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MINUTES OF BERKSHIRE COUNTY LMC MEETING Tuesday 1st April 2008 Berkshire Masonic Centre 2:15 pm

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Dr Rawlinson welcomed Prash Nelli, the new Bracknell member to the meeting.

Minutes of Previous Meeting

Pathology on page 9:

Stated the OOH organisations have problems as they do not have access to telephone numbers. JL requested that all GPs write their practice and patient telephone numbers on the path forms. William Tong has written to Berks LMC after reading the minutes of 12.02.08. He has concerns about the section headed “**Public Consultation on Healthcare in East Berks**”

It contained a report by JR on a meeting he had attended, and gave LMC other information discussed at the meeting but which was not part of the formal consultation.

LMC agreed that the statement 'Shares will be owned by local GPs, the PEC Chair, a PEC member, a local GP and locality leads' was changed to include **within Bracknell Forest**.

Members present felt that the minutes correctly reflected the LMC meeting of 12.02.08.

That the Bracknell locality wants £6m to develop a Healthplex was not discussed at the public consultation, but was included in other information received.

Members suggested that WT could be asked to update LMC members on current plans and correct what he regarded as misinformation.

The amended minutes of 12th February 2008 were signed as a correct record of the meeting.

Action Point: JR will respond to William Tong.

LMC Elections

PHR has sent everyone a list of the new Berks LMC members.

There is still one vacancy in both Reading and Wokingham, and three in WAM.

Dr Nabi missed out in the Slough election in Slough.

PHR has sent all members a post election self nomination form.

This asks for self nominations for LMC Chair and the three Berks reps on the Secretariat Board.

This happens routinely after each LMC election.

These nominations will run for the next month.

The successful candidate will be the Chair for the next meeting on 3rd June and for a 4 year term.

The Secretariat Board comprises the Chair and Treasurer of each LMC and one other member.

In Berks the current members are KN, JR, GH and JP.

The last part of the form is for the nomination of co-optees.

Members suggest these on the basis that they bring valuable extra expertise to the Committee.

PHR suggested that this might provide an opportunity to co-opt Dr Nabi back to the Committee.

PHR had been asked to give the election figures for Slough but felt that would do more harm than good and was therefore not a useful exercise. This was agreed by members.

In the other 2 counties the Treasurer is appointed not elected, and Berks needed to make a decision on this. It is usually a position that is difficult to fill.

The Committee felt the current position does not have a time limit on it and also that it would be good to invite self nominations for the position every 4 years.

If there were no self nominations then individuals would be approached to take on the role.

Action Point: PHR to amend the form to include self nominations for the Treasurer.

East and West Berks Liaison Groups Membership

PHR felt that the local Committees (co-terminus with PCTs) benefited if local enthusiastic GPs also attended regularly.

These meetings should be free and open to any GPs who wish to attend. Drs Halliwell, Nabi and Kade were examples of GPs who could not attend the full County meetings, but had been active members of the Liaison Groups.

Members agreed to encourage interested colleagues to attend the Liaison Group meetings.

Action Point: The Committee agreed to continue with this format.

LMC Conference: 12th and 13th June 2008

14th April: last date for receipt of motions
23rd May: date for the publication of the Conference documents
6th June: last date for motions on new business.

PHR will be on annual leave next week.

Members were asked to write motions and send them to Pauline Green at the Office.

PHR tabled 3 motions that had already been written by members and supplied a list of topics that could be considered for motions.

(PMS Contract Variations, Interference with referral processes, inadequate maternity and sickness reimbursement, terms and condition of APMS practices, Preferential treatment of AMPS practices in choosing tenders, unfunded shift of work to primary care, Balanced Scorecards, Conflicts of interest in the NHS and Imposing Darzi Centres against PCT)

The conference reps for Berks LMC are PW, JR, GH and TM.

Extended Hours

The national DES is now with the national lawyers and will probably be published in 5-6 weeks time. PHR has asked all the TV PCT Chief Executives to consider producing a more flexible LES.

However, until PCTs know how they will be performance managed, they are reluctant to commit to anything local.

