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MINUTES OF MILTON KEYNES LRC/PCT LAISION MEETING Friday, 9th October 2009 Training Room, Milton Keynes Village Practice, MK10 9BQ

CONTENTS

Resignation of Sian Whyte and new LRC Chair	1
Minutes of Previous Meeting	2
Matters Arising.....	2
PMS Adjustments for list size	2
PE7 and PE8 Appeals	2
Mental Health Care Pathway.....	2
Disc Prolapse Care.....	3
Infertility Care	3
IUCD Re-Accreditation.....	3
Darzi Developments.....	3
Venue for Future Meetings	3
2010 Liaison Dates	4
Adult Safeguarding.....	4
Safeguarding Children	4
Swine Flu Vaccination.....	4
PCT Funding in a Recession	5
I Want Great Care.....	5
Dressings and Tissue Viability Issues.....	6
Date of Next Meeting – 8 th January 2010	6

Resignation of Sian Whyte and new LRC Chair

Due to SW wishing to create a better work/life balance she had decided to resign from the LMC. JB has agreed to step into the position of Chair until PHR is able to consult the wider LRC Committee (only one rep attended today).

Dr Suleman is presently on sick leave and those present wished him well.

Action Point: JB to act as LRC Chair pending wider consultation with absent LRC reps.

Minutes of Previous Meeting

GMP said that she did not appear to have received the document relating to Data Requests and the Law on Confidentiality. PHR said that as part of his preparation for this meeting he had definitely emailed this but would do so again.

On Page 5, PCT Communication with Primary Care AM-F meant 'The PCT wished to reassure the LMC that there was no intention to undermine them' but that the PCT would still use other groups to communicate with practices.

PHR also accepted that other groups would be used (particularly for operational matters) but stressed that any matter that affected strategic, finance or workload issues must come to the LMC.

The amended minutes of 10th July 2009 were agreed as a correct record of the meeting.

Action Point: PHR to email GMP the paper on Data Requests and the Law on Confidentiality.

Matters Arising

PMS Adjustments for list size

The PCT reported that they had received no feedback following their letters.

PE7 and PE8 Appeals

In other Thames Valley PCTs, when practices have appealed the LMC has had some input and have seen the criteria the PCT have used to judge the case.

PHR reported that no appeal in the Thames Valley has succeeded and he was anxious not to waste practice and PCT time in meaningless appeals.

AM-F said that 5 or 6 practices appealed, none of whom were successful.

The PCT appeal policy describes "a panel with the Chief Executive, Director of Contracts and the Primary Care Director **or** the involvement of the LMC".

She felt that in future this should be **and** the LMC.

AM-F said that they did not have any written criteria to follow.

None of the appeals had actually got to a formal hearing.

Decisions were made on written submissions only.

PHR urged the PCT to have an explicit list of criteria to judge future appeals against.

Elsewhere, no practice had been able to supply an alternative patient survey result.

In MK there are more PPGs than elsewhere and they plan to get the patients to inform the PCT.

If a practice conducts their own survey they have to have had this done by an independent organisation and a PPG with an address other than the surgery would be ideal.

PHR reported that in other areas the patient perception of the practice access arrangements was being improved by means of better advertising.

Every practice had received individual letters from NH explaining why their appeals were unsuccessful.

Mental Health Care Pathway

A letter from Lisa Ridgway, (mailbox 473) asking for GP help in preventing patients only with mental health problems turning up at A&E.

LMC view was that this might result from general dissatisfaction with ASTI and the lack of an alternative source of help for patient and GP.

If a GP has someone who needs to access mental health services, it may be that the only way to get them seen is to send them to A&E, but it was accepted that this was not the preferred route.

There is currently a review of mental health services. The LMC saw that they had a role in advising the commissioners of the service.

The PCT said that they currently had PBC commissioners and PEC doctors looking at mental health service redesign. LMC said that they would also like to influence the outcome.

It was believed the ASTI review would be going to PEC in January.

With mental health services, 4 or 5 members of the team have left and this has enabled new people to get involved.

It was generally recognised that the mental health services needed to be improved quickly.

Disc Prolapse Care

There appeared to be a gap in the provision of this service.

Unless a patient was a dire emergency they tended to have to wait a very long time for secondary care assessment.

The PCT felt that as this was a commissioning issue PHR should contact Clive Brookes with a copy of the minutes.

Infertility Care

The age range has changed from 35-38 to 30-34 but the rules will still not allow women younger than 30 destined never to conceive without help to be referred to the service without going through the Priorities Panel.

JB felt that in 2 years time no one would be able to be ageist with regards to treatment.

It was recommended that if a GP had a patient who did not meet the criteria they should contact Evo Haest, either by writing or a phone call. It was generally felt that the Priorities Panel passed these cases through without too much trouble.

Action Point: PHR to advertise to practices that they should contact Ivo Haest at the Priorities Panel if they had a patient who needed treatment.

IUCD Re-Accreditation

This has now been sorted.

Darzi Developments

A provider has been chosen.

The PCT will be releasing the name very soon.

