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MINUTES OF OPEN MILTON KEYNES LRC MEETING 17TH DECEMBER 2004

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Minutes of Previous Meeting

The minutes were agreed as a correct record of the meeting.

Enhanced Services Expenditure

PR asked for the current position of spend against target. Mary Jacklin (MJ) reported that the last quarter's figures will be added on in the next 2 weeks. This will make the figures more accurate. PR said that it was important to ensure that what the PCT was including within the floor conformed with the DOH Guidance (Xmas 2003). Eric Rose(ER) questioned whether physiotherapy, dietetics, psychotherapy, psychology and counselling should be included. Where were they taking place? PR said that for each LES every PCT was being asked what paragraph of the guidance was being used to justify inclusion within the ES floor. He agreed to supply the PCT with this paperwork. ER also asked about Peripatetic practice nursing which he felt was not an enhanced service. PR asked if anything had been agreed. ER said that Dr Tiarks had questioned some of these items. ER said that ES were part of his income and he wanted to know how it was being spent. There needed to be equity across the practices.

ER said that in his own practice he had paid from his own funds for counselling but could not afford to continue to do so now. They had also asked to provide a service for depression but were

told they could not. He wanted to see these checked against the Guidance. He said that he was never offered his pro rata share to develop a specialist clinic.

Regarding GPwSI, Tina Kenny said that they were compiling a list of these and would be ready in March. However it was a very difficult thing to do. ER said that 2 years ago these had not existed so the list must be up to date.

Action: Dr Roblin to write to the PCT and ask what paragraph of the Guidance the PCT was working to. He would also email this list to all members of the LRC.

Next Year's Enhanced Service

PR asked if the PCT was aware of the enhanced services floor for next year. MJ said that she was not. TK said that Rebecca was working on to this within the primary care commissioning group (PCCG).

PHR said that he would make sure the members saw the agenda papers and minutes from the PCCG so that they were aware of what is happening. MJ reported that practices had been emailing in with their suggestions, which had included 4 layer bandaging, conversion to insulin for diabetic patients, minor injuries, IT and access to diagnostics. The PCT were considering nursing homes. ER suggested depression be added. Alcohol and drugs services were also suggested for inclusion. MJ reported that the local authority had recently commissioned a new service for CDAT. Does it include alcohol? PR said that an item had to be contestable. TK reported that it was not an enhanced service.

APPRAISAL of Peripatetic Non-Principals

PR referred to an October DOH guidance document which placed the responsibility to fund these appraisals with PCTs.

MJ reported that the PCT Finance Department had said that they would abide by the guidance. TK felt that there were a lot of ghosts on the MK list of non-principal GPs. They are getting no response to post sent out to some addresses. PR reported that the TVPCA have a protocol involving a series of letters that they send and if they get no response then they remove doctors from the list. PHR to supply TK with details.

PCT Administered Funds

PR asked if there was a policy in place. He had worked on a policy with Berkshire which had been sent round to all TV PCTs. MJ said that there was a policy but it was their own one. However they would be willing to consider it in line with the Berkshire paper

Action: PR to send MJ a copy of the Berkshire paper.

QMAS End of Year Financial Year 04/05

PR said that at the end of the year both practice and PCT go online to authorise the practice QOF claim

If both agree then payment authorisation goes off to the payment. Where needed this is followed by a disputes procedure. The timescale for payment if everything is agreed will be about 2 weeks.

Feedback on QOF visits were invited.

Everyone who had received one with the exception of RC were happy with the outcomes.

When would this be available as it would affect practice's final figures? The prevalence figures will be computed on 14th February 2005. PR said that they should be available 2 weeks after this, but he would seek clarification

Action: PR to find out about Prevalence figures. Also put an item in the newsletter

GP Performance Decision Making Group

PR wished to make sure that the MK processes were fair to GPs. The LMC is invited to the county performance advisory group but has not recently been involved at the local decision making level (MK PCT).

He would work on this behind the scenes with PCT officers.

Action: PR to pursue this issue

Practice Based Commissioning

PR asked about PCT plans

Jeanie Ablett is the PCT Lead and Alison Joyner is doing the work on it.

Action: PR to liaise with Alison Joyner.

Choose and Book

PR asked where the PCT felt this should happen. In a consultation or via the hub?

John Lee Thompson and Jeanie Albett are leading on this.

Action: PR to liaise with John Lee Thompson

Members commented on the confusion over the meeting on Thursday

It was promised to be a consultant and GP meeting, however there had only been on 1 consultant present. TK said that there were 2 meetings, one at lunch time and one in the evening. Most of the consultants had attended at the lunch time meeting. The members present said that they had not known about the lunch time meeting, only being aware of the evening one.

MMR Catch-Up and Making LES Claims Promptly

JS asked what was being paid. £7.28 will be paid. Those concerned will be born between 1980 and 1988. MJ said that a LES had been set up for this. PR said that a number of PCTs are realising that they will underspend so are creating new LES. Sexual health and minor injuries are now being included.

TK asked that practices be reminded to claim for Enhanced Services Work

Outstanding claims were causing problems.

Practices need to know that nGMS does not have the flexibility for late payment that existed under the Red Book

MK PCT Attitude to Commissioning GP Services

PR reported that there had been dialogue between Rebecca Green, ER and himself about the draft MK PCT Policy on "Selecting a primary care provider". The LRC were unhappy with the first paragraph on the second item on the first page of the draft. It does not imply a level playing field for PMS/GMS with APMS. Currently this is a local issue but it is only because MK is growing rapidly at the moment. It will affect other areas soon.

Date of Next Meeting

Friday 4th February 2005

The meeting closed at 2.55

Present	Name	Organisation
	Alifoe Hopeson	Member (MK)
*	Carter Ron	Chair (MK)
*	Kenny Tina	Member (MK)
*	Labrum Tony	Member (MK) (Co-opted)
*	Rao Laksham	Member (MK)
*	Rose Eric	Member (MK)
*	Suleman Abdulrahim	Member (MK)
*	Whyte Sian	Member (MK)
*	Roblin Paul	LMC Chief Executive
*	Solomon Jane	LMC Director of Development & Liais
*	Birchall Carol	LMC Minute Secretary
	Ablett Jeanie	MK PCT
	Green Rebecca	MK PCT
*	Jacklin Mary	MK PCT
	Kennedy Barbara	MK PCT Chief Executive
	Murthy Satya	MK PCT PEC Chair

APOLOGIES

Rebecca Green