PHR feels the DES as currently understood looks very unattractive, and if PCTs want to have 50% uptake of extended hours they need to go for flexibility.

It is not known how walk-ins will be treated under the DES.

According to a letter that has been issued by the DOH, the balance of pre-booked and walk in care is to be decided locally.

Urgent walk-ins will disrupt a pre-booked surgery, keeping patients waiting.

Will the telephones need to be open? If a pre-booked patient cancels, the GP needs to be aware of this, but the GP does not want to receive calls from patients with emergencies. Another line might be needed.

Members predicted that once an emergency presents itself to surgery, although they should be referred to the out of hours service, a GP feels duty bound to assess them by which time the surgery has been disrupted.

Ben Bradshaw's recommendation is that emergencies that turn up without an appointment should always be given the telephone number of the out of hours service.

It may be that once Westcall or other OOHs organisations know that GP surgeries are open on a Saturday morning, they will start referring patients to be seen in their own surgery.

Berkshire West PCT has written to practices and told them that if they close the door at lunch times they will not be able to do extended hours.

Practices questioned whether to close the door but have a receptionist at the end of the phone to answer queries would count as closure? The surgery is still providing a medical service.

The baseline audit that Mark Britnell wants everyone to fill is also a problem.

GPC advice is that until the DES has been issued there is no obligation to comply with this audit.

However, PHR felt practices should comply with PCT requests to ensure that practices are complying with the in-hours contract, i.e. meeting the reasonable needs of the practice population.

Closing at lunch time was normal across much of the TV.

PHR felt that practices closing very early in the day, or for half days, was not acceptable.

Members felt Berks PCTs already had this information.

It was not known whether any DES payment would be retrospective if practices did decide to offer extended hours in April.

Berkshire West has decided to roll over the access DES with the same funding as last year, but it is not clear how this will be monitored.

Discussion of single handed practitioners

They may not be able to find cover for every Saturday and it was not sure if the PCT would accept % Saturday opening.

QoF Changes

Details of the changes to QoF for 08/09 have been issued.

GPs have received a letter highlighting the changes.

The 58.5 access points will cover 48 hour access and the ability to book an appointment with a GP more than 2 days ahead, (the split is approximately 23 and 35 points).

On 21st December Ben Dyson sent a letter to the GPC about Imposition A and attached to this was a list of the intended QoF Changes.

PHR stressed that the most recent list is different and PMs must make sure they are working to the correct version.

Flu has remained in the QoF.

The PCT have always made payments at the end of April, but the plan is that the payments this year will be at the end of the first quarter.

PHR assumed that the DOH now wanted practice claim and PCT validation to take place over the first quarter.

Members wanted LMC and PCT to negotiate how this is managed before the end of the QoF year.

Action Point: PHR to liaise with the PCT regarding the payment for QoF in 2009.

Darzi Centres

PHR had sent members information from the Memorandum of Information from the Procure website, The MOI gave very little detail and was not very informative.

In West Berkshire the new practice will be in Central Reading and in East Berkshire it will be at the Upton Hospital, Slough.

These Centres will be open 7 days a week, 8am-8pm, with a registered list and walk-in facility.

Practices in the locality may feel threatened and the LMC will try to help them to minimise the threat.

PCT Chief Executives have to provide the Centres or their jobs will be on the line.

The walk-in centre in Slough will be relabelled the Darzi Centre.

Because these Centres were not necessarily part of the PCT plans, some are trying to re-label existing services.

Each Centre should be staffed by 3 GPs and 9 Nurses. If the hours are added up (12 hours a day x 7 days) 96 hours per week allow little opportunity for GP overlap.

Referral to Hospital

Matthew Shaw has written again, describing the situation where the patient has a UBRN and rings the RBH booking line only to be told there are no appointments, ring later.

They then go round the system again, and are finally told to go back to the GP.

When the LMC met with West Berkshire PCT they seemed powerless to manage the RBH.

The RBH have a GP Liaison Officer and he has written to GPs saying that they are trying to resolve this problem.

The LMC may need to get involved and generate change for GPs and patients.

