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MINUTES OF EAST BERKSHIRE LRC/PCT LIAISON MEETING **Tuesday 6th July 2010** **The Manor Park Practice, Slough, SL1 3XU**

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PHR announced that Dr Halliwell had now retired from General Practice and would no longer be on the LRC. The Committee asked that their thanks be conveyed to him for all his contributions in the past.

Minutes of Previous Meeting

The minutes from 18th May 2010 were agreed as a correct record of the meeting.

Matters Arising

Mental Health Services in Berkshire: reflections after County LMC 22.6.10

Following the LRC meeting, the Mental Health Trust (BHCFT) had been invited to the Berkshire County LMC meeting on 22.6.10.

The BHCFT Chief Executive had acknowledged that Primary Care was having difficulties accessing mental health services. GPs welcomed this recognition and the hope of a solution.

GPs contrasted the ease of access to mental health care in primary care with the difficulty in getting secondary care help.

JW said that the views expressed in the County minutes would be looked at by the PCT Executive Team and the Board.

JW undertook to circulate the County minutes to the right people including Trevor Keable.

GPs have been supplied with an updated list of provider services but what they wanted was a single point of access.

Christine Dickerson and Trevor Keable are monitoring the contract.

Getting CAMHS and BHT to discuss integrated care of ADHD patients is a priority.

It was recognised that care should be based on what the patient needs not what the service can offer.

The problem in East Berkshire is that the service was considerably under-funded historically and has never delivered the same quality of service as that provided in West Berkshire.

One of the blocks to referral in West Berks had been the use of a Clinical Assessment Form which GPs were required to fill out before sending patients into the service. At the County LMC meeting it had been agreed to withdraw this unnecessary form.

Slough GPs felt the current service was inadequate.

If a patient needed to be seen urgently, there were no staff in the service available to assess a referral so the patients were often better going straight to A&E if they were suicidal than their doctors.

Problems with HWPFT Appointment Systems and GRACE

AN reported that in January he had sent in an urgent referral to Paediatrics for a child with suspected epilepsy. In April its mother had contacted him to say that she had not heard from the hospital about an appointment.

AG reported that this was because at the time the Paediatric service was unable to see all the urgent referrals that were being sent in so some were just lost.

IM reported that GRACE is sending referrals to Heatherwood and Wexham with a UBRN but that the hospital is just cancelling the referrals.

The problem is that once the patient has been referred the GP does not always know what has happened to them until they come back to explain difficulties.

GPs felt that this was a significant clinical risk.

AG said that the problem was that Heatherwood and Wexham had been supplied with a new PAS system which had had a software switch in the wrong position and this had caused the chaos in the PAS system.

An email had been sent out to practices by Julie Burgess (CEO of HWPFT) explaining this.

Julie Burgess has reported that they are trying to get some compensation from the system supplier.

One big problem was that the data on the old system had not come across and there was no back up which could be used.

This has resulted in clinics being double booked or being completely empty.
At one plastic surgery clinic 25 extra patients had turned up, those from the original booking system, the ones put on by Heatherwood and Wexham and those from Milton Keynes.
This is also happening other specialities.
The unnecessary workload of failing booking systems is falling back on GPs.

JW said that the PCT was aware of this and was working with the Trust and the SHA.
It is hoped that the backlog would be cleared by the end of the second quarter, ie September.
It is understood that the in patient side has been sorted out and is now working. It is the out patients which is causing a problem both for new and follow up appointments.
IM said that she thought it had got to the stage where the PCT should go public and ask those patients who have been referred by their GP but not heard about an appointment to phone a PCT telephone number as an alert that something had gone wrong with their referral.
JW said that she would take this back to David Cahill who is working with the Trust.

GPs reported that over the past few months they were having to refer patients in several times for the same problem. GRACE had lost the referral and required a new one.
Then someone believes that this second referral is a duplicate so is deleting them before an appointment has been made. In some cases patients have been referred 4 or 5 times and still not got an appointment.

