
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, 10th July 2009 Training Room, Milton Keynes Village Practice, MK10 9BQ

CONTENTS

Minutes of Previous Meeting	1
Matters Arising.....	1
PCT Data Requests and the Law on Confidentiality.....	1
Swine Flu	2
PMS List Size Adjustments.....	3
PE7 & PE8 (patient survey) Results	3
Mental Health Provision/ASTI.....	4
Back Related Care/Surgery and Specialist Services	4
Infertility Services and Age Criteria.....	4
PCT Communication with Primary Care	5
LARC Provision for Contraceptive and Non-Contraceptive Purposes.....	5
Referral Management.....	5
Removal of Skin Tags/Seborrhoeic Warts	5
Date of Next Meeting – 9 th October 2009	6

Minutes of Previous Meeting

The minutes of 15th May 2009 were agreed as a correct record of the meeting.

Matters Arising

PCT Data Requests and the Law on Confidentiality

PHR has written a document for all Thames Valley PCTs to adopt.
The document was written following the request from MK PCT for practices to supply ethnicity data.
LMC was doubtful that this request conformed to the Data Protection Act (DPA).

The PHR paper summarised the NHS Codes of Practice, particularly where data is not requested for care of individual patients but for NHS administration.

East Berks LRC has already suggested 2 additions to PHR's document.

1. The reason for the request must be given to practices.
2. The PCT would not ask for information that could be obtained from other sources.

Action Point: The PCT agreed to pass the paper to Gill Prager when she returned from annual leave.

Swine Flu

LMC GPs were pleased to hear about the imminent start of the assessment centre run by MKDOC. JB thanked the PCT for their support and for providing staff to man the service from next week. Adrian House said that the PCT would endeavour to supply the staff for as long as possible. LMC GPs felt that they were working at full strength just to cope with the current workload. If more patients became ill and needed visiting they would be unable to cope.

QoF has to be suspended nationally; there is no facility for local suspension by PCTs.

JB asked if the PCT could supply him with the total number of Tamiflu scripts that have been issued by MK services. Janet Corbett and Helen Chadwick were suggested as the people to contact for this information.

LMC GPs thanked AH for the very useful bulletins and for the policy of highlighting changes from previous versions. PHR said that he had praised the MK system in his meetings with other PCTs and many were now doing the same.

A Swine Flu vaccine is likely to be available in 4-6 weeks. Who will be responsible for its administration? PCT advised LMC to consult Sue Fossell in Public Health.

The MK system for obtaining Sitreps from practices is PCT email request on Monday, Wednesday and Friday. Practice Managers are asked to describe the practice's staffing capacity and workload.

PHR suggested that the PCT start to buddy up practices; AH said that the TVPCA had already done this but that the PCT had not passed this information down to practices.

The LMC suggested that practices be told who they were buddied with and if it proved impossible for practices to work together to work out alternatives. It may be that practices could be buddied with practices outside the MK PCT area such as Northants.

View expressed that it would be easier to move patients between practices rather than move staff.

Practices may have different IT systems which transferred staff could not use.

Patients could be seen as 'immediately necessary' or 'temporary residents'.

The PCT said that they had not considered this area but would investigate it.

Nationally the press have said that all patients diagnosed with flu will be treated with Tamiflu but GPs have been told to treat at their discretion. This puts them in a difficult position.

Flu contacts with existing medical conditions should get anti-virals.

AH reported that whilst the virus is relatively mild it is expected that mortality will be higher than that of seasonal flu.

The risk is real and it has been suggested that real scientific data is produced so that people can make their own judgements on risk.

Action Point: To investigate how practices could see patients from elsewhere rather than move staff around practices.

The PCT to write to PMs informing them of their buddy groups.

AH to raise at the Teleconference how GPs treat very ill patients.

PMS List Size Adjustments

Wendy Rowlands talked to this issue.

She tabled a new document outlining the figures involved.

14 of the 27 practices in MK are PMS practices.

At the outset of PMS practices had agreed a baseline figure for patient numbers and had chosen their own system for adjusting the contract sum for list size changes.

Some chose a 2% tolerance system rather than quarterly adjustment.

Unfortunately the assessment of list size changes has not occurred recently in the 2% group.

Having done an analysis of the figures involved, 7 practices will now have an alteration in contract sum.

The change varies from the list size going down by 11.37% to increasing by 6.21%.

The TVPCA has already done a list cleaning exercise so the figures were believed to be correct.

The PCT reported that the worst affected practice would lose £70K per annum.

The PCT had originally proposed to reduce the contract sum over a 12 month period and then reset the baseline in 1yr.

Given that GMS practices have their Global Sum Equivalent altered quarterly on the basis of real patient numbers, and that claw back is not being considered, LMC felt that this was unfair to non PMS practices. The contract sum should be reduced in one go and the contract rebased.

The PCT agreed to consider this proposal.

Action Point: The PCT to consider having no transitional phase of movement of contract sum towards the real level and to deduct the amount from the practices in one go.

PE7 & PE8 (patient survey) Results

An appeals meeting is being held on 16th July.

