

---

# 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 487142  
paul.roblin@bbolmc.co.uk

## MINUTES OF MILTON KEYNES LRC/PCT LAISION MEETING Friday, 3<sup>rd</sup> April 2009 Training Room, Milton Keynes Village Practice, MK10 9BQ 2pm

### CONTENTS

Minutes of Previous Meeting .....	1
Matters Arising.....	1
New DESs .....	1
Semen Analysis Form .....	2
Flu Pandemic Planning: Nick Hicks/Adrian House response .....	2
Funding Released by QoF Prevalence Changes .....	2
QoF: PCT Meetings with Practices.....	2
Ethnicity Data Extraction Request.....	3
Enhanced Services Review Meetings/Enhanced Services 2009/10.....	4
QoF End of Year Issues .....	4
MRSA .....	5
Darzi Centre Update .....	5
Urgent Care Tender .....	5
Date of Next Meeting – 15 <sup>th</sup> May 2009 .....	5

### Minutes of Previous Meeting

The minutes of 16<sup>th</sup> January 2009 were agreed as a correct record of the meeting.

### Matters Arising

#### **New DESs**

All have been issued except for the Learning Disability DES and this is due to go out on Monday. The delay has been that the PCT has been trying to clear up issues concerning the patient lists.

LMC reported that in all other PCT areas practices had reported problems with the accuracy of the lists, having patients who were either deceased or moved on and in one area had the mother of the patient.

PCT reported that practices were sent their patient lists 2 months ago for ratification but they had not received many responses; in fact some practices reported they had not received the list so they have sent them out again.

The aim is to have one list of patients which both sides agree is correct.

The Heart Failure DES for 2008/09 has a different list of accredited Beta Blockers compared to the 2009/10 QoF (which is more limited).

Practices need to be made aware of these differences; drugs such as Atenolol will not count in QoF but will in the DES.

### **Semen Analysis Form**

The PCT reported that after speaking with the Northampton providers about the service, they have agreed that a letter from the GP is an acceptable method of referral.

### **Flu Pandemic Planning: Nick Hicks/Adrian House response**

NH had replied. AH has been working with practices and procedures are reasonably well advanced in MK.

GPs felt this was not an issue in MK.

### **Funding Released by QoF Prevalence Changes**

The financial implications of this change will not hit practices for 15 months but the PCT were asked whether they planned to keep the money in primary care or put it towards any overspend.

TW reported that MK PCT always worked on the assumption that practices would achieve 100% points in QoF and budgeted accordingly. It is the PCT aim to retain the money within Primary Care but it may not go directly to general practice.

All practices with young populations/students will be hit by the changes.

The problem the PCT face is that if they make an early decision on what to do, inevitably the Government will come up with some legislation which means they have to withdraw what they have agreed.

This was the case with the extended hours LES.

They would prefer to discuss this issue and would welcome any suggestions the LMC could come up with to try and solve the problem.

Accreditation was seen as a potential solution.

SW wanted the PCT to be aware that despite the funding being removed, the workload has not and GPs could not continue to take on extra work regardless of how much funding was available.

### **QoF: PCT Meetings with Practices**

The LMC asked about the tone of the feedback from the new PCT staff to practices.

Had this been addressed?

Part of the PCT QoF process is to review the events of the previous year.

The team is trying to make appointments to discuss the difficulties that have been encountered.

A review of the process will be presented to the July PEC.

Some of the Team have already had meetings and have learnt from events.

## Ethnicity Data Extraction Request

PHR reported that as he was about to board a plane for Spain he had been contacted by someone from the PCT asking for LMC support for the PCT to approach practices and extract data regarding patient ethnicity.

The PCT was about to fail one of its targets.

PHR's response was to ask what the PCT's Caldicott Guardian thought about the request.

As he was about to depart he advised that the PCT contact SW.

Unfortunately there was no one available for the PCT to contact later so TW had sent a request letter out to practices.

PHR reported that the NHS Code of Conduct on Confidentiality applied to GP Practices and PCTs.

**See**

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4069253](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253)

**And**

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4107303?IdcService=GET\\_FILE&dID=4952&Rendition=Web](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4107303?IdcService=GET_FILE&dID=4952&Rendition=Web)

PHR view

PCTs (and practices) may avoid seeking patient consent for disclosure if the task is too difficult and the impact of disclosure is considered low.

The LMC said that in the UK the possible adverse consequences of providing ethnicity data to the PCT was low but in other countries this would not be the case (eg the old Yugoslavia).

However, obtaining confidential patient details (for non patient care purposes) requires that the PCT demonstrates a need for the information in fulfilling their role as commissioners of care (not avoiding missing a target).

The PCT needed to be clear whether the information was needed for service planning or meeting its targets.

TW reported that he had worded his letter carefully with both PCT service planning and PCT targets mentioned.

TW went through the events leading up to the request.

The PCT had discovered that they would fail the 85% target of ethnicity data on patients being referred to MKGH and had asked the hospital to supply this.

