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Minutes of South Oxon LRC/PCT Liaison Meeting

Thursday, 7th July 2005, 1:30pm
at The Malthouse Surgery, Abingdon
OX14 3JY

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Minutes of Previous Meeting

The minutes of 17th May 2005 were accepted.

PCT Reconfiguration

If Oxfordshire moves to one PCT the LMC want to ensure that the local liaison continues

PCT view:

The current Oxon PCT now have shared spreadsheets for OOH, ES and GMS spend for across the county.

The Directors of Commissioning are meeting at the end of the month to discuss ES spend.
LMC asked "When is it likely that there will be PCT amalgamation, economies of scale, moving of personnel and duplication avoidance?"
Plans are developing and paper will be going to a public Board meeting at the end of the month.
The expectation is that all 5 Boards will sign up to a document leading to an Oxon PCT.
This document is based on the Mike Williams' paper already seen by LMC, with some local amendments.
The PEC chairs have been charged to communicate with as many of their colleagues as possible to come up with a grass roots opinion.
PCT also felt it was important that local sensitivity was not lost
It is hoped that local PECs and LRCs continue.
The worry was that any new county Chief Executive, in wanting to cut costs, would get rid of the local offices in the first instance.

Practice Based Commissioning

PCT asked for update

The PCT have sent out the scheme proposal and are following up with meetings with practices.

CT to send PR a copy of the proposal.

The PCT felt they were ahead of the rest of the Oxon PCTs with PBC.

Secretary felt that in the TV only C&SB have progressed significantly with this.

There seems to be general apathy from PCTs.

View expressed by LRC that practices do not feel incentivised to engage on PBC and the nearer the model comes to fundholding, the more likely practices are to change.

The more the management costs are kept at PCT level the less likely practices are to take it on.

There is still another week before a response needs to be received by the PCT.

Long term there needs to be consistency of approach across the county.

Enhanced Services 2006/07

With the proposed merger, there will be 3 PCTs with 3 different sets of ES specifications.

The LMC propose that it collates the 3 PCT documents and produce a wording of the document, unpriced which is presented to the PCTs by the end of December, to have in place by April.

The PCTs are all meeting at the end of the month to discuss these.

Some of the specifications are shared with more than one PCT.

The LMC need to start working with DES and NES specifications.

It will enable the PCT to look at the figures in good time for April 06.

Regardless of whether there is a merger, the specifications will be written by grass roots members.

The major problem is the local LES.

It was felt that local LES could continue.

It was hoped to have a library of LES that other PCTs could use.

One issue is the variation in PCT baskets. What will happen at the end of the year?

There needs to be a county-wide agreement on what a basket will look like.

CT said that he would email his colleagues and ask for a complete electronic set of DES, NES and LES and also seek their approval to the LMC proposal.

LMC mentioned their expectation that any PCT would make a financial contribution to the work LMC would now undertake

LMC costs would be kept to a minimum and would be accounted for.

The LMC will bear some of the costs.

CT to reply by email to RG.

The Pharmacy Contract will have an impact on the ES floor in 06/07.

PR said that anything that involved dispensing that could be contestable by GPs should not be included in the floor.

Near Patient Testing

LMC feel that the list is inadequately defined, and

Additionally even the agreed list is not being translated into aspire queries properly.

Activity is therefore not being paid for.

The issue is around drugs having multiple indications not all of which are recognized by SLA or Aspire, Will the PCT consider a system of giving permission for the GP to respond to a shared care request from a hospital and then pay them?

The decision from the PCT needs to come quickly or there will be cost implications to the PCT of continued hospital attendance.

The decision from the PCT needs to come quickly or there will be cost implications to the PCT of continued hospital attendance.

PCT agreed to produce a flow chart to send to practices showing the drugs contracted for payment and if they are not, who to contact to get payment authorization.

There would also need to be a code agreed for “individually PCT authorized drugs” to enable aspire to pick up the data.

Another alternative would be to pay on account with a reconciliation at the end of the year.

LMC also reported problems with aspire picking up data.

Are the MIQUEST queries accurately reflecting the agreements on Amber Listing?

MAAG are piloting the aspire system in an EMIS, Torex and Vision practice so that when it goes out to all practices it will work properly.

PCT felt there should be no problems with payments, although if there is a delay, payment will be made on last years figures.

QoF Disputes

PR gave an update of a joint PCT/SHA/LMC QOD dispute meeting earlier in the day

The PCT letter will come out next week.

Any practices still unhappy will be asked to consider contacting PR on this.

Practices can still appeal to the PCT Chief Executive and as a last resort go to the Small Claims Court.

Referrals in and Discharges Out of ORH

John Galuszka has conducted an audit on 50 discharge summaries.

It appears this has raised a few internal ORH issues.

An Oxford University placement will now be conducting a second audit by department.

Another unwelcome ORH proposal is that a full discharge summary will be produced only after the first outpatient appointment.

The PCT will not be paying until the summary is received so this could change,

The absence of a full typed summary would matter less if the quality of the written document improved.

Reimbursement with CD Computer Backup

EMIS are saying that practices should supply monthly CD back ups for verification yet the PCT are only prepared to pay for quarterly back ups.

Agreed that the GPC IT Committee needs to be asked for their opinion on what is good practice
This could then feed into an amended national IT specification which the PCT have to pay for.

Beds in Nursing Homes

JD reported that the PCT Boards at the end of May made a decision to reduce the number of beds in Community Hospitals.

This has caused problems reported in the press.

The PCT have now agreed to go to consultation about the future numbers of beds.

It is hoped that the LMC would be able to assist the PCT with this.

Chair felt that GPs would find this difficult.

The PCT would welcome comments on the papers that are being produced for discussion.

The LMC would be able to support the PCT by saying that

“The quality of patient care has to be paramount in all these decisions. Beds can only be kept open if staffing is adequate to support them safely”

Practice Boundary Changes

A paper had been circulated at the last meeting and comments were still awaited.

LMC apologized for slow response and RG asked that a further copy be sent out.

Date of Next Meeting

Thursday 6th October 2005 at 13.30 pm

Present	Name
	Gavin Bartholomew
*	Prit Buttar
	Paul Coffey
	David Copping
*	Rick Godlee
	Christopher Langley
	Julia Milligan
	Simon Morris
	Ian Neale
	Michael Robertson
	Lisa Silver
*	Paul Roblin
	Jane Solomon
*	Carol Birchall
*	Jane Dudley
	Ian Mackenzie
*	Stephen Richards
*	Colin Thompson
*	Michelle Stringer

Apologies were received from Drs Silver, Copping, Milligan and Jane Solomon