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MINUTES OF BERKSHIRE COUNTY LMC MEETING Tuesday 3rd June 2008 Berkshire Masonic Centre

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Minutes of Previous Meeting

Dr Morando reported that she was in fact from Reading not Newbury.
The amended minutes of 1st April 2008 were signed as a correct record of the meeting.

Matters Arising

Membership of the Board

The Board meets 4 times a year in the Secretariat office in Marlow.

It oversees the Secretariat which serves the 3 County LMCs.

TM raised the issue that Berkshire only had 3 members on the Board and that none of them were from West Berkshire; he felt that to maintain equality the Board should have members from both East and West.

JR pointed out that the same could be said for Bucks as they only have 3 representatives and none

from Milton Keynes.

The Board had previously considered how its membership should be formed and had taken the view that it was not necessary to have a member from each area as the membership would become too large. Reps do not represent East or West Berks but the whole of Berks LMC.

TM also questioned the number of reps. Given the differences in size, should each county have the same number?

County Population sizes (rounded)

Berks County = 904K	Berks East = 416K	Berks West = 488K
Bucks County = 771K	M+S Bucks = 522K	MK= 249K
Oxon County = 671K		

When this has been looked at in the past, it was considered that the numbers were sufficiently similar to justify the same number of Board members per county; if this was causing an issue the Board could always revisit it.

The county Treasurers have been asked to become part of the Board as financial issues were often the prime area for discussion. The position in Berks is filled by one person but Oxon and Bucks share the same Treasurer so he attends as a Bucks representative and Oxon have 3 other members. It may be that the Treasurer should not have voting rights and this is something that the Board needs to discuss.

TM reported that when a Board member had been approached for advice he had been told that he needed to address his issue through someone else.

GPs in WB needed to know who on the Board they could approach with problems.

The Chair explained that the Board was not there to help with day to day issues but look at how the LMC was functioning.

If GPs had problems they were advised to contact their local LMC representative.

Until the recent LMC elections the plan was to equalise Board numbers by natural wastage.

The new LMC committees have now been asked for self nominations for their three places on the Board.

There is no formal guidance available on how to set up a Board and how many members it should have.

The Board felt it was important to have members who were skilled and motivated to represent all GPs rather than have sub-area quotas within a county which might exclude some of the best candidates.

JR said that although he practised in one area he actually lived in another.

If not having a member from West and East Berks on the Board was causing significant problems, or GPs felt that Board members were unapproachable, LMC would give this attention.

PHR assured members that when issues were raised that related to one specific area, they were dealt with in an appropriate manner and not ignored in favour of another area's problems.

The LMC is the representative body that negotiates with different organisations to provide medical services to the public.

There are 2 options to be considered:

- have 3 members from each of the counties, or
- have a single Treasurer and 3 other members from each county.

GH raised the issue of the Slough constituency election and the fact that PHR had not released the figures behind this result, merely the name of the candidate that lost out.

PHR reported that this issue had been discussed at the last county meeting (1.4.08), at which GH was not present, but received the minutes soon after. LMC members decided then not to release figures, in order to spare the feelings of lesser supported candidates.

At no time had PHR instructed the Committee; he merely sought their opinion on how to proceed.

It was unfortunate that there were no members from Slough present at that meeting to voice any opinions, but the election was a Berks LMC one, for the constituency of Slough, and the decision making body was therefore County LMC.

As a result of this GH had brought a formal complaint to the Secretariat Board which was being heard that night (3.4.08). GH felt it was an inappropriate action on the part of PHR.

PHR felt that the complaint had become personalised, when the decision was that of the County LMC.

GH reported that 4 years ago all candidates had received a letter giving the election results.

PHR was in post at the time (PHR said this was not actually true) but the process was not repeated this year.

He felt that he had a right to this information.

He had not asked for the County meeting to discuss the election results level of detail announced.

The election process was discussed.

Was it appropriate to have traceable ballot papers?

Practices were asked for the number of ballot papers they required and sent numbered papers.

Identification was only down to practice level.

PHR explained that numbered ballot papers were needed to ensure that no voting GP submitted more than one vote.

The same principle applied in general elections.

Voters are given a numbered ballot slip and that number is written against each name on the electoral roll

Members felt that this disagreement was a disappointing reflection on the LMC and hoped it was resolved quickly. Many confirmed that it was they who had made the decision solely to announce the name of the losing candidate.

It was hoped that the Board would come to a decision that was acceptable to all parties involved.

Members said that before the discussion they had not been completely clear what function the Board fulfilled and felt that explaining this would be helpful to all.

PHR told the Committee that since mid December (almost 6 months) he has been the sole trouble shooter and negotiator at the Secretariat.

JS had been absent on compassionate leave, then annual leave and since mid January sick leave.

This has meant that it has not always been possible to respond to emails in as timely a fashion as he would have liked. He apologised to GH for this.

