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MINUTES OF BERKSHIRE COUNTY LMC MEETING Tuesday 8th September 2009 Berkshire Masonic Centre, Sindlesham, RG41 5DB

CONTENTS

Minutes of Previous Meeting	1
Matters Arising.....	2
BBOLMC Medical Director.....	2
Independent Safeguarding Authority	2
Patient Confidentiality and Information Sharing.....	2
CAMHS	2
MRSA Screening.....	3
LMC AGM.....	3
2010 Meeting Dates.....	3
Update from GPC	4
Important Issues from East and West Berks	4
PE7 and PE8 Results and QoF Appeals.....	5
National Patient Survey is a Perception Survey	5
Requests from Reading Council Children's Services Seeking Information on Families.....	5
Domestic Violence Reports.....	6
PCT Audits.....	6
WB PCT Child Protection Audit.....	6
Referrals Made by Clinicians at the New GP Led Health Centre in Reading.....	6
Date of Next Meeting – 3 rd November 2009	7

Minutes of Previous Meeting

The minutes of 2nd June 2009 were agreed as a correct record of the meeting.

Matters Arising

BBOLMC Medical Director

PHR has recently sent out a further email to all Thames Valley LMC representatives and surgeries about BBOLMC still seeking applications for a part time Medical Director.

So far no responses have been received.

PHR said that from his point of view the workload was currently manageable.

He asked members to alert him if they felt things were being missed.

PHR reported that he plans to take his NHS pension in 4 years.

The issue of succession planning needed some forward thought.

Although the BBOLMC pension had been a problem, the Board have worked hard on this.

Although not as good as the NHS pension (which is a final salary pension) it was still better than most private pensions.

The person BBOLMC are looking for would be part time so would probably continue to make some superannuation contributions.

The Walk In Centre in Reading have got round the pension problem by employing the staff through an NHS practice. This was not felt a viable solution for the LMC to proceed with as it would dilute the personal pension contributions of partners in a practice.

Action Point: PHR to inform neighbouring LMCs of the Medical Director vacancy.

Independent Safeguarding Authority

LMC has discussed Contact Point over 2009.

To access this database, GPs require 3 yearly CRB checks.

The Independent Safeguarding Authority (ISA) is introducing a Vetting and Barring Scheme which will include regular CRB checks.

Getting details of how GPs will be affected by this has been difficult.

The GPC has recently announced that it plans guidance on the issue.

It seems only front line clinicians will need to be ISA registered, and not until 2011.

It will not involve the reception staff.

The main issue was who would be paying for these checks.

Patient Confidentiality and Information Sharing

Both PCTs seem to have accepted the BBOLMC's A4 sheet of proposals on handling non-anonymised patient information for health administration purposes.

West Berkshire have gone one step further and issued its own very long document.

PHR was unsure how useful this document was.

He has been invited to sign it but has no plans to do so.

It was agreed that PHR would read and usually make executive decisions on such documents sent by PCTs.

CAMHS

It had been intended to invite commissioning and provider CAMHS representatives to this County meeting.

However, no one was available to attend.

PHR intends to invite them to the LRCs (ideally both) but this may not be possible.

If necessary, they would be invited to attend the next County meeting on 3rd November.

Meeting discussed Mental Health provision generally in Berks.

Pete Sudbury (BHCT Medical Director) attended LMC in 2007/08 and seemed to take on board all the GP issues.

PHR reported that Mark Alsopp who had taken over the position seemed less receptive in telephone calls.

GPs need BHCT to listen to GP difficulties in referral and the workload implications relating to both the forms and pre-prescription investigation.

It was agreed that PHR would contact the BHCT about mental health services both adult and children.

The CAMHS service is going out to tender and the providers had contacted GPs asking for comments on the service. They had only given 24 hours response time which meant that no one had responded.

Was this a tick box exercise so BHCT could say it had contacted the referrers for feedback?

There were definite holes in CAMHS provision.

James Cave's practice looked after a home for autistic children and the specialist input to this seemed inadequate, despite these patients being resident in Berkshire and registered with a West Berkshire practice.

