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Minutes of Wycombe LRC/PCT Liaison Meeting

21st April 2006, 2pm
At LMC Office, Marlow
SL7 1PB

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Minutes of Previous Meeting

The minutes of 10th February were agreed as a correct record of the meeting.

Matters Arising

Charges for Health Visitors

PHR has spoken to Kate on 6th March who said it was still to be researched within the PCT. TJ reported he had sent a letter to the LMC; however it had not been received. This letter said that things could have been done in a different way; however there was no point in going back to the status quo position as all services are being reviewed.

The LMC need to agree whether there was a 'tit for tat' agreement in July and if the PCT want to change this or withdraw it, notice needed to be given to practices.

If the arrangement has gone, the PCT need to be aware that they are certain things that if the PCT want activity to continue they will need to pay the practices, such as Zoladex, ROS post surgery, ROS post A&E attendance, vetting of breast screening lists, all things that other areas have included in a basket.

The original discussions around the basket were because it was very difficult to unpick what the practices did and what the PCT did, it had been felt that this agreement would only last for the first year.

A standard approach to all ES across the 3 PCTs is needed now and work is going on with this. CBP has talked about harmonising ES and this work is welcomed and the LMC have no problems. There were differences with what practices were doing across the Wycombe area.

This issue was discussed in 1st July 2005 and it was difficult to know when the year ended.

TJ said that notice was given to each practice individually, and they were told they could not continue claiming for the service if they do not provide it.

If practices want to use their HVs they will be charged from the meeting they had with the PCT.

The PCT cannot afford to pay twice for the service, and it needs to be stopped.

Practices need to be written to formally and advised that if they continue to use the HV they will have to pay for this.

The LMC need to be included in the circulation for this.

The PCT are putting together a document which will be brought to the LMC for ratification.

It was agreed that the PCT would serve notice on practices and agree what is in and out in Wycombe.

TJ was worried that practices have been notified in writing that they cannot provide the service and if they are audited they will be exposing themselves to risk.

Action: It was agreed to re-issue notice of termination of the service, with the LMC advising practices of their position.

eGFR

The Government has tasked all PCTs to confirm that the local labs to provide this.

Action: The PCT will take this forward and confirm this with the LMC

Bucks Shared Services

The Project Board has recommended to the PCT Chief Executives that from 1st October there will be a merged 2-site agency managed from Reading, from June 2007 there will be a one site solution.

PCT Re-Organisation

There are 2 options going to the DoH, a Mid and South Bucks PCT or a whole Bucks PCT including MK.

The new organisation will start on 1st October with the appointments happening from June.

The preferred option is a Mid and South Bucks PCT.

Structures are in place to harmonise ES.

There is a strong move to join up the Executives; decisions are being made on a Mid and South Bucks basis for primary care.

CBP is looking at the variances between the way the PCTs work to unify it.

There is a Bucks Alliance which includes the Chief Executives and the PEC chairs and this is a shadow Board type arrangement.

The existing 3 Boards are still in place, as the PCTs are still accountable.

Other PCTs have approached the Secretariat about ES problems.

Future Liaison Meetings

The LMC feel that there is a need for a local body to discuss local issues.

The PCT felt it would be better to have only one liaison body and could send a better discussion team. The LMC felt that until the change had happened and things were running it would be difficult to end these meetings.

The issues on the agenda could be discussed with one member of the PCT.

In due course there will be a locality structure within the PCT and this is an area where the LMC could liaise.

Most GPs feel that what has been developed over the recent years has been very useful and it would be a shame to see this disappear too soon.

It was agreed that the PCT and LRC would continue to meet but things will evolve with the formation of the new organisation, although it may not be possible to get a decision over issues that relate to the Mid and South Bucks PCT.

Action: To continue to meet.

Premises Strategy

TJ reported that there were 2 versions, the first version went to practices at the PLT in Marlow and a second version has been produced and amended.

The 3 locality model was reduced as was the 2-tier care centre.

Localities need to be looked at within the new PCT.

Action: TJ agreed to supply an updated version of the paper when it was available.

Midwifery Provision (Ann Galvin Letter)

This appears to be a diminution of provision of midwifery services and it was asked if the commissioners knew what was happening.

Antenatal classes are less local than they were and there are less appointments with midwives

Action: The PCT agreed to take this back to the commissioning side.

Practice Map Initiative

TJ said that if practices wanted to change their practice area, the PCT would circulate this to other practices for comment.

Referral Screening Update

There were examples of urgent referrals not going through quickly.

The PCT asked for NHS numbers of the relevant patients so they could see where the block was in the system.

Now if urgent referrals are being sent they are faxed to the Secretary and a copy sent to the hub, but this may cause problems, of double counting etc.

It was asked if the audit on musculoskeletal service was available. Nothing was taken forward from the audit brought to the last meeting.

The service is in change and has not worked in the suggested way.

Physios are introducing delays is the feeling amongst GPs.

The PCT agreed to audit this area too.

There was a feeling that in Oxon Dr Griffiths triaged musculoskeletal referrals, in Bucks it was done by physios and this could be where the problem occurs.

Action: To supply the hub with examples of where urgent referrals were not being processed quickly.

The PCT to investigate the musculoskeletal triage process.

ES Plans 06/07

In other PCT areas the practices are receiving paperwork on the 4 new DES.

TJ said that it was on its way as they are trying to issue them across the 3 new PCTs.

They are trying to iron out issues with the PBC DES as the PCT want to ensure that what practices plan to save is deliverable.

PHR said that if the DES was offered the template that should be used is the one attached to the DES, not the one on the DoH website.

The PCT said they would have the paperwork finalised by the end of the month and are organising workshops throughout April and May.

In the future there will be a list of ES that are available to all 3 PCT practices that has been agreed, until this appears the current list will roll over and practices will be paid until notice has been given that the old ones will stop.

The LMC are happy to look at the re-development of these ES.

It is not known when the new ES will be available.

It was agreed that until 3 months notice is given, the existing ES will continue.

Any notice should be copied to the LMC as part of the PCT statutory obligation – this was agreed.

Action: It was agreed that the position remains unchanged until notice is given to practices.

Date of Next Meeting – Friday, 23rd June 2006

Present	Name	Organisation
*	Bacon Nigel	Member (Co-opted)
	Blair Zoë	Chairman
*	Cowland Nick	Member (Co-opted)
*	Moston Roger	Member
*	North Chris	Member
*	Roblin Paul	LMC Chief Executive
*	Solomon Jane	LMC Director of Development & Liaison
*	Birchall Carol	LMC Minute Secretary
	Baldwin Tracey	WYC PCT Chief Executive
	Bunce Heather	WYC PCT
*	Jones Tim	WYC PCT
*	Dean Judith	WYC PCT
	Needham Kate	PCT Director of Finance
*	Walter James	PEC Chair

Apologies: None