Secretariat workforce size was an issue that the Board would be discussing at their evening meeting.

LMC had deliberately not covered this possibility with insurance cover because this had been prohibitively expensive.

JR stressed that if a GP approached an LMC Officer for help but felt he had not received it, he should then approach a Board member.

Date Change for November Meeting

LMC had been notified of a clash with PLT.

The November meeting date has therefore changed to 4th November.

JR and GH reported a clash of dates on 4.11.08. that they felt could be sorted.

Everyone else present did not have a problem with the new date.

Post Election Tasks

TM and JP have both self nominated for the third Berks LMC Board rep and an election has begun. The closing date for the return of ballot papers for Board reps is 5pm on Friday 27th June. This may change in light of the Board discussions.

Future LMC Structure and Funding Requirements

PHR reported he had spoken to all 5 Thames Valley LRCs about his views on LMC function and structure.

He hoped the paper supplied with today's agenda captured what he had said.

He felt that no county had a forum to discuss the purpose of LMC and how it delivers this.

What do practices and representatives want of the LMC as the NHS changes?

Levy funding of LMC is finite. What do GPs want to spend more (or less) on?

Berks County has £272K from a 30p levy to fund its services to GP practices.

Members were asked how they wanted to spend their meeting time.

At the moment reps meet together for a total of 20 hours per year.

Ten hours are for five 2-hour County meetings, five hours are for each LRC meeting and another five hours are for liaison with the PCT.

The current format has evolved from a time when there was a Berks Health Authority.

This situation changed 18 months ago with the formation of an East and West Berks PCT.

He felt that to allocate only 5 hours discussion with the PCT but to spend 10 hours at County meetings was not an effective use of time.

The use of the Secretariat Office in Marlow was discussed.

Should there be GP input from someone more local to each area.

Historically, each county has functioned differently.

In Oxon, the County Chair is more involved in the operation of LMC, writing letters and attending meetings with and on behalf of PHR. Its other 5 executive LMC members perform similarly.

Berks and Bucks do not do this.

Each county funds its county Chair and Treasurer differently, and expects different things from them.

PHR believed LMC needed to recognise and that there was now a bigger role for the LRCs.

The two Berks PCTs saw them as the main forums for liaising with LMC.

East and West Berks PCTs are independent bodies.

PHR reported he could not persuade either PCT to attend County meetings as they did not see County discussion as relevant.

Each had no greater a relationship with each other than with the other PCTs in the Region.

Would Berks benefit from having 2 Chairs, one in the East and one in the West?

This should be someone who can perform to a high level, able to assess PCT papers and issues from GPs, and attend meetings with (or without) PHR on strategy and GP Commissioning.

PHR felt LMC needed to fund local GPs who were prepared to do some LMC work alongside their general practice commitments.

PHR felt it would now be extremely difficult to recruit someone from general practice to a full time LMC position.

Candidates generally like to remain on the Performer's list which requires at least part time clinical commitment.

Additionally, there is no NHS Pension attached to the LMC position.

For many years, BBOLMC has provided a company pension with Capita Hartshead.

This was promoted as a final salary pension comparable to the NHS, but it is now clear that this is

not true.

The pension scheme has got into trouble and its value dropped dramatically.

BBOLMC staff (including the CEO) will receive a much smaller pension than they were led to expect.

The scheme is now heading for wind up and staff will be helped to find a personal private pension (PPP).

GPs might consider swapping part of their NHS pension for a PPP but not all.

The pension issue might not be relevant to someone who did not need to continue contributions to a pension (such as a retired GP) but this might limit LMC's choice of candidate.

Did LMC want someone representing them who was not currently working in general practice?

JR felt that the County meetings provided an opportunity to discuss and exchange ideas and experience rather than by email.

County currently met 5 times a year whereas in the past the Committee had met 11 times a year with a break in August.

Historically, more time has been spent in the County meetings as attendees are invited to give presentations on issues that affect both areas (LPC and the Mental Health Trust).

To ask them to attend both LRCs on a more frequent basis would mean that they could probably not send a full team to every meeting.

Matters go from grass roots GPs to the LRC – LMC – GPC and then back again.

Several members felt it would be better to increase the frequency of the LRCs and hold County meetings once a quarter.

The purpose of such a change was not to diminish the County meetings but to redress the current imbalance of importance. 50:50 was the wrong ratio.

Meeting looked at whether LMC, in wanting to retain the County structure, should perhaps have 3 county secretaries working in a confederate way, who would look after their individual county and offer support when counterparts went on leave or left.

To follow this format would mean that the current role filled by PHR would change significantly.

GH talked about finance.

Currently Berks only draw 26p per patient when the mandate could allow them to draw 35p.

This 26p funds the Secretariat and members' attendance at meetings.

It used to fund attendance at 6 LRC meetings every 2 months, but with NHS reorganisation, it now funds 2 LRC/liason meetings 5 times a year.