The tender specification must include adequate provision for these children.

It was agreed that PHR would write to the Director of Commissioning, asking for GP views on service gaps being part of the specification development process.

Action Point: PHR to write to the Director of Commissioning and to continue to work on mental health provision behind the scenes.

MRSA Screening

GPs reported that they were still getting requests to perform pre-operative swabs.

PHR stressed that this was the responsibility of secondary care and asked that details of further requests be forwarded to him.

GPs said that they were raising this with the Trust when they were received and usually it was individual nurses who had got it wrong and it was usually sorted out quickly.

Action Point: Practices to inform PHR when requests for MRSA swabbing/prescribing were received.

LMC AGM

JR reported that he and GH had attended the LPC AGM at which the Chair of the PCT, non-executive directors and Chief Executives had been invited.

He felt that this was a very useful interaction and perhaps something the LMC could consider doing in the future.

PHR said that he felt that he already had a very good working relationship with the PCT and the LPC and he saw no reason to hold a further meeting.

One member pointed out a problem with holding an evening meeting.

If the turnout was low, it would be very embarrassing and not good publicity for the LMC.

2010 Meeting Dates

The suggested dates are 23/2/10, 27/4/10, 22/6/10, 7/9/10, 9/11/10

PHR explained that timetabling solely to comply with Conference dates produces a distorted distribution of County LMCs. In addition the deadline for motions is not yet known by the GPC.

If the June meeting was moved to before the Conference it would mean that 2 County meetings would only be a month apart.

Although the June meeting was after the Conference, it was felt that the discussions on possible motions could be done as effectively by email.

The June meeting could be used to feedback any issues from the Conference.

If anyone had a problem with the proposed dates they should contact PHR.

Update from GPC

The main issue occupying the GPC currently is the swine flu negotiations.
What will happen should the rate of infection pick up and the Swine Flu SFE kicks in?
The GPC want to ensure that income is guaranteed when Swine Flu work replaces QOF work.
The second issue is the financing of vaccine administration.

The patient group priorities are:

Clinical risk groups under 65, Pregnant women, Carers of those with compromised immune system, Clinical risk groups over 65.

The NHS and GPC are negotiating whether GPs should be the vaccinator of choice for patients, and costing is proving a problem.

The vaccination priority group is Front line Health and Social Care workers.

GPs might not be the chosen vaccinator for this group.

HR departments supplemented by other providers might be selected.

RS said that it would cost the Government considerably more to perform the vaccinations if they did not use practices and it would be silly not to use them.

GPs felt that not all patients would want the vaccination in any case.

PCTs are asking practices to indicate whether they would be giving the vaccines.

LMC advice is that they should say that they would be prepared to, but are awaiting the official guidance.

PHR agreed to let GPs know when it was issued.

Currently it is not known whether the vaccine will be 2 doses or only one.

There are two companies producing the vaccine.

If 2 doses are needed, then for a given patient they must be from the same supplier.

JR said that Local Involvement Networks were being setup.

These consumer organisations would be able to inspect a practice without prior warning.

PHR said that once more information was available he would produce a digest.

Action Point: PHR to inform GPs of the national guidance when it was available on the swine flu vaccinations.

PHR to produce a digest of information Local Involvement Networks once it has been published.

Important Issues from East and West Berks

Concern about spill over of secondary care tasks into primary care.

Junior doctors seem increasingly to miss some important test result during admissions.

Patients were being discharged and then results are coming back showing that the patient needs further treatment.

In such instances GPs are being contacted and asked to contact the patient and get them back into the hospital.

This situation should not be occurring at all.

GPs raised the issue of inadequate 2WW workup (particularly Gastroenterological).

When a patient was referred under the 2WW rule and had one negative procedure done, they were usually being sent back to their GPs without any further tests being done.

Anticoagulation was another issue in West Berks.

Cardiology patients are being sent to their GPs asking them to initiate Warfarin.

The workload is significant yet WB PCT has an inadequate LES in place.
The PCT needed to alter its LES if they intend that GPs should do this work.