The PCT are planning to look at each practice individually.

There are 5 for PE7 and 8 and 2 for PE2 and 6.

The national guidance is that if the confidence level is less than 7 the practice cannot appeal.

For those with a figure of more than 7, the practice must provide supporting evidence when they put in an appeal.

LMC GPs said that it was patient perception that was causing the main problem.

There were also issues with the way the questions were worded.

AMF tabled a graph of appointments per thousand population by practice.

The fact that not all appointments were being counted by the PCT was a problem.

One practice had introduced telephone appointments to meet the needs of their patients but patients were not considering a telephone conversation with their own GP as an appointment and this was why the practice figure seemed low in comparison to others.

LMC supported this patient access initiative to assess offered contact between patient and practice.

Some questioned why nursing appointments were included when it would be more appropriate to include nursing time.

The PCT felt that the King's Fund had stipulated that nursing appointments not hours must be counted. The PCT said that they would supply the link to the King's Fund literature although every practice was sent a copy of the leaflet.

The PCT said that they were also considering the option of a 'mystery shopper' initiative.

LMC is to consider helping practices produce their own questionnaire equivalent to PE7 and PE8, as counter evidence to the national survey.

Patient Participation Groups could also become involved.

Action Point: PCT to supply the link to the King's Fund literature.

Mental Health Provision/ASTI

ASTI is being consulted on at the moment.

JB would be sending his own views on this.

LMC felt it would be a good idea if the commissioners could identify all categories of mental health problems and draw up the algorithm to cater for all needs.

ASTI is rejecting patients in a way that GPs do not understand.

It often suggests referral to voluntary organisations without giving details of how to do this.

It was agreed that the LMC would feedback this to the lead PCT commissioner for mental health services.

Action Point: LMC views on ASTI and catering for all types of mental health problem to be fed back to commissioners.

Back Related Care/Surgery and Specialist Services

There are problems with patients who have acute disc problems (as opposed to a dire disc emergency).

These are the type of patients who need to see a surgeon within 1-2 weeks.

Currently they are being grouped with patients with ordinary back pain and the service is too slow.

Action Point: The PCT to investigate.

Infertility Services and Age Criteria

A lot of GPs in the Thames Valley are unhappy that the policy adopted by PCTs on Priorities Forum advice does not conform to NICE guidance.

There are certain young people whose infertility status will not improve with time.

It is wrong to make them wait until they are much older to access the services, especially as intervention then is likely to be less successful.

A lot of GPs are unaware that they could make special cases for patients to be seen who are younger than 30. A-MF agreed to take this issue back to the Priority Panel for consideration.

Action Point: A-MF to take this back to the Priority Panel.

PCT Communication with Primary Care

In the minutes of the Practice Liaison Meeting of Tuesday 23rd June, Michelle Bee (Primary Care Contracts Administrator) is quoted as saying 'it is intended that this meeting will be the main forum for NHS Milton Keynes to communicate with GP Practices'.

The PCT reassured the LMC that they were still considered the forum to communicate with GPs.

LARC Provision for Contraceptive and Non-Contraceptive Purposes

This related to the training for the introduction of contraceptives. After the last Liaison meeting, the PCT had modified its training requirements for IUCD fitters. It was felt that the PCT had tried to find a reasonable compromise but problems were still anticipated. LMC agreed to look again at alternative means of demonstrating continuing competence.

The Family Planning Clinic had written to practices saying they (ie FPC) were unable to fit coils for menorrhagia unless the GP had done a full work up and provided a prescription for the kit. A-MF reported that the PCT had not seen this letter and PHR agreed to supply the PCT with a copy.

Action Point: PHR to supply A-MF with a copy of the letter.

Referral Management

TK reported that in 18 months time the PCT would have to tighten its belts. In order to help with this she intended to ask 2 or 3 practices over the next 2-3 months to look at their referrals along the lines of the Demand Management LES offered by Oxon PCT. GPs would discuss referrals jointly and possibly find a local non hospital service, including local GPs with a special interest.

TK reported that she had been unable to find any national bench marking on referrals to secondary care. PHR reported that Bucks PCT had such information and were visiting practices that had scored red on their traffic light system. PHR suggested TK contact them to find out where they obtained their information.

Removal of Skin Tags/Seborrhoeic Warts

SW said that many GPs were removing symptomatic skin tags or seborrhoeic warts without any payment. Despite LMC disquiet, the PCT had removed the LES funding for this. She suggested that all patients who needed this procedure be referred to the Priorities Panel for consideration rather than just removing them themselves.

Date of Next Meeting – 9th October 2009

The meeting closed at 3.30 pm.

DRAFT

Present	Name	Organisation
*	Birchall, Carol	LMC Minute Secretary
*	Bradley, Julian	Milton Keynes LMC
*	Brooks, Clive	Milton Keynes PCT
	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
Chair*	Whyte, Siân	Milton Keynes LMC

Apologies: **Gillian Prager**

In Attendance: **Adrian House and Wendy Rowlands**