MKHT had said they could not. The PCT asked MKHT to ring patients up and ask them, but they had said that this would be a difficult question to ask; the PCT then offered to reimburse the hospital staff to do this out of hours and at weekends as many of the patients would be at work but this offer was turned down.

The PCT even offered to send their own staff in to ring the patients if the hospital provided the patient details, again this was turned down.

In the end the PCT had approached practices, but had felt that the exercise would be worthless as practices would not be recording the data. In the event they were wrong and they had managed to get 1500 pieces of ethnic origins and the PCT was able to meet its target.

The LMC suggested that as similar situations will inevitably arise in the future, the PCT should be clearer on what the Codes of Practice allowed them to do.

Any future requests should make reference to the relevant paragraphs in the codes.

The PCT said that they had taken legal advice and what they had requested was OK.

The PCT agreed that developing a template letter now referencing the Codes of Practice would be a good idea.

The PCT was interested in gathering ethnicity data to be able to consider a CVD LES for practices at risk.

It would also be able to offer specific LESs for practices with a particularly high practice population of one ethnic origin.

**Action Point: The PCT to draw up a standard letter to use in future requests.**

### Enhanced Services Review Meetings/Enhanced Services 2009/10

LMC had been sent a table from Beverley Gray (BG).

It documented the group's decisions rather vaguely.

PHR and SW had asked for:

- Exceptions to exclusion from (usually cosmetic) minor surgery payment when patient comfort required it.
- Payment for Implanon removal.
- A wider gap between levels 3 and 4 anticoagulation payments (currently gap is only £8 but the workload is considerably more).

The paper had gone before PEC and they had asked for clarification on minor surgery, the rest they had approved.

LMC felt there were problems with the areas excluded in the Minor Surgery specification.

Not allowing exceptions to some excluded minor surgery could lead GPs to refer directly to Dermatology at greater NHS cost.

The PEC had discussed funding Implanon removal, but decided not to change.

The PCT agreed to ask BG to update everyone on the current position and to send the PEC paper out to the LMC for comments.

**Action Point: The PCT to update everyone of the current position and to send the paper to the LMC for comment.**

### QoF End of Year Issues

There appears to have been a QMAS problem affecting all Vision practices.

Patients that should only be included after three months registration were included straight away.

A national fix is awaited.

SW said that her practice had printed out the actual results at 6pm the night before so had an actual hard copy of what the practice had achieved and could supply this if required.

It was not know whether other affected MK practices had done this.

The LMC asked if the PCT had sought advice on its recommendation that practices sign off the QoF at this stage.

Other PCTs were sticking to national advice and advising that practices wait until the data from the patient questionnaire was available towards June 2009.

A-MF reported that she had sought advice from within the PCT and was assured that the PCT would be able to amend the results (manual override) when the patient questionnaire information was available.

She would however seek further clarification on this.

**Action Point: A-MF to check that the information she had been supplied with regarding immediate practice sign off of QoF was correct.**

### MRSA

Nationally, hospitals are now obliged to test patients for MRSA prior to operative procedures. LMC was worried that GPs would be tasked with prescribing for those patients who were positive on hospital swabs.

PHR felt that the hospital should employ a nurse with prescribing rights to do this work.

The PCT said that Gill Prager's team was dealing with this issue.

**Action Point: PHR to contact GP about this.**

### Darzi Centre Update

The PCT have not awarded the contract and propose to go out to PQQ stage again on 17<sup>th</sup> April.

The whole process should be quicker this time as the PCT have already done the ground work.

The Government has 3 classifications for PCTs:

1. those who have been successful in procurement

Those who have not been successful in procurement are classed as:

2. not awarding the contract but having gone through the whole process properly

3. those who have procured badly.

MK PCT is in class 2.

The PCT is planning to give feedback to those who had put in bids and didn't want to comment further until this had been done.

In the new process the PCT will identify a site.

Once the contract is signed with the provider the whole process can be completed quickly.

### Urgent Care Tender

The PCT unfortunately was not able to go to the Board with this in time for last week's meeting; however, a delegated sub-group will be meeting next week.

This sub-group will make a decision and who the contract has been awarded to will then be formally announced.

**Action Point: PCT to announce this award after the Sub-Group meeting next week.**

### Date of Next Meeting – 15<sup>th</sup> May 2009

The meeting closed at 3.10 pm.

Present	Name	Organisation
*	Birchall, Carol	LMC Minute Secretary
	Bradley, Julian	Milton Keynes LMC
*	Carter, Ron	Milton Keynes LMC
*	Frost, Anne-Marie	Milton Keynes PCT
	Hicks, Nicholas	Milton Keynes PCT
*	Kenny, Tina	Milton Keynes PCT
	Prager, Gillian	Milton Keynes PCT
*	Rao, Lakshman	Milton Keynes LMC
*	Roblin, Paul	LMC Chief Executive
*	Suleman, Abdul	Milton Keynes LMC
<b>Chair*</b>	Whyte, Siân	Milton Keynes LMC
*	Wilson, Tom	Milton Keynes PCT

**Apologies:** Gillian Prager

**Dates of Future Meetings**

**15.05.09      10.07.09      09.10.09**