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MINUTES OF BERKSHIRE COUNTY LMC MEETING Tuesday 27th April 2010 Berkshire Masonic Centre, Sindlesham, RG41 5DB

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Minutes of Previous Meeting (16.2.10)

The minutes of 16th February 2010 were agreed as a correct record of the meeting.

Matters Arising

DNACPR

This was discussed at all three County LMC meetings in Feb 2010.

The practicalities of printing of the form on lilac paper had figured highly.

PHR believes that it is now accepted that GPs can print on easily obtainable white paper.

PHR felt that this had been educational for the SHA.

They now realised that they should consult with the LMC earlier on in the development of new processes involving primary care.

RS asked when the new DNACPR process was starting.

He had found an ambulance crew visiting a palliative care patient looking for this form to guide them on whether CPR was needed.

Action Point: PHR to seek clarification of when the policy will be implemented.

Swine Flu uptake and QOF Easement

PHR plans to ask all PCTs for their process in calculating the easement for PE7 and 8.

This should occur if practices have achieved 50.7% (confirmed as correct after the meeting) uptake under the swine flu vaccine DES.

The GPC will soon be producing a guidance document for practices.

See page 8 of

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_107719.pdf

Appraisal update

JR reported that this was now operational again.

Information for Sessional GPs

PHR reported that he had heard from more than one PCT that they had been successful in agreeing with the TVPCA, an email system for getting information to Sessional GPs.

Suspension of uploading SCR

This was announced after the GPC meeting of 15.4.10.

PHR felt that the communications from the GPC had been rather vague on which areas were covered by this suspension.

They are described as “*areas subject to accelerated roll-out*”.

PHR wanted the GPC to ask Connecting for Health to define who these are.

The GPC wanted to ensure that adequate patient consent was sought before SCR was rolled out.

At the GP forum in Reading it was stated that West Berks PCT were one of the PCTs involved.

It was also stated that this would only apply for a month, indicating that this was triggered by the election.

Patients who do not want their notes uploaded need to have the code 93C3 recorded in their notes.

PHR stressed that practices who received communications from patients asking that this code be added to their clinical notes had a requirement to ensure that it was recorded or they could find themselves facing legal action.

Action Point: PHR to email the GPC office and find out which PCTs this policy applied to.

Berks LMC Accounts 2009

GH said that he preferred to run the accounts in a deficit position on paper, although this in reality never occurred.

Having no funds available in the account meant no interest charges were incurred.

He reported that he usually drew down more in the first 2 quarters of the year and then less in the final 2 quarters. In fact in the last quarter of 2009/10 he had not drawn anything from practices.

JR stressed that the LMC were pretty good value for money, the levy being approximately 34p per patient where other LMCs were drawing upwards of 50p.

BBOLMC Medical Director

PHR reported that the Secretariat is close to appointing a new Medical Director (MD), who has been a PEC Chair in Hillingdon and has a very impressive CV.

He has not worked on LMC issues before, but PHR said he was excited to be working with him, provided he accepted the position.

He will be working 4 sessions a week as well as being a part time partner in a Berkshire practice.

Practice commitments could make it difficult for him to cover Berks LMC.

It looked as though his schedule would be better suited to LMC work in Bucks and MK with PHR covering Berks and Oxon.

GH asked what the position was regarding paying the LRC Chairs.

With this appointment would there still be a need to pay them? The £12k saved would form a large part of the Berks contribution to fund JK.

PHR anticipated the Chairs would still have to do a significant role.

It was agreed to revisit this in April 2011 once the new MD had been in post for 6 months.

LMC Conference Motions

PHR reported that he did the bulk of the writing of motions but was grateful to members for suggesting ideas. GH was thanked for the motions he also wrote.

The Agenda Committee are in the process of developing the Conference Agenda and the published document would be available shortly.

Representatives would have to decide who would be speaking to which motions once the agenda was published.