IM reported that a patient had transferred from Wigan where she had been seeing an ENT Surgeon who had recommended that she be referred to an ENT Surgeon at Guys.
This referral had been put through GRACE but had been returned stating that out of area referrals are not permitted unless they are pre-funded.
This letter was sent out unsigned under Adrian Hayter's name.
GPs said that this was not in the spirit of Choose and Book, the patient concerned had a daughter who lived very close to the hospital and with whom she could have stayed following any surgery.
LMC wanted to see what guidance GRACE was working to regarding out of area referrals.
No one had discussed this with the LMC, PBC or Consortium Groups.

AG said that the PCT would always want patients to be seen locally but GPs explained that the local service was extremely bad as the consultant was absent on sick leave and in any case this patient had special needs identified by the Wigan consultant as requiring Guys expertise.

**Action Point: JW to discuss with David Cahill the need for the PCT to inform the public of a telephone number at the PCT to be used if they have not heard about an appointment.
PCT to supply LMC with the guidelines GRACE is working to when referrals are rejected.**

GP Access Survey results

The PCT were asked how they intended to use GP access figures to performance manage practices.
GPs in Slough raised the issue of access and what the PCT would be doing to support practices.

JW said that the PCT was performance managed on its access survey results and will be doing what it can to improve these.
Slough GPs said that the nature of practices in Slough varied immensely.
Many core contracts were not adequately resourced for their disease prevalence and deprivation.
Some have a very high prevalence of chronic disease and a demanding patient group.
AS said that generally speaking the disease register prevalence in East Berks was relatively low in all areas apart from Diabetes.

Slough GPs felt that some Asian patients were not well educated and often illiterate, making the patient survey unreliable.

The Polish community seem to want to be seen immediately and often will visit the surgery twice in a day and then go to A&E in the evening. If they do not get what they want they will say they are going to Poland to get the treatment they need.

The PCT needed to consider what Slough GPs are expected to do in a normal working day.

AG said that the PCT had only wanted to get an idea of access in East Berkshire and this was why the survey had been conducted.

JR said that Andrew Lansley seemed to have announced the abolition of the patient survey (with immediate effect) at the BMA ARM.

The PCT replied that they would be continuing with it as it was included in this year's QoF.

The White Paper will be published next week.

It was agreed to wait and see what this said about patient access.

BE CHS Cuts in Services eg Dieticians, DNs

LMC raised the issue of cuts in HVs and DNs in East Berkshire.

William Tong, Adrian Hayter and Nancy Barber are meeting to discuss this.

JR reported that all the HVs in Ascot are being deployed to Slough as there were greater child protection issues there.

JR reminded the PCT that there were still child protection issues in Ascot but they were not being looked at.

Ascot has a budget allocation of £300K for HV but this is being used by other areas.

Action Point: To await the outcome of the discussions between William Tong, Adrian Hayter and Nancy Barber.

Rheumatology Services and DES/LES for DMARDS

It appears that secondary care Rheumatologists are discharging patients into the community for GPs to look after.

This work is not part of core services and the LMC said that they would expect to see a LES to cover it.

PHR reported that in other areas the range of conditions covered by near patient testing had been extended and asked if the East Berkshire LES was too limited.

AG said that last year the work in secondary care was covered by a block contract, whereas this year it is on a tariff.

He was aware that primary care needed to be recompensed for work coming out of secondary care and funding will need to be found for this.

Some GPs said that they were comfortable treating rheumatology patients others were not.

All GPs said that when they saw these patients it impacted on their access targets for other patients.

Action Point: PCT needs to find a solution for the problem of rheumatology work moving from secondary care to primary care.

Collaborative Fees Arrangements Update from PCT

The problem of areas within East Berks paying differently continues, particularly over child protection involvement.

Action Point: The PCT to try and find out what is happening and unify the system.

Expected review of C+B and GRACE with this year's LES roll over

The PCT said that the GRACE incentive scheme will be slightly changed to take into account the practices that are now doing Choose and Book themselves. Practices will be notified of this change by the end of July.

