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MINUTES OF BERKSHIRE COUNTY LMC MEETING Tuesday 2nd June 2009 Berkshire Masonic Centre, Sindlesham, RG41 5DB

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Minutes of Previous Meeting

The minutes of 31st March 2009 were agreed as a correct record of the meeting.

Matters Arising

DDRB Award

PHR has sent out a letter to every LMC representative in the Thames Valley explaining the practical implications of the 19th formula.

See www.bbolmc.co.uk.

The DOH intends that PMS and GMS practices will be treated the same.

The Global Sum (GS) price per weighted patient has been uplifted by 12.5 %.

However if practices receive a higher Global Sum equivalent or PMS Contract Sum, then its uplift will be limited to 0.7%.

For many the effect will be to eat into MPIG Correction Factor.

Nationally about 30% of GMS practices are now Correction Factor free.

GH reported that he was endeavouring to get PMS practices in Slough their first increase in funding since PMS started and asked if this would affect this rise.

PMS practices would be subject to the same financial mechanism as GMS practices but it was up to the individual PCT to override this should they wish to.

Revalidation

JR reported. The RCGP document issued on 1st April is still being developed.

There is a lot of discussion of learning credits.

It appears that the start date has now slipped to 2010 and this may slip again depending on the results of the practices that are currently trialling new systems.

The message from the RCGP is that GPs should start collecting data from 01.04.09.

Since the decision is the GMC's, the GPC disagrees with this advice.

Obligations to collect evidence in a certain way can only begin once GMC issues a ruling.

All doctors have also received a letter from the GMC asking them to state their preference for continued registration, a licence (new) or erasure; the response can be done online or by post.

PHR to send a reminder to practices that all GPs must reply or they will not be allowed to practise.

It was felt unlikely that the GMC would be sending reminders.

Action Point: PHR to send a reminder to PMs to ensure that all their GP workforce have submitted their licensing response by September

ISA and Repeated CRB Checks

PHR (and the TVPCA) has found it difficult to establish the facts about future CRB check requirements. It is rumoured that July 2010 all members of staff employed by practices, including the gardeners and cleaners, must have completed a check at a cost of £64 each.

It is hoped that funding this will be a PCT responsibility, but this has yet to be agreed.

One member felt that the ISA (Independent Safeguarding Authority) register would replace the need for CRB checks. Any convictions will automatically be entered on the ISA record but this has yet to be confirmed. This is relevant as one of the requirements for Contact Point is that GPs have 3 yearly CRB checks. More facts will emerge as the year progresses.

Letter to West Berks Council

PHR has recently written (27th May) to Mr Carter, the Chief Executive of West Berks Council.

The LMC letter pointed out the issues raised at the last county LMC meeting.

It is too early for a reply to have been received. PW will also write.

A Local LMC Conference

JR raised the fact that some LMC areas have annual LMC Conferences which are attended by GPs and Practice Managers and these were seen as a good source of information.

JR reported that at a recent conversation with the Secretariat Bank Manager it had been proposed that the Bank wanted to sponsor an event where they could talk to GPs about financial issues and this could be a good way to fund such a Conference.

PHR reminded the meeting that for the past 18 months he has been working as sole negotiator for BBOLMC and was having to prioritise his work. A recent attempt to appoint a deputy had failed after no enquiries were received.

The Marlow office currently has too small a workforce to contemplate this sort of initiative.

Re-introduction of the LMC AGM

JR reported that he and GH had recently attended the Local Pharmacy Committee (LPC) AGM which had been attended by members of the PCT Board, members of the PEC and various other people.

He felt it was a very good way to advertise the activities of the LPC and was a good way of bridge building.

GH reported that there were enough resources to fund such an event and it was also possible to ask for sponsorship from drug reps.

The format of these meetings were different to the traditional LMC AGMs in that there was a meeting followed by a dinner.

PHR felt that the LMC already had a good working relationship with the PCT and did not need to have these meetings.

GH said that the LPC were keen to work closely with the LMC and that when the PCT attended the LMC meetings there were always in a formal setting, whereas these were much more informal.

PHR also reminded members that these meeting usually took place in the evenings which would have implications for the workforce of both the LMC and those invited as it would mean working outside normal working hours.

It was agreed to put this on the September agenda

Medical Director Appointment Failure

Despite this being advertised very extensively the LMC had received no enquiries or applications.

PHR speculated that this was because of the lack of NHS pension rights the position attracted.

