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MINUTES OF BERKSHIRE COUNTY LMC MEETING Tuesday 31st March 2009 Berkshire Masonic Centre, Sindlesham, RG41 5DB

CONTENTS

Minutes of Previous Meeting	1
Matters Arising.....	1
QoF Consultation.....	1
Contact Point	2
LMC Conference Motions	2
GPC Issues	3
Healthspace in Bracknell.....	4
Revalidation (PHR Presentation).....	4
QoF End of Year Issues	7
West Berks Council 'Concessionary Fares Scheme'	7
Issues from West Berks.....	7
Referrals	7
Mental Health Services	7
Issues from East Berks.....	8
DDRB Award (% and Timing).....	8
Date of Next Meeting – 2 nd June 2009.....	8

Minutes of Previous Meeting

The minutes of 10th February 2009 were agreed as a correct record of the meeting.

Matters Arising

QoF Consultation

Outcome of the consultation can be found at:

http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_096423

Little seems to have changed from the plan being consulted on.

Local QoF likely to be commissioned as a LES rather than a PCT determined QoF.

Contact Point

One of the requirements for accreditation to access this database is 3 yearly CRB checks. There are rumours that the ISA (Initial Safeguarding Authority) will make regular GP recertification (CRB) obligatory in the near future. Establishing the facts remains difficult.

JD reported that the DoH has very recently issued 4 documents on tackling concerns nationally and locally and each document is about 75 pages long.

He had skimmed through the document on performance list processes.

It is possible that 3 yearly CRB checks may become part of the licensing requirements.

If there is a requirement for 3 yearly checks the PCT will be responsible for paying for these but it would mean that ultimately there would be less money for LES/QoF.

A CRB check costs approximately £40 (excluding GP and TVPCA staff costs).

Kings Fund reported to have stated that Contact Point database was actually a threat to child safety, because it is one database of child records capable of being hacked into.

Action Point: PHR to investigate the ISA situation.

LMC Conference Motions

PR has received 4 motions for Conference, one from CG and three from SM.

He had also supplied members with a list of topics from recent LMC and LRC meetings that members might use as subject prompts to construct motions.

Motions are usually constructed first with statements describing the problem, then a suggestion for actions or solutions.

Discussions led to the following motions being suggested (tidied up by PHR post meeting):

Berks LMC Motions

Received pre Berks LMC meeting on 31.3.09

"This conference believes PCTs should be obliged to communicate local service changes, alerts and educational information to freelance GPs. The current common PCT practice of deliberately refusing to send freelance GPs these mailings is dangerous and runs contrary to locums best efforts to deliver good performance."

"This conference deplores the unnecessary use of nww sites by PCTs as they often obstruct access by freelance GPs and LMC officers neither of which have nww connection."

"This conference recognises that most tools needed for GP revalidation are best suited to a stable practice- based setting. For the successful revalidation of locum GPs, solidly funded support mechanisms need to be put in place so locums can produce the evidence required."

"This conference notes that the Secretary of State for Health does not care which doctor he sees but would like to remind him that many patients with chronic or recurring illness value continuity of care highly and asks him to ensure that institutional barriers to continuing personal care are not created."

Devised in/after LMC meeting on 31.3.09

“This conference believes that commissioning on the basis of “Any Willing Provider”:

- does not work
 - spreads income too thinly across the PCT
 - Provides no incentive for potential providers to invest
 - Would work if only one or two providers of each service were selected in an area.
- And asks the GPC to negotiate its abolition.”

“This conference believes that Balanced Scorecards:

- Are often derogatory about GPs who are highly regarded by their patients
- Reduce GP morale.”

“This conference believes that:

- small practices are worse hit by Balanced Scorecards.”

“This conference believes that the 48 hour access target:

- Is not patient orientated and is unworkable.
- Is not sustainable in areas where there are large numbers of elderly patients.
- Does not allow GP prioritisation of appointments.
- Should be abolished.”

“This conference believes that deficiencies in PCT Competence and Capacity have hampered the development of PBC.”

“This conference believes that procurement of Darzi Centres has consumed a lot of PCT resources to the detriment of their other commissioning roles.”

“This conference believes that traditional NHS general practice remains the jewel in the NHS crown and deplores the apparent Government desire to destroy it.”

“This conference deplores the diversion of scarce NHS resources into the wasteful imposed commissioning of Darzi Centres.”

Action Point: To email any proposed motions to PHR for inclusion in the LMC submission.

GPC Issues

JR reported that most of the issues discussed at GPC were available to view in GPC News.

See <http://www.bbolmc.co.uk/gpcnews0309.pdf>

The **NHS leadership programme** may exclude anyone currently on GPC/LMC.

Clinical DES

The GPC is trying to get these rolled over for an extra year

(As the directions have only just been issued not giving GPs time enough to earn anything).

GP Defence Fund will be giving a 20% rebate to LMCs on last year so the levy to be paid this year will be reduced.