This means there is some spare funding capacity within the levy mandate.

If each LRC were to have a new Medical Director post or paid Chair, how much time would the LMC be able to pay for?

Based on a Medical Director working for one session a week, the cost would be about £80K.

To raise another £80K would mean an increase in the levy of 7.5p.

LMC needed to be aware that if its levy requirements exceeded 35p per patient, a new mandate would be needed.

Some practices might balk at this.

PMS practices pay the LMC through a voluntary levy.

PHR reported that he had so far received help from several members in all 5 PCT areas, paid at a rate of £70 per hour with travelling costs also paid. The hourly rate applied to both meeting time and pre and post meeting tasks.

If someone were to do this on a more permanent basis, they would require a very flexible practice who would accept their absence at short notice in return for LMC funding.

Although it is usual to be able to plan meeting dates, this was not always possible as some are called at short notice.

LMC funding needed to be set at a level that would enable a practice to employ a locum to cover the missed surgery time.

Meeting discussed the issue of GPs being employed part time and not having the required knowledge or skills. PHR said that he would mentor any new members.

He felt the qualities required were conscientiousness, intelligence, enthusiasm and interpersonal sensitivity.

Knowledge was something that was quickly acquired, eg Rick Godlee from Oxon had become LMC Chair 5 years ago and had acquired the requisite knowledge in a very short space of time.

A perfect person would be someone who was looking to alter their balance of clinical work as part of a portfolio career, but still wanted to work in the medical profession.

PHR reported that when he was required to attend a meeting in Milton Keynes, the journey took him 1.5 hours minimum each way which meant he was not functioning productively for 3 hours in that working day.

The travel issue will soon be complicated by the rapidly rising cost of motoring.

Recognition that it is not always possible to discuss issues by email, and that meetings were sometimes needed.

JR felt that there were several potential solutions all requiring consideration:

- Do nothing at all.
- A Chief Executive who covers the 3 counties working with area Medical Directors.
- 3 Secretaries working in collaboration across the 3 counties.
- Have 2 Secretaries covering the Thames Valley workload.
- Have a CEO plus 3 Thames Valley part time Medical Directors.

Action Point: Members to reflect on today's dialogue and feed back to JR, GH, JP or PHR.

LMC Conference Agenda

Members had been sent the full agenda and a condensed version of the 75 motions to be debated. Specific areas which will be discussed are Lord Darzi (the person and the centres), referral pathways, scorecards, APMS, government tactics during a difficult year, maternity reimbursement, PMS Practices, and work transfer.

The Berks reps are GH, JR, PW and TM.

It was suggested that those attending should discuss motions prior to the Conference.

Supporting Your Practice Campaign

The date for practices sending back their birthday card petitions is Friday 6th June ie 3/7 time.

GPs reported that PCTs were feeling uncomfortable with the initiative.

Patients had been ringing in asking why their general practice was at risk of closure.

In Oxon GPs have also decided to ballot the public on whether they would like £1m spent on a Darzi Centre or alternative patient services.

Berks GPs felt that this was a good idea and PHR agreed to send reps the paperwork.

Action Point: PHR to send Berks reps the ballot paper and covering letter.

GP Consortium Partnership with Assura Medical Group

RM asked about Assura Medical.

PHR thought this was originally a building company but had moved to cooperative work with practices.

Bart Johnson who was Chief Executive of Chiltern and South Bucks PCT is involved at a high level. Financial arrangements are shared between company and practices.

Unlike United Health, Assura do not want to hold contracts with PCTs but cooperate with practices.

Members thought William Tong had experience of Assura and would be a good contact for more information.

Extended Hours

PHR reported that across Berks, he had been unable to get the PCTs to back down on their stance that practice doors must be open during all of core hours.

Across the country it is commonplace for practices to have only a duty doctor service during the first and last half hours of the day.

He had hoped the PCTs would be more flexible.

Minutes of West Berkshire Meeting - OOHs

At the end of the meeting when most had left, TM asked to discuss again the issue of Westcall correspondence with practices.

This had been discussed at WB LRC, where no other rep had been concerned.

He asked that this be put on the agenda for the September meeting.

JD felt that if he alone remained concerned then he had the option of raising the matter with the commissioner of the service ie the PCT.

PHR suggested that once his local LMC colleagues had indicated that it was not an issue for them, LMC was not an appropriate forum for such a discussion. There was a limit to how often it could figure in debate without the support of others.

Date of Next Meeting – 9th September 2008

The meeting closed at 4.35 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
*	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	Reading 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
	Thorpe, Penny	TVPCA
	Trivedi, Jitendra	Slough LMC
	Waddicor, Charles	West Berks PCT
*	Westcar, Paul	Newbury LMC

Apologies

Drs Cave, Nabi , Nelli, Penny Thorpe and Jane Solomon

Date of Future Meetings

09.09.08, 04.11.08