LMC may need to produce a poster for waiting rooms informing patients where to complain to.

The RBH is a Foundation Trust and is controlled by MONITOR.

RBH has alternative routes for complaints.

The East Berkshire Liaison meeting on the referral process was very muddled.

There are a host of ways to get a referral from the GP to the hospital and none of them was committed to paper by EB commissioners. There was a distinct lack of clarity.

GPs reported that if you go to the C+B DOS today you cannot book an appointment as all the clinics are blocked and the only option is GRACE.

The PCT should not be able to impose only one method of referral to hospital.

Practices who have achieved 91% of referrals through C&B are now worse off.

Action Point: GPs who have examples of how C&B is not working should put them in writing to PHR and he will send them to the Directors of Commissioning.

C&B Post 01.04.08

The C+B DES ends on 1.4.08. Practices are no longer funded for C+B.

West Berkshire has written a LES which is priced at 50p/patient; it is on a sliding scale if you hit 50% of referrals you get 60% of payment.

The WB DOS is not blocked to GPs.

Practices that used to use C&B have made decisions not to do so as it will not be financially viable and will be referring directly into the hospitals; these referrals may be returned to the Referral Centre who may then contact the patient.

WB PCT needs to produce a clear pathway of how a referral will be processed.

East Berkshire has said that all referrals to GRACE would tick the C&B box but this has not happened due to all the problems that have occurred.

Both GPs and patients do not know what is happening.

The TVPCA Referral Centre will not offer choice if the letter is marked that the patient has been offered choice.

The problem is that GPs only find a better service by going through the old C&B system.

The GP does not need to offer 5 choices. This is a Government target and is not written in the GP's Terms and Conditions of Service.

GPs only have to offer choice if they have signed a C+B ES specification, where choice is defined.

**Action Point: PHR to write to the PCTs asking for their referral algorithms.
The PCT should also be asked for examples of where it is working.**

FOIA Request over new Shinfield practice

WB PCT provided LMC with all the figures on the Shinfield practice funding whilst it builds up its list, except what the block element is until it reaches 2K patients.

They justify this on the grounds of commercial sensitivity.

PHR has sent this to the Information Commissioner for arbitration.

During a phone call to the Commissioner, PHR was told that they are not meeting their deadlines and could not give an acknowledgement for 30 days.

JL felt that during the tendering process such information was commercially sensitive. Initial bids were put in and then changed later.

PHR felt Shinfield was funded through public money and it needs to be known whether it receives more £/patient than a GMS/PMS practice.

Any APMS practice would know virtually how much a PMS practice is paid, but not necessarily the actual figure.

The TVPCA have to be clear to bidders how decisions are reached when a contract is awarded.

The practice opening has been delayed by 2 weeks but it was not known if the contract would be paid when it was opened or the date it was due to open.

Information Requests from PCTs

Requests for information are often sent directly to the Practice Managers bypassing the contract holder and are often onerous pieces of work.

PMs and partners should work together to ensure that only reasonable requests for information are responded to.

It would be helpful if the PCT actually copied GPs into requests to Practice Managers for information.

Some felt this was an internal practice communication issue.

TVPCA List Cleaning Exercise

The FP69 (warning practices of patient removal in 6 months) is now electronic.

When the patient says they still want to remain on the Practice list there needs to be an understanding of how to sign this electronically.

The TVPCA have written a bulletin explaining this, although PHR has not seen a copy of this.

In East Berkshire there is a large amount of list cleaning and practices are being contacted individually about this.

If asked the TVPCA will provide a list of names of patients to be removed.

They are trying to remove registration duplication and keep things up to date.

The TVPCA workload on this has escalated.

The people targeted are those who have been tagged as first registration in the UK (ie immigrants), schools and colleges and residential and nursing homes. They also target multiple occupancy addresses.

These checks are listed in a manual which is available on request.

The LMC wanted to ensure that the mistake rate was as low as was possible (as did the TVPCA).

Action Point: AG to send PHR a copy of the bulletin.

CD Declarations

This is now an annual request.

WB PCT has not used the national template which makes the declaration difficult to complete.