PHR felt that he was covering the work successfully alone, but that the LMC needed to think about succession planning for when he retired in 4 year's time.

He also felt that it was very important that the Secretary continued to do some clinical work and so be able to discuss issues from a clinician's point of view.

The Board will be looking at the next step at their meeting that night.

Pandemic Flu Issues

Members queried how the decision to suspend normal work would be made when pandemic flu escalated.

PHR was clear that the decision would be made nationally.

It will not automatically happen at pandemic phase 6 but when pandemic workload is too great to carry on normally.

Currently cases of flu have been mild.

Some present felt it was a waste of national resources to give everyone Tamiflu, when this may be needed at a later more virulent stage.

The need to swab patients will continue until there are 3000 recorded UK cases.

It may be that the swab criteria need to be expanded to include those with any respiratory illness.

Reports from the USA indicate that there are may be 100K cases which have not been picked up as H1N1 and classed as something else.

In East Berks with the recent outbreak at Eton School, OOHs GPs have been performing the swabs.

Meeting discussed whether swabbing was a good use of a GPs time.

It was not a function that needed a lot of training and could be something that an HPA could perform with DNs.

GPs swabbing every patient is an enormous amount of work.

Currently <5% of all cases swabbed are positive.

OOHs doctors said that they were not doing anything else so to do the swabbing was not taking them away from other work. This was not the case In-Hours.

The GPC advises LMC to have an LMC Clinical Officer rota for pandemic flu and LMC continuity plans. He asked what would happen should he become ill.

Would his function fall on the staff remaining at work in Marlow or should Berks LMC officers stand in?

If the latter case, Berkshire PCTs would need to have names to contact LMC;

Currently if PHR is away the responsibility passes to the Chair, JR, or Treasurer, GH.

PHR drew attention to the DOH plans for Antiviral ACPs (Assessment and Collection Points).

Where a patient is assessed by an ACP, antivirals are authorised by phone, whereas DOH guidance seems to require a written authorisation where the same task is carried out by a GP.

PHR drew the meeting's attention to HPA guidance on dosing of children.

See http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1243581475043

Rather than use weight based dosing, the dose may be determined by the age of the patient.

Oxfordshire PCT has been leading on how practices might indicate their need for help when their workforce became depleted through illness.

It has developed a system (TVEA) whereby the Practice Manager reports in daily on the number of clinicians who should be working compared to the number they actually have working.

This will allow the PCT to see at a glance who is short of staff.

This information is essential for the buddy system to work.

Practices needed to ensure that staff other than the PM were aware of how to operate the TVEA screen.

This would prevent the system from failing when the PM was off sick.

JL handed around examples of what masks the OOHs had available (both disposable and reusable)

PHR recommended everyone should consider purchasing a reusable FFP3 mask.

These masks came with particulate filters which would last 16 weeks.

The mask itself was reusable up to 3 years.

JL recommended that each GP had at least 2 masks, as they needed to be disinfected for 24 hours after use.

Specific training was needed to ensure that the mask fitted properly and this would be done via the cascade system.

PHR suggested that the LMC should contact Sarah Bellars to see if there was an opportunity to purchase reusable FFP3 respirators in bulk.

PHR to contact the PCTs and see when they intend to supply practices with the necessary PPE (Personal Protective Equipment) what training will be available, who will attend it and when it will occur.

Action Point: PHR to contact Sarah Bellars to see if a bulk order for reusable masks could be made on behalf of Berkshire GPs

PHR to contact the PCT to see when they intend to supply practices with the necessary equipment and what training would be available to whom and when.

Patient Survey Results

It seems nationally that many PCTs have just supplied practices with their % achievement against PE7 and PE8, without indicating the sample size or confidence intervals.

Many practices have found that the results have been low and expect deductions will be made from QoF because of this.

The national agreement was that the sample size would deliver a 95% (confidence level) that the obtained % was within 7% (confidence interval or CI) of the real population %. A confidence interval of >7% indicates that the patient survey has not performed as planned for that practice.

The GPC were never consulted about the questionnaire when it was constructed and have always been critical of it. The message from the GPC is that if practices can prove that their confidence levels are high, then they can appeal against the results.

Some East Berkshire practices reported that the PCT had only sent them their results that day, whereas West Berks PCT had sent the results and the response rate some weeks ago.

It is hoped that the GPC will be able to give practices some more advice on what they should be doing if their results (%) are low and the CI high. JR reported that the GPC have got their lawyers involved and the feeling is that this should be removed from QoF.