The PCT are confident that the practice will be operational from 1st December 2009.

Venue for Future Meetings

The PCT said that there were meeting rooms available to book at PCT headquarters.

On a Friday lunch time parking might not be too much of an issue.

Angela Croxton at the PCT is the person to contact to arrange this.

Action Point: Secretariat Office to contact Angela Croxton to arrange the rooms.

2010 Liaison Dates

The following were noted:

8.1.10 5.3.10 7.5.10 2.7.10 1.10.10

Adult Safeguarding

A draft document is now available and GP agreed to send PHR and JB a copy of this. This has been coordinated by Lynda Bull who is Director of Adult Services and Well Being. GMP safeguarding lead in NHS Milton Keynes
The review of Adult Safeguarding has taken place due to restructure of MKC and NHS MK as well as the Mental Capacity Act and the requirement to have signatories on deprivation of liberty orders.

There have been early discussions and a workshop has been held where GPs were critical of both the care patients in nursing homes were receiving and also community care of adults. GMP asked if a LMC member would be willing to sit on the group which will be making the decisions.
JB agreed to fill this role but asked if the PCT were able to provide access to resources to research this area.

GMP agreed to contact Lyn Scott and ask her to contact JB.

**Action Point: GP to forward JB and PHR a copy of the draft document.
GP to contact Lyn Scott and ask her to contact JB.**

Safeguarding Children

PHR reported that an increasing amount of work was coming to GPs which was sometimes onerous to complete and not covered by essential services.
LMC advice was that this work should be funded through Collaborative arrangements
<http://www.bbolmc.co.uk/collabarang.pdf>
If GPs knew there was a justified fee attached to the additional work they were doing, they may be more willing to co-operate with requests.

Action Point: PHR to talk to Wendy Rowlands.

Swine Flu Vaccination

The vaccines will be available in about 10 days.
Ian Dalton in his letter has instructed PCTs to commission someone else to vaccinate the housebound.
It is clear that GPs will be paid the national fee of £5.25 regardless of who administers the vaccine.
GPs will be responsible for vaccinating their front line staff but this would not include receptionists. PHR reported that he was taking this omission up with the GPC.
Those eligible for vaccination on employment grounds should be vaccinated through their employer's occupational health arrangements.

The patient's GP will not be responsible for administering the vaccine.

The DoH has issued a document on primary care capacity and escalation.

There is a requirement on PCTs to set up a committee to look at these issues and this must include the LMC.

Currently the PCT have 3 groups looking at swine flu; Graham Ball is on the Business Resilience Group which is chaired by the Deputy Chief Executive. Diane Gray Chairs the MKPIC and the Flu Pandemic Strategic Group.

Action Point: It was agreed that PHR would speak to Adrian House regarding these issues.

PCT Funding in a Recession

Key points from 'The Big Conversation' meeting on 30.9.09. The meeting was attended by about 250 people, including GPs, practice managers, PPGs, public health, DNs and the Council.

A key PCT message was that times are about to get tough financially.

Cathy Walker had set the scene along with Diane Gray for transforming community services.

The recommendation is that patient pathways must be seamless and reduce duplications.

Nick Hicks (NH) had sent a message that he intended to look at the 5 strategic objectives that had been decided last year. He will be looking at designated budgets for programmes and services, the funding will not be changing so more will be needed to be delivered for the same funding.

He also planned to hold another evening meeting with an extended invitation list.

On 25th November at 7.30 pm in the Council Offices the Health and Well Being Select Panel (formerly the OSC) is meeting. This is an open meeting and it was hoped that members would attend.

More robust contract monitoring was needed to ensure value for money.

The PCT are also looking at models of primary care.

PHR said that to enforce a change from a GMS practice to APMS would not be feasible legally.

The PCT said that they wanted to work with the LMC to explore the options.

It was about the PCT using the funds they had to deliver high standards of primary care.

PHR hoped the PCT would not have any 'sacred cows' exempt from consideration for cutting at a time or reduced funding (eg Extended Hours, Darzi centres, ISTCs, management consultancies).

I Want Great Care

NH had met with Neil Bacon who set up Doctors.net.

A website has been developed called 'iwantgreatcare' where patients can post comments about GPs and practices.

Comments would be moderated.

The PCT have commissioned this using funds from an SHA innovation fund.

The LMC said that this must be seen to be constructive and helpful to improving general practice in MK and not just a consumerist fad where unwarranted flaming takes place.

Dressings and Tissue Viability Issues

It was rumoured that the PCT had decided to de-commission tissue viability nurses but GMP felt that the service was asking for more referrals and encouraged GPs to use it.

Date of Next Meeting – 8th January 2010

The meeting closed at 3.15 pm.

DRAFT

Present	Name	Organisation
*	Birchall, Carol	LMC Minute Secretary
*	Bradley, Julian	Milton Keynes LMC
	Brookes 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

Apologies: Drs Carter, Rao and Suleman and Clive Brookes

Dates for Future Meetings

08.01.10 05.03.10 07.05.10 02.07.10 01.10.10