This year the representatives are JR, GH, JT and possibly SM (yet to decide).

National Consultation on Practice Boundaries

All political parties seem intent on abolishing practice boundaries.

The GPC has pointed out the practical issues with this change that have proved insurmountable over decades.

JR read a press release from the GPC meeting where this had been discussed.

The 4 proposed options were considered unworkable and the GPC had put forward a fifth to include a new payment structure coping with registration at home and at work.

See:

<http://web2.bma.org.uk/nrezine.nsf/wp/BSKN-84QD3N?OpenDocument&C=24+April+2010>

National consultation taking place: this closes on 29th May. GP members were encouraged to participate.

No doctor present wanted to see practice boundaries abolished.

There will be practice problems with home visits and also difficulties in commissioning services.

GPs reported that they had problems getting DNs and HVs to visit patients who are registered with a Slough practice but live in Windsor so how will the new system work?

It was felt that there needed to be a 'home and away' policy on home visits.

GPs said that patients were able to get routine care from the Walk in Centre.

Sunday Times FOIA Request re Highest GP Income in West Berks

West Berks had been obliged to respond to this request.

The information had been published in the Times and it was believed also in a local paper.

The highest earner in West Berkshire earned £290K, but was not named.

Shared Care Protocols and Funding for Activity Shift

This related to the Rheumatology Department in East Berks referring DMARD patients back to their practice to initiate treatment.

There is no Enhanced Service arrangement for this.

Adam Grieg had been unaware that this was happening until IM had supplied him with case reports.

Rheumatology are not prepared to initiate patients and are passing them back to practices do this.

They are stating that the practice should look after them until they are stable.

This was not shared care.

West Berks GPs have the DAWN system but CG said that this was not operating yet.

Again the consultants were sending patients to their GP to initiate medications and to stabilise them after which they can be entered on to the DAWN system.

The PCT no longer had a LES in place for this work, despite the LMC advising them not to withdraw it until the DAWN system was fully operational.

It was believed that lessons had been learnt from this experience.

Action Point: To put shared care Rheumatology on the agenda of both East and West Berks LRC meetings.

PMS Reviews

East Berks PCT apparently had no plans to do anything at the moment as they did not have the resources.

They do however want to look at minor surgery and will be looking at PMS practices to see which element of minor surgery work is in the baseline.

West Berkshire PCT is looking at the PMS contract of the University practice.

Responsible Officer Selection

One PCT in the Thames Valley wants to make its Medical Director its Responsible Officer (RO) which is worrying doctors.

IM reported that AG is already the RO in East Berks.

Wide consultation should take place on the appointment of a RO and it was not felt that it would be appropriate for this position to be held by the Medical Director.

The PCT should not be using someone with a potential conflict of interest in a position where the career of GPs could be threatened.

It was agreed to put this on the East Berks LRC agenda.

Concern expressed that the Medical Director of East Berks PCT is retiring from General Practice but apparently intends to remain as Responsible Officer (RO). Should an RO continue to be active in practice?

Action Point: To put the issue of RO on the East Berkshire LRC agenda.

Patient Access Information and PCTs

GPs said that they had been providing access information for the PCT (eg number of appointments per thousand patients) and asked what the national average was.

PHR said he would supply this information to members.

Action Point: PHR to supply access information to practices.

Hosting of PCT Provider Arms

Members had voiced concerns about where the provider arm services would be hosted.

It is rumoured that the Mental Health Trust will be taking this on in the East (GH said that this was the case).

PHR reported that in Oxfordshire the Mental HealthTrust had been chosen as the preferred provider. Their concept is that they will only be hosting the operation. The existing provider arm management structure will move across and not be interfered with by the Mental Healthcare Trust (the new host). This is not believed to be the case in East Berkshire.

Action Point: To put this on the East Berks LRC Agenda for further discussion.

End of Year QoF Issues?

Easement of PE7 and PE8 under the H1N1 DES needs clarification.