Last year the survey was a one-off annual exercise.

This year (2009/10), patient surveys will be sent out quarterly by the Government.

Patient Confidentiality

More and more requests are being made by the PCT for practices to release patient identifiable data.

As a result of this PHR has compiled a one page document giving guidance for practices.

See www.bbolmc.co.uk

Another LMC had produced an 8 page document which he also intended to send out.

The best document to read was the "NHS Code of Practice on Confidentiality 2003"

http://www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/Patientconfidentialityandcaldicottguardians/DH_4100550

LMC Conference Agenda

If there are several motions which had been combined into an Agenda Committee Motion, the LMC submitting the one immediately below it is expected to be the lead speaker.

There are two motions that Berkshire will be leading on:

Action Point: PHR to speak to motion 22 and GH to speak to motion 289.

Issues Not Discussed at Cancelled West Berks LRC

New Complaints Procedure

This referred to the National Complaints procedure.

Practices have been sent a copy of this and there guidance on the website.

<http://www.bbolmc.co.uk/patcomplpr.pdf>

The only real difference is that the response times are quicker.

Violent Patients

JL reported that he had been seeing more and more of these and although some he had been able to help there were a large proportion who were too violent and he had had to take out injunctions to stop them from contacting him or his family and stopping them from coming onto PCT property.

As a result of this he had agreed to hand the work over to the Oxfordshire service which already covered Bucks and had a very good telephone point of contact.

Child Psychiatry

GPs reported that there were problems with CAMHS referrals.

There were problems with the form that was being used and also problems where Berkshire Healthcare Trust triage system suggested the patient be referred to another agency,

Inevitably, the patient was referred back to the GP to make such referrals.

Other GPs reported that when an 18 year old is referred to child psychiatry, there are then arguments between adult and child services about who will see the patient.

It was agreed that the matter needed to be discussed with the CAMH Team.

PHR will find out who are the best people to invite to the September county meeting.

It was generally agreed that there were more problems with the child services than the adult.

Action Point: To invite members of the child psychiatry team to the September meeting.

5% QOF PPV Random Selections

The names of the practices selected are available on the LMC website.

See <http://www.bbolmc.co.uk/qofpract09.xls>

The selection was completely random.

National Cytology Edict

PHR asked whether GPs were aware of the national directive that by the end of 2009 all communications of cytology results would be taken out of the hands of practices.

From the end of 2009 this function will be taken over by the TVPCA.

None were.

PHR agreed to send out an alert to practices.

As this is a national directive, if there are any problems with the patient not getting their results liability will lie with the TVPCA and not the GP.

Action Point: PHR to send out an alert to practices

Pre-Operative MRSA Screening and Treatment

GPs reported that it was fairly random if they were being asked to screen pre-operative patients for MRSA.

Action Point: Practices to inform PHR if they are being asked to screen patients for MRSA preoperatively

GPC Feedback

NHS Choices Website

In future patients will have the ability to make comments about their practice via the internet.

Comments that are made will be vetted first before being issued.

Workforce Issues

There are currently problems with too many GPs qualifying each year.

Once the GP has qualified there is no career structure such that a salaried GP can go on to become partners in the practice they work.

Practices need to be encouraged to have partners rather than salaried GPs.

Death in Practice

GH reported Dr Mordual had recently died and asked if the LMC wished to send a contribution to his widow.

PHR reported that in other LMC areas this practice had stopped.

It was originally paid when there were no NHS Pension benefits for widows and this has now been rectified.

GH said that his female partner said that the pension did not transfer to her husband; PHR suggested that he visit the Pension Website to check that this was still the case as he felt that this may have changed.

Action Point: To check with the NHS Pension website to see if a widower or indeed any partner would be eligible to claim the NHS pension.

Date of Next Meeting – Tuesday 8th September 2009

The meeting closed at 4.15 pm.

DRAFT

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
	Kumar, Hemantha (MLH)	Slough LMC
	Kade, Chauke	Bracknell LMC (Co-optee)
*	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
*	Nabi, Ajaz	Slough LMC (Co-optee)
*	Naran, Kish	Reading LMC
*	Nelli, Prash	Bracknell LMC
	Parker, Julius	Slough LMC
Chair*	Rawlinson, John	WAM LMC
*	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 Cave and Mittal and Penny Thorpe

Dates for Future Meetings 03.11.09