Action Point: PCT to notify practices of the change by the end of July.

PE7 & PE8 QOF Easements as per H1N1 Vaccination DES

PHR said that the list he had received of practice's achievement for H1N1 showed 3 practices achieving more than 100%. How could this be possible?

AS said that this was because of difficulties within practices of counting the denominator.

AS said that practices achieving over 50.7% H1N1 coverage would receive QOF easement according to the national calculator.

In total the PCT spend would be £100K extra.

QoF Monthly Aspiration Payments to take account of Full Achievement

The aspiration for this year should be automatically worked out by the Exeter system but as there were problems last year the PCT intended to double check this.

Clarification of Practices Extended Hours Obligations

As this item was put on by Dr Arora who was absent it was agreed to follow this up by email.

The rules are unchanged: the practice should open for half an hour per one thousand patients.

The PCT were not checking to see if the appointments were filled or not.

Action Point: To follow this up with email correspondence.

PMS Review

JW said that the PCT planned to wait and see what was in the White Paper.

PHR said that he had worked with PMS practices in other PCTs on this. He had knowledge of the regulations and possible strategies and would be advising PMS practices. He would not be involved in any final decisions about what change was acceptable to each practice. The LMC must remain impartial in all discussions being fair to both GMS and PMS colleagues. In other PCT areas there have been PCT PMS Sub-Committees set up where PHR has been the non-aligned member.

AS said that in East Berkshire the PCT have been applying the same formula to PMS practices as they have with GMS and the funding gap had lessened.

JW said that she planned to get the background paperwork ready and once the White Paper is produced to have a meeting with the PMS Practices. LMC asked to be included.

Action Point: PCT to wait until the White Paper is published to progress any PMS review.

Contract Up Lift

Nationally the instruction (Dyson letter) has been that all contracts should be uplifted by 0.41%. AS said that the PCT would be applying this to the DES and LES and PMS contract sums.

Bracknell Health Space

PN asked what the situation was regarding this.

Action Point: JW to find out what the position was on this and email back.

GP Appraisal

The PCT said that there were still 45 GPs who had not had an appraisal done for 2009/10. The PCT had allowed 2 months' slippage due to the problems with the appraisal toolkit website but these GPs were now a month late having this done.

The PCT plans to write to the GPs concerned.

LMC view was that when a reasonable time had elapsed after the end of the year (including time for the toolkit issue), it would support the PCT informing these GPs that they have 28 days to organise an appraisal or the PCT will initiate their removal from the Performer's List.

The GPs concerned would have to organise an appraisal date within the month but it need not be conducted within the month as it was accepted that the holiday season was starting.

Action Point: The PCT to write to GPs informing them they have 28 days in which to organise an appraisal date before the PCT will start proceedings to remove them from the Performer's List.

Date of Next Meeting – 5th October 2010

The meeting opened at 2pm and closed at 3.30 pm.

Present	Name	Organisation
	Arora, Kanchan	Bracknell LMC
*	Birchall, Carol	LMC Minute Secretary
	Crampton, Anne	Bracknell LMC
*	Greig, Adam	East Berks PCT
*	Hear, Gurdip	Slough LMC
*	Kade, Chauke	Bracknell LMC (Co-opted)
*	Kumar, Hemantha (MLH)	Slough LMC
	Llewellyn, Lise	East Berks PCT
	McGlynn, Jackie	East Berks PCT
	Mitchell, Eleanor	East Berks PCT
Chair*	Mower, Isabel	WAM LMC
*	Nabi, Ajaz	Slough LMC (Co-opted)
*	Nelli, Prash	Bracknell LMC
	Parker, Julius	WAM LMC
*	Rawlinson, John	WAM LMC/GPC Rep
*	Roblin, Paul	LMC Chief Executive
*	Skilling, Anthony	East Berks PCT
	Tong, William	East Berks PCT
*	Trivedi, Jitendra	Slough LMC
*	Walters, Jackie	East Berks PCT

Apologies: Dr Arora

In Attendance: No Guests