JR (East Berks) reported that he had a portable machine which performed the test and gave a dose.
The cost of the machine was relatively low.
It was the cost of the testing strips which was the problem but GPs were still able to make a profit.

Alcohol services in West Berkshire were also poor. It was agreed to put this on the LRC Agenda.
East Berkshire has negotiated a new service and it may be worth contacting them to see what has been commissioned.

**Action Point: PHR to write to the PCT and ask that if anticoagulation was to be performed by GPs the PCT should develop a LES to cover this (put this on the LRC agenda).
To put alcohol services on the LRC agenda.**

PE7 and PE8 Results and QoF Appeals

PHR reported that he had not been invited to any appeals meetings in Berkshire but had attended them in Bucks and Oxon.
GPs reported that they had taken place and practices had received letters of rejection.
PHR asked practices what they felt about conducting their own surveys of patients using the same questions as in the national survey.
This would enable them to produce their own evidence of patient satisfaction percentages.
The number of patients approached needed to be worked out exactly and PHR said he would pursue this should practices wish to go down this route.
One GP said that their PPG had conducted such a survey on two successive quarters and had met the requirements of PE7 and 8.
Patients should be encouraged to return their questionnaires and GPs must make patients aware that development within the practice depends on them returning these questionnaires.

National Patient Survey is a Perception Survey

Government and PCTs believe that the national patient survey is a patient perception survey.
Practice Evidence for appeals has concentrated on describing the volume and range of appointments on offer.
PHR suggested that an advertising campaign was needed to make patients aware of their access options.
Practices should advertise within the surgery that appointments are available both within 48 hours and after two weeks.

Action Point: PHR to develop the concept of practice questionnaires and enhanced practice advertising.

Requests from Reading Council Children's Services Seeking Information on Families

There seems to have been an increase in Section 47 requests in Reading.
The information requested involves a lot of work in a short timescale (48 hours).
Safeguarding Children Boards are asking for patient sensitive information but if it is under Section 47 no consent is required. Neither is a payment being made.
It was generally felt that if payment was forthcoming, the type and content of information requested would be more specific and not as onerous.

There was also the issue of paying to attend case conferences. NB (A child Protection Lead) reported that she had been contacted and told to tell a GP they must attend the conference when no payment was being made.

RM agreed to supply PHR with the contact details of Anna Wright, the Director of Educational Services, to enable PHR to speak with her.

Domestic Violence Reports

There were concerns from GPs that they had to code on to their computer systems that domestic violence was occurring but they were then being told to destroy the paperwork.

MDU advice is that GPs can put such information in a patient's computer record, but without also attaching the justifying paperwork the record would be incomplete and could be damaging to patients at some stage in the future.

NB reported that she was already on the case and would be reporting back that destroying the paperwork was inappropriate.

PCT Audits

Both PCTs have sent out a list of audits that they plan to conduct in the following year.

Meeting agreed that the information that is supplied must be of benefit to health service administration and planning and not just be a tick box exercise for the PCT.

WB PCT Child Protection Audit

PHR complained to BW PCT about its Child Protection Audit.

It was not an audit, asked some odd questions and had plainly been devised elsewhere and reused without thought. The audit was then withdrawn and a self assessment template issued which was much more sensible.

Referrals Made by Clinicians at the New GP Led Health Centre in Reading

Meeting discussed the newly received policy of the Darzi Centre that when patients were referred by GPs at the new Centre, the patient referral counted against the referral allocation of the usual registered practice.

In future the Centres were being told to encourage the patient to visit their registered GP for referral.

The only referrals they would make would be the urgent 2 week wait ones.

The Walk in Centres were being encouraged to register patients.

If the same person attended more than 6 times in a year they would not attract any payment to the practice.

It was agreed to put this on the LRC agenda.

Action Point: To put on the LRC Agenda for discussion.

Date of Next Meeting – 3rd November 2009

The meeting closed at 4.10 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 Derry, Kumar, Lade and Penny Thorpe

Dates for Future Meetings

03.11.09

23.02.10

27.04.10

22.06.10

07.09.10

09.11.10