QoF

There will now be no local QoF.

PHR recommended that GPs obtained a copy of the new QoF Indicators for 2009/10 as there are important changes:

http://www.bma.org.uk/images/QoFchanges200910_tcm41-178932.pdf

For Depression GPs must now perform a second depression score 6 weeks after the first one and 4 weeks after the initial diagnosis has been entered on the computer. Practice systems will have to adapt to meet this change.

PHR recommended that practices had dedicated partners who regularly monitored QoF requirements and adapted practice processes to meet them.

JR reported that he had been told by EB PCT to manually sign off this year's QoF (which he had done).

JD advised that this was incorrect action and no one should be signing off QoF until the national patient survey data had been downloaded either manually or through QMAS.

Once a practice has signed off the year, it was very difficult to unpick/manually override.

PHR agreed to contact the PCT and determine what had been said to practices.

Revalidation Document

The document will be available on the College Website from 1st April.

See <http://www.rcgp.org.uk/revalidation.aspx>

Future Vision of General Practice

The GPC will be consulting with practices and patient groups.

See http://www.bma.org.uk/healthcare_policy/DevGP0309.jsp?page=1

**Action Point: PHR to check what advice Anthony Skilling had passed on to practices.
In future, PHR to put a "GPC feedback" item on each County agenda.**

Healthspace in Bracknell

NP reported that 2 people have been shortlisted and the final provider will be known on 9th April.

Revalidation (PHR Presentation)

PHR went through a presentation a copy of which is available on the LMC web site.

See <http://www.bbolmc.co.uk/phrrevalid0309.ppt>

REVALIDATION FOR GENERAL PRACTITIONERS

(Paul Roblin March 2009)

- Autumn 2009: all GPs need a licence to practice (all registered doctors will be entitled)
- Much of the detail may change
- First meeting of GMC UK Revalidation Programme Board held on 10.2.09.
- Licence to practice to be introduced before 5 yearly renewal (Revalidation)

- Only licensed doctors will be subject to Revalidation
- Revalidation is the name for the whole process
- One set of processes with two outcomes: Relicensure and Recertification)
- Relicensure
Demonstrates doctors practice in line with the generic standards set out by GMC
- Recertification
Confirms that GP continues to meet standards that apply to his/her discipline
- Timescales for relicensure and recertification unclear
- Annual “Enhanced” appraisal will be central (appraisal content under discussion)
- RCGP proposes and GMC approves
- Portfolio of evidence for annual appraisal and a portfolio of evidence for revalidation.
- Common requirements for evidence (all doctors assessed on a consistent basis)
- Good Medical Practice is being updated to define the qualities required of a good GP
- New GMP will guide the range of annual and 5 yearly evidence
- 4 domains (currently 7) become 12 generic standards from which assessment criteria are developed
- PHR feels the translation is questionable (measurable rather than important)
- Four Future Domains:
 - Knowledge, skills and performance
 - Quality and safety
 - Communication and teamwork
 - Maintaining trust
- The RCGP are proposing that every 5 years, every GP, in whatever environment, should be able to provide (see table at end of document)
- RCGP CPD Learning Credit Scheme “Impact and Challenge Model” developed by the RCGP
- Self-accreditation of learning credits
- Minimum of 250 over the 5 year revalidation cycle
- Credit value based on the effort required (challenge) and impact on patient care (not time based)
- Credits are self-attributed and verified at appraisal
- Impact and Challenge encompass the value of the learning, not simply the time spent in CPD
- Impact on patients, the individual, the service
Positive weighting of impact compared to challenge
- Challenge is related to effort expended, to circumstances and to personal ability
- Un-answered questions Is this definition of a credit acceptable?
 - Is the system easy to understand and use?
 - Are GPs able to produce evidence easily?
 - Are the examples of credits self-accredited justifiable?
 - Are appraisers easily able to verify an individual’s credits in terms of challenge or impact?
 - What if an appraiser disagrees with the doctor?
 - Are appraisers comfortable with this system?
 - Are GPs comfortable with this system?
 - Are we seeing diversity of subject?
 - Are we seeing diversity of method?
 - Is this an appropriate system for all GPs (sessional, OOH, overseas)?
 - Are there further training issues for GPs or appraisers?
 - What are the local resource issues of the system?

- Pass or Fail (Traffic Lighting of appraisals): Who Judges?
- Appraiser Judges:
 - Quality of a PDP
 - Adequacy of a CPD folder
 - Whether PDP of previous year's appraisal has been completed
 - Whether and how learning needs have been identified/prioritised
 - Credits scoring
- And
 - Guides future learning needs
 - Suggests upskilling or remedial action where required
- Responsible Officer (RO) in every NHS Trust (final say on the revalidation of doctors)
- Four tiers of assessment and appeal:
 - RO
 - Local Group (RO, RCGP and Lay assessor)
 - National RCGP
 - GMC
- Possible Curriculum and Optional Exam
 - Essential Knowledge Update (RCGP six monthly)
new and changing knowledge that every UK GP should have assimilated
 - Essential Knowledge Challenge will be a voluntary assessment
(to provide evidence of keeping up to date).

