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Minutes of Milton Keynes LRC /PCT Liaison Meeting

On Friday 9th September 2005, 2pm

At the Post Grad Centre
MK6 5LD

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Minutes of Previous Meeting

These were agreed as a correct record of the meeting on 10.6.05.

RG Replacement

MS reported that applications have been received and packs sent out with interviews scheduled to be held at the end of September.

Jeannie Ablett is currently the first port of call in any query about or from primary care.
(For the Walk in Centre, MJ is the primary contact.)

PCT Reconfiguration

This is not an issue for Milton Keynes PCT; however it is for the other areas in Bucks.
Other Bucks PCT Chief Executives have questioned tightness of the timetable for change.

Improving MKGH Communication to GPs

LRC unhappy with the way MKGH communicates with GPs

Omissions and delays could be dangerous

The function of the provider unit is to communicate with primary care and currently GPs are seeing patients without any information about recent contacts with the hospital.

The PCT commissions these secondary care services for GPs and should be aware of the poor communication with MKGH.

As part of the quality assurance the PCT should make sure that this improves.

The Hospital general manager is meeting with the PEC in October to discuss this.

It was proposed that the PCT, LMC and the Hospital meet together to try and resolve this issue.

Neonatal Check LES

The LES has been written and is waiting approval.

It has been agreed within the PCT to only commission this for one year.

JA said that there were problems with this LES as the hospital were being paid to provide the service were transferring some of the work to GPs.

A LES would therefore produce double payment.

PR reported that all the other TV PCTs were paying for this service without any questions because it was genuinely falling on practices and not funded in the global sum;

PR suggested that the total annual sum paid to practices could be deducted from the hospital's payments on the basis that this work was not done.

JA reported that in the long term it was proposed that a suitable nurse or midwife could be trained to perform this examination at birth.

It was pointed out that the examination was not needed until the baby was 48 hours old and needed to be done before it was 7 days old.

Action Point: It was agreed that JA and PR would liaise on this and try to come to a solution before the next LRC meeting.

PCT Progress on Implanon Fee Scale and Condom Clause

Specification only pays for Implanon insertion and requirement to provide (and fund) condoms made LES uneconomic for practices

This was raised at last LRC but nothing had subsequently been received from the PCT .

It had been agreed that the payment needed to be split so payment was made for insertion and removal.

Action Point: JA to pursue this.

Update of Referral Storage Issue

JW tabled a document on this.

Many GPs are now telling patients that they may not be seen for 13 weeks.

This stops some patients coming back early to practices if they have not heard from the hospital.

If a referral is stored, its progress needs to be easily tracked

The hospital must be told not to tell patients who want to be seen to go and see their GP and get them to write a letter to expedite their appointment.

JW reported that a system has been in operation for 6 weeks which allows GPs within a practice to access that practice's referrals and find out how far they have progressed.

An email was sent out to practice managers and very quickly 10 requests within a day for access has been received and it is now being widely used.

LRC asked that a letter be sent out to patients telling them that their request for appointment has been received; another option would be that a letter could be sent to the patient with an appointment time.

JW reported that patients are being booked for appointments through the out patient department bureau There is a plan that patients will be able to book their own appointments within 24 hours of the referral being made by the GP.

A joint working, trouble shooting group could be set up to find a solution to this problem and SW agreed to take this on board.

Action Point: Choose and Book was also discussed and it was agreed that the PCT would contact Village Surgery with a view to them conducting a pilot on this.

Feedback from Primary Care Commissioning Group

It was agreed that whatever enhanced services are available (and even if total funding is inadequate), they should be available equitably across practices,

Only where a locality had a specific extra need would inequity be defensible.

PCT Plans for QOF 05/06

The PCT have developed a self assessment form for practices and they will visit half of the practices this year.

A number of practices have already asked for visits.

The PCT were congratulated on this light touch approach to the QOF.

PCT Plans for Annual Contract Reviews

The TVSHA template for Annual Contract Reviews has been received from John Derry, which is Basically this is a tick box form to say you are complying with the obligations of the GMS/PMS contract.

The PCT want to check with the QOF team first to ensure that there is no doubling up of information requests.

Action Point: It was agreed that MS and TK would talk about this.

ES Spend Against Floor for 05/06

Action Point: PR requested and it was agreed that the PCT would produce a spreadsheet for 05/06 detailing cumulative spend against plan and ES floor.

Regularly reviewing the spreadsheet will help in recognizing early any underspend against the ES floor.

PCT Use of Health Commission Information

Issue brought forward from LRC meeting (see italicized text below)

John Evans at the PCT had sent round an email to all GPs in MK on 7.9.05.stating that in a national survey of patient views MK were in the worst 20% in the country for some items.

The survey had been carried out on 390 patients in MK which equated to approximately 12 per practice.

The result of this survey was questioned since it contradicted The QOF patient survey

It was very demoralising for GPs to receive this sort of news.

It was felt that John Evans had been asked to pass these results on to GPs by others.

It was agreed to point out to the PCT the impact of the mailing on practice morale.

There seems to have been a lot of adverse comment about this email.

GPs are struggling to do their best yet are told they are in the 20% worse GPs in the country.

LRC felt that better handling of such issues would make practices feel that the PCT values general practice and encourage GPs to engage more with the PCT.

Problem practices need to be identified and helped, but not everyone should be bracketed together.

The GPAS survey asked the same questions of more patients and would therefore be more reliable.

The Health Care Commission information is public but is contradicted by the GPAS survey which the public do not see. This fact should be publicised.

JA said that the PCT had learnt a lesson

They should not email information like this, but deliver it in a face to face situation and in context.

Action Point: It was agreed that TK would write to each practice with LMC support asking if they would be willing to share their GPAS information so it could be passed on as a counter to the Health Care Commission survey.

Action Point: It was also agreed that JA would write to practices and say that the PCT have discussed events with the LMC and will be looking at the lessons to be learnt.

The aim is to improve rather than harm GP morale.

Treatment of Veruccas and Warts

GPs have been told not to refer these conditions; however certain ones do need further treatment. Clarification was sought on how this would work.

Action Point: JA agreed to email out the criteria that will enable a referral to go through to secondary care.

Date of Next Meeting

Friday 4th November 2005

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
	Murthy Satya	MK PCT PEC Chair

Apologies were received from Drs Labrum & Rao and Jane Solomon