disease areas is below average.

Exception reporting: Some clinicians seem to have misunderstood how to use this.
In the organisational domain the challenging areas were about medication reviews and clinical summaries. Appraisals are a problem with practice nurses and practice staff.

There was concern that some practices had not achieved a very good score. The PCT were aware of this and were already working with them.

Smartcards

PHR asked whether the PCT were encouraging practices to sign up for Smartcards in view the DOH incentives if PCTs achieve 30% sign up by June.
PHR asked to liaise with John Lee Thompson who is the lead on this

Practice Based Commissioning

Alison Joyner and Rebecca Green are working on this.
Currently 14 practices have indicated interest.
5 have opted for levels 1 or 2 which is not much more than receiving budget information.
The PCT are keen to have groups of practices working together to explore things.
Newport Pagnell want a budget for everything including prescribing.
Steering group meets this Wednesday.
This will look at proposals around an indicative budget. RG will send a copy of this to PR.
Information and Finance are trying to put together a budget but are hampered by difficulty in getting 04/05 activity data
Data at the moment is analysed by the Bucks Shared Services.

LRC asked whether practices would be guaranteed an amount of savings?
The PCT is still to agree them.

Management costs of 0.25% of the indicative budget managed by the practice will come out of these savings. The PCT will fund this initially but will take this back out of savings at the end of the year.
If practices want more support from the PCT there will need to be local negotiations about the amounts.
The proposals that are being received from practices need to be developed further.

PCT asked what other PCTs were doing. PHR felt they were finding it difficult, with paperwork often waffly. Some have produced practice budgets, which seem to concentrate the mind.
Activity data is the thing that is needed.

Freedom of Information Act

Recent emails coming from the PCT have stated that they are open to the public.
Practices may not be aware of the implication of this
Chair wondered whether practices realise they are public bodies?
PCT felt most practice managers have been heavily involved in this and are fully aware.

GP IT

LRC complimented the PCT on managing to bring in more money for IT.
ER had attended a demonstration of transfer of information from an EMIS system to Vision system and back. The notes were being transferred with seemingly little data lost.
The GPC view is to go for speed rather than anything else.
Most MK practices have a high turnover and to have this facility would be a big advantage.
ER volunteered his practice as a pilot site if it was needed.

Premises Development in MK

LRC asked what money had been spent in 2004/05 and what is available to spend in 2005/06 for the development of primary care premises?
RG will bring a paper back to the next meeting on this.
How can the PCT access growth money when there is none available in the Thames Valley?
RG felt that money for this may need to come out of another budget eg Unified.

OOHs & Walk-in-Centre

Out of hours is being audited by the Audit Commission.
The layout and shape of the walk-in-centre is receiving attention happening at the moment.
The planning should be signed off shortly.
The way the various services will work in the building will be looked at next.
PCT developing protocols that cover which patients can be seen and who can deal with them.
If patients are in the wrong place they can be redirected.
X-Ray may not be sited there. If it is it will be mobile.
Dentists OOH will need some X-Ray service but this will be a different sort of X-Ray.
LRC asked what was happening with the telephone system OOH
Once the system was configured to the PCT requirements practices will be asked to change back to previous arrangements.
The OOH service had asked for this change not the PCT.
PCTs have telephone access targets that need to be met, but these need to be possibly revised.
The intercepting message is the one recommended by the national guideline.

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
	Clark Ruth	MK PCT Clinical Governance Lead
*	Green Rebecca	MK PCT
*	Jacklin Mary	MK PCT
	Kennedy Barbara	MK PCT Chief Executive
*	Murthy Satya	MK PCT PEC Chair