Websites

<http://www.gmc-uk.org/about/reform/Revalidation.asp>

http://www.rcgp.org.uk/practising_as_a_gp/revalidation.aspx

Evidence	Conventional portfolio
Description of roles	✓
Exceptional circumstances	✓
Evidence of 5 appraisals	✓
Five PDPs	✓
Four reviews of PDPs	✓
250 Learning Credits	✓
Two MSFs from Colleagues (360 degree)	✓
Two Patient Surveys	✓
Review of Complaints	✓
Five significant event audits	✓
Two conventional audits	✓
Statement of probity and health	✓

Action Point: PHR to provide updates as they occur.

QoF End of Year Issues

Practices reported no end of year issues with QOF.

West Berks Council 'Concessionary Fares Scheme'

PW reported that West Berkshire Council has decided to withdraw their free bus passes and taxi vouchers for the over 60s.

They have also told patients to approach their GP for a form to be filled out (stating that they are disabled).

The time limit to do this was extremely short and has resulted in a huge amount of work for GPs.

No fee is available and it is very difficult to charge patients to fill out these forms.

GPs said that it would have been nice to have been warned by the Council and to have been given a longer timescale to do the work.

No other PCTs were doing this.

GPs in other areas said that when they had been put in similar positions in the past they had told the Council that they would only complete such forms if they came direct from the Council and not the patient.

PHR agreed to write to the Council re GP concerns.

GPs expected the Council to police its own policies, not seek GP certification.

Action Point: PHR to write to West Berks Council.

Issues from West Berks

Referrals

SM reported that more patients are now coming into the practice asking for re-referral as they have not got an appointment from RBH (or missed one).

PHR said he would contact the liaison officer at the RBH to try and solve this.

Micky Griffiths has apparently left RBH.

Mental Health Services

GPs reported that the MH services were returning referrals insisting that their lengthy form was used and filled out completely.

GPs said that if they did complete the form the referral was inevitably bounced and the patient was recommended to go elsewhere for their treatment.

The information contained on this form was information that the MH Services needed not what GPs should have to provide.

As this was a problem in both East and West Berkshire, GPs suggested that representatives from the MH Services should be invited to hear their views at a future County meeting.

Action Point: PHR to invite the Mental Health Services to a future County meeting.

Issues from East Berks

Apart from Mental Health Services there were no other issues.

DDRB Award (% and Timing)

Strategically the current recession has hit at the right time for Government.

They can for a further year, give GPs a 0% pay award.

The current DDRB award is sitting with the Treasury.

Once the percentage has been published, the 19ths formula will be applied

See <http://www.bbolmc.co.uk/nineteenthform.xls>

See also: http://www.bma.org.uk/employmentandcontracts/pay/pay_review_bodies/ddrb2009.jsp

It is anticipated that PCTs will be instructed to handle the rises for both GMS and PMS practices in much the same way.

Date of Next Meeting – 2nd June 2009

The meeting closed at 4.10 pm.

Present	Name	Organisation
*	Arora, Kanchan	Bracknell LMC
*	Birchall, Carol	LMC Minute Secretary
*	Brock, Nicola	Wokingham LMC
	Buckle, David	West Berks PCT
	Cave, James	Newbury LMC
*	Crampton, Anne	Bracknell LMC
*	Derry, John	TVPCA
	Gallagher, Charles	Wokingham LMC
	Greig, Adam	East Berks PCT
*	Hear, Gurdip	Slough LMC
	Hyde, Maria	Newbury LMC
	Kade, Chauke	Bracknell LMC (Co-opted)
*	Kumar, Hemantha (MLH)	Slough LMC
	Lade, Jeremy	Wokingham LMC
	Llewellyn, Lise	East Berks PCT
*	Mittal, Rab	Reading LMC
*	Moneim, Tarek	Reading LMC
*	Morando, Sarah	Newbury LMC
	Mower, Isabel	WAM LMC
	Nabi, Ajaz	Slough LMC (Co-opted)
*	Naran, Kish	Reading LMC
*	Nelli, Prash	Bracknell LMC
	Parker, Julius	WAM LMC
Chair*	Rawlinson, John	WAM LMC/GPC Rep
*	Roblin, Paul	LMC Chief Executive
	Smith, Rod	Reading LMC
	Thorpe, Penny	TVPCA
	Trivedi, Jitendra	Slough LMC
	Waddicor, Charles	West Berks PCT
*	Westcar, Paul	Newbury LMC

Apologies: Drs Gallagher, Lade, Mower and Penny Thorpe

Dates for Future Meetings

02.06.09 08.09.09 03.11.09