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Minutes of Milton Keynes LRC /PCT Liaison Meeting

On Friday 4th November 2005, 2pm
At the Post Grad Centre
MK6 5LD

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Minutes of Previous Meeting

The minutes of 9th September 2005 were agreed as a correct record of the meeting.

Replacement of Rebecca Green

It was reported that Tom Wilson from Chiltern and South Bucks had replaced Rebecca and would be taking up post on 3rd January 2006.

Guidance about Wart Referral

Guidance would be produced shortly and passed to GPs.

Neonatal Checks

The LMC feel that this document needs tidying up and it is a shame that it has been sent to practices before the LMC viewed it.

There were concerns about the bullet points on the first page, the reason for the check being to check for any physical abnormality only.

There also appears to be contradictions in the document.

Action Point: It was agreed to send a copy of the edited document to the PCT highlighting changes.

The question was raised about how payment would be made in retrospect as GPs have not been filling in the Red Book as they did not realise that it was a requirement for payment.

Mothers may not have the Red Book when the examination is made so another system would need to be in place to enable payment.

It was agreed that as long as the examination was recorded and auditable, the PCT would pay.

Action Point: It was agreed that JA and PHR would work together on this issue.

It was asked that the document be rewritten as soon as possible.

PCT Reconfiguration

The PCT would favour a 5 PCT option as to have a Buckinghamshire wide PCT would feel too remote.

Enhanced Services Spend

A spreadsheet was tabled.

Currently there is a proposed end of year underspend of £147K although flu vaccines have not yet been received.

The PCT feel that this will be used up by the end of the year on physiotherapy services.

Questions were raised about the inclusion of the last 4 items on the LES.

Peripatetic Practice Nursing covered locum nursing costs when a practice nurse was away and was of benefit to practices so could be included as a LES.

Action Point: PHR and JA would work further on this and it was agreed to revisit these items.

Flu

This document was sent to all PCT Primary Care Leads as it was advice from GPC about the flu this year.

Avian Flu

The PCT are part of the Thames Valley and had just received a large document on it.

Dee Morrison is the local GP who is looking at this.

She is currently looking at whether to have a central point for patients to be seen.

In the past GPs have been to cope with flu epidemics, although in the past mortality has only been 4%, the current strain is expected to be 50%.

Action Point: PHR to liaise with Dee Morrison on this

Physiotherapy Referrals

The PCT are planning to put physiotherapy out to tender allowing for equality between practices.

SAU

GPs have welcomed the CDU and it works extremely well and is a very efficient service, SAU is not working in the same way.

GPs are having to fight past Housemen to get patients admitted to the SAU.

The Nurse Manager of the SAU says that she is not funded in the same way as the CDU and does not have the staff.

To get this working efficiently, GPs need the same ease of access as there is with the CDU.

The Commissioners were asked to commission the SAU along the same lines as the CDU.

GPs felt uncomfortable about sending acutely ill children to A&E who are not specialist enough.

What drives a GP when they send a patient to hospital is where the best care will be given; they are not influenced by the cost of services.

The suggestion in Barbara Kennedy's letter that patients should be sent to A&E and not CDU should be formally withdrawn.

50% of patients who go to CDU are discharged after 12 hours; it was pointed out that a lot of work could be done in 12 hours.

GPs felt they could do more work in primary care if X-Ray results and blood results etc could be fed down quicker, people were sent to CDU to get these results done quicker.

It was felt that patients were being sent to A&E and attracting a fee and then being passed to CDU or SAU at a cost of £2,300.

Next year if the attendances are smaller, the hospital will be paid less.

The cost of sending patients to CDU is £2,300 from 2 – 21 days.

The unit consists of 24 beds and some of these are used twice a day with 50% patients staying 12 hours.

Despite having the CDU, attendances at A&E have not reduced according to the figures.

Action Point: It was agreed that JA would look at the attendances at CDU too.

Practice Based Commissioning Update

Hopefully this will mean that commissioning will become more robust.

If imaging and the result was available immediately it would be better for patient care in keeping them out of hospital.

If you face an end of year deficit you can say no more referrals accepted, services can be cut or you can have demand management systems.

Would the PCT like to work with GPs to develop a system that is the most advantageous to both sides?

GPs would need money to pay for a locum if they were to put time into PBC.

GPs are often receiving letters from consultants at the Hospital asking them to refer patients back into another area of the hospital.

If GPs are doing the administrative function of the hospital could they be charged for the time taken?

It is interesting to look at the number of referrals that are in the system from agencies other than GPs.

GPs do not feel a 50:50 split of savings is a sufficient incentive for them to consider PBC.

Indicative budgets have been given out, although they are very complex.

50:50 is required to offset the PCT deficit but GPs do not see that this is fair.

The effective management of referrals would help reduce the deficit and there will be room to make savings but GPs need to see a sufficient earning capacity to get them involved.

The PEC are managing this work and Peter Birkin is working closely on this.

Date of Next Meeting – Friday, 27th January 2006

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