East Berkshire PCT had been very late in sending practices their pre payment verification reports.

As a result, the PCT was allowing late submission of data.

West Berkshire has apparently accepted that this had not been done well by the Agency and wanted to do better next year.

Report from GPC (issues not already covered)

Joint working between LMC and LPC

RS, GH and JR had recently attended a dinner hosted by the LPC.

GH and JR had a couple of meetings each year with the LPC but these were always in the evening.

There was a new staff structure at the LPC and PHR felt that if there was a full time person in post it should be possible to develop a personal relationship with them which would not involve evening meetings.

Action Point: PHR to liaise with the Chief Executive of the LPC.

SCR

Laurence Buckman has issued an update on the SCR in one of his regular newsletters.

One issue for practices was to ensure that the correct information was recorded in patients' notes and to try and ensure that current medication was correctly recorded.

Emergency Telephone Repairs

IM said that previously the PCT had paid for GPs' home telephone bills, now this had passed to Connecting for Health this is no longer paid.

Members felt that this was a sign of the economic problems and nationally was irreversible.

Commissioning Enablement Service (CES)

PHR reported that he had been approached by the SHA lead on CES seeking an LMC meeting with Janet Maxwell (West Berks DPH) and a representative from Milton Keynes.

All 5 PCTS in the Thames Valley need information and have commissioned a Company called Tribal. Tribal has a number of IT programmes to interrogate patient databases for required information.

PHR assumes that there will be a suite interrogating GP systems and this is why the SHA have initiated dialogue.

PCTs are keen to obtain information on patients at high risk of recurrent hospital admissions.

Provided the right permissions have been sought, the risk of anyone else getting their hands on it is low and it is information that is necessary for the commissioners to perform a commissioning function PHR would not have major objections.

For each extraction, practices will need to know what information is being extracted and have the facility to be able to say no.

It will be an issue that will remain current for the next few months.

GPs felt that provided it improved commissioning they would support this initiative.

PHR to feedback developments as they occur.

Action Point: PHR to feed back developments on this issue as they occur.

Central Alerts

PHR said that the alerts go first to Public Health in West Berks before going to TVPCA (the messenger).

PHR was concerned that there was no filtering out of issues that did not concern primary care (eg anaesthetic machines).

Action Point: PHR to discuss a better filtering system with NHS BW Public Health.

Berkshire Mental Health Services

Mental Health Services have concerned Berks LMC for several years.

East Berkshire still does not have a permanent Psychiatrist.

MLH reported incident where, despite an 18 year old threatening suicide and trying to kill her mother, it had been impossible to get her seen by a psychiatrist.

The Mental Health Service had only provided telephone input advising her parents to get her medication increased and then when speaking to the patient on the phone accepting her view that no input was required.

It appears that when she was finally seen it was by a nurse, she was advised to go to her GP and get a medication that the PCT do not recognise in its formulary.

The GP involved has sent 3 emails to the Mental Health Trust but had not yet received one reply.

GH said that his practice was situated next door to the MH service and he was now advising patients to go direct to them to ensure that they were seen rather than trying to refer them in, but this was not possible for GP practices who were not so close.

Rep concerned that when reporting on successful suicides, the Mental Health team has often concluded that they were unavoidable.

He felt that if no service is provided then the Mental Health Service must be partly to blame.

GPs reported in East Berks the PCAMHS service seems to be functioning well.

GPs in West Berks said that their service was similar, although their adult service was 'reasonable'.

Reps were concerned that in patient beds could be moved to one Berkshire site, probably Prospect Park, in Reading.

Members asked that representatives from the Mental Health Trust be invited to the next County meeting.

Action Point: To invite representatives from the Mental Health Trust to the next County meeting.

Date of Next Meeting – 22nd June 2010

The meeting opened at 2:15 pm and closed at 4.05 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: Dr Derry and Penny Thorpe

Dates of Future meetings: 21.09.10 09.11.10