Some members said their practices no longer stocked CDs to avoid having to do this, although the request forms were relatively simple to fill in.

NHS Pension Changes 01.04.08

GPs said that they had not been notified of what % they should be paying in 08/09.

It is based on historic NHS income.

If this has been over £99K when last calculated, the rate is 8.5%.

Stuart Ireland has been appointed as line manager to Steven Powdrill and it was suggested that all queries should be addressed to him.

Members suggested that this might be a subject for a bulletin.

Action Point: AG will check to see if GPs have been notified.

QoF Results 01.04.08

Practices reported that they could not load QMAS.

JD said that practices would not be able to do so today, but must make their declaration on 2nd April to enable the PCT/TVPCA to verify the data and make payment at the end of the month.

If practices make this declaration later than 2nd April it may delay payment.

Some practices reported that they had already been paid by the PCT, possibly in error.

Half of West Berkshire practices have completed the pre-payment verification and the final 50% will be done by the end of this week.

JD and PHR are working on an improved post-payment verification system.

A meeting is to be held on 1st May to achieve standardisation of process.

Issue from West Berkshire Liaison Committee Minutes

On page 2 PMS Agreement Variations.

TM said that all PMS contractors should be informed of any variations and be asked to agree and sign these individually, not to accept a change from one contractor and take it that every partner in that practice agrees to it.

Members said that it was possible for a GP to advise the PCT that these tasks had been delegated to another colleague but this needed to be explicit and in writing.

Action Point: PHR will advise the PCT that they need to contact each individual PMS contractor to get them to sign any contract variations, not accept one signature per practice.

New Westcall Service

The RBH are experiencing problems with a large number of patients being admitted to the CDU at 5pm when all the hospital services are closing for the day.

Westcall have been commissioned to provide a pilot service to practices who contact them and request visits from 8 am – 12.30 pm.

Westcall will send a doctor out to see the patient without charge.

Despite this service being operational for 2-3 weeks they have not received many requests.

Unfortunately the number of patients involved has been limited to 90K in Central Reading so not every practice is covered.

Flu 2008

Practices asked to ensure that the DES/LES when issued captures all the at risk groups in the CMO letter of 31.3.08 (including chronic liver disease, chronic neurological disease and MS).

Practices said that they were assuming roll over of last year's ES as no new ones had been received.

Outpatient Letters

PHR has written to Micky Griffiths at the RBH as 3 patients have been identified where there had been no out patient letter received by the practice and the patient had gone to see the GP with changes in medication etc which the GP was unaware of.

MG is responsive and working at solving these problems.

Action Point: To send PHR or MG problems with the RBH.

Alan Johnson Health Checks

This is a recently announced government aspiration not a requirement of the GP contracts.

The Slough WIC advertises that they do these.

Date of Next Meeting – 3rd June 2008

The meeting closed at 3.55 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
	Crawford, Margaret	TVPCA
*	Derry, John	TVPCA
*	Gallagher, Charles	Wokingham LMC
*	Glinski, Anton	TVPCA
	Greig, Adam	East Berks PCT
	Hear, Gurdip	Slough LMC
	Hyde, Maria	Newbury LMC
	Kumar, Hemantha (MLH)	Slough LMC
*	Lade, Jeremy	Wokingham LMC
	Llewellyn, Lise	East Berks PCT
*	Mittal, Rab	Reading LMC
*	Morando, Sarah	Newbury LMC
*	Moneim, Tarek	Reading LMC
*	Mower, Isabel	WAM LMC
*	Naran, Kish	Reading LMC
*	Nelli, Prash	Bracknell LMC
	Parker, Julius	WAM LMC
Chair*	Rawlinson, John	WAM LMC
*	Roblin, Paul	LMC Chief Executive
	Smith, Rod	Reading LMC
	Solomon, Jane	LMC Director of Development & Liaison
	Trivedi, Jitendra	Slough LMC
	Waddicor, Charles	West Berks PCT
*	Westcar, Paul	Newbury LMC

Apologies: Drs Brock, Hear, Trivedi, Parker, Kumar and Jane Solomon