

**MINUTES OF BERKSHIRE LOCAL MEDICAL COMMITTEE MEETING
HELD ON 16 DECEMBER 2003 AT
BERKSHIRE MASONIC CENTRE, MOLE ROAD, SINDLESHAM**

PRESENT: Dr John Rawlinson – Chairman
Dr Christopher Tiarks – Secretary
Drs Bindra, Cave, Denny, Evans, Greig, Habershon, Hall, Obi, Kumar,
Latchford, Mellows, Mower, Naran, Parker, Stone, Trivedi

APOLOGIES: Drs Bywater, Gargav, Busfield, Chisholm, Coleman, Crampton, Davies,
James, Johnson, Kassianos, Mercer, Milligan, Mittal, Munday, Rose,
Shaw, Tayton, Westcar

IN ATTENDANCE: Dr John Derry, Thames Valley Strategic Health Authority
Dr John Davies, Medical Adviser to Berkshire PCTs
Mr Anton Glinski, Deputy General Manager, TVPCA
Mr Pat Rogan, General Manager BeDrOCK
Ms Jane Solomon, LMC Director of Development and Liaison
Mrs Pauline Green, LMC Administration & Information Manager, (Minute
Secretary)

The Chairman welcomed Dr Derry, Dr Davies, Mr Glinski and Mr Rogan to the meeting. He also welcomed Dr Hall to his first meeting and, in her absence, Dr McDonald's successor Dr Anne Crampton.

36/03 MINUTES OF PREVIOUS MEETING

33/03 a) Maternity Services

In the first sentence 'Wokingham' should read 'Reading'.

With this amendment, the Minutes were signed as a correct record of the meeting.

37/03 MATTERS ARISING

a) 29/03 a) Berkshire Childcare

The responses received to the Secretary's letter to Berks PCT Chief Executives were circulated for Members' information. No response had been received from Newbury PCT yet.

b) 29/03 b) Green Cards

The Secretary reported that TVPCA had agreed to issue guidance on the system to each practice and that Mr Glinski would be happy to help any practice encountering further problems in the future.

c) 31/03 e) Proposed Changes to the Criteria for Admission to the Berkshire Child Health Surveillance List

Dr Davies said that 5 PCTs had agreed to the change, proposed as a result of the Laming Report, making one day's training mandatory before admission to the Child Health Surveillance list.

He reported that Training Days would be held in the New Year for West Berks GPs on the list and, as also recommended by the Report, retraining would be required once every 3 years.

Dr Denny asked whether details of the training would be advertised to practices to let Non-Principals know and Dr Davies said details would eventually be rolled out to everyone.

The Secretary said the Lamming Report had also recommended that there should be a more thorough inquiry undertaken when patients register with a practice and it had been suggested that GPs undertake this. His view was that this work could be covered by a LES but that it would more appropriately be carried out by Health Visitors as they have the relevant experience.

38/03 CHAIRMAN'S BUSINESS

a) Recruitment of New Medical Secretary

The Chairman reported that interviews for the Medical Secretary's successor would be held in Marlow on 14 January 2004. He added that the Interview Panel would comprise Dr Andy Sapsford, Chairman of the Secretariat Board and Bucks LMC (Chairman), Dr Tony Stanton, Chief Executive of Londonwide LMCs (External Assessor), Dr Wolfin and himself.

39/03 AGENDA ITEMS

a) OOH Presentation

The Secretary reported that REDDOC had originally asked to make a presentation on proposals for West Berkshire at the meeting but had subsequently decided not to do so.

Dr Parker was accompanied by Mr Pat Rogan, General Manager of BeDrOCK. He gave a presentation of the OOH proposals for East Berkshire and said that:

- OOH under the nGMS contract would be from 6.30 pm – 8.00 am weekdays, all weekends and Bank Holidays;
- PCTs will be required to have a contingency plan in place should an OOH provider fail and the default option will be with PCTs, not practices;
- GPs will be responsible for OOH until 01 March 2004;
- there would be an unique type of service between 01 March and 31 December 2004;
- GPs not currently using SEBDOC or BeDrOCK would be contacted by the PCT to see what they wish to do between these dates;
- He did not think significant money would be forthcoming from the PCTs until the East Berks project went live on 01 October 2004;

- The PCT will offer the new service to everyone from 01 October but will not permit GPs to opt out until then, so GPs will have to make appropriate arrangements;
- The PCT would be willing to incorporate GPs into SEBDOC or BeDrOCK but there would be a cost attached;
- PCTs would take full responsibility for OOH by 01 January 2005;
- The call centre currently based in Royal Berkshire Ambulance Trust (RBAT) would be the call centre for the new service;
- There would be 3 Primary Care Centres: one in the Walk In Centre in Upton Hospital, Slough; one in the MIU at Heatherwood Hospital, Ascot, and one in St Marks Hospital, Maidenhead;
- The vision is that Nurse Practitioners will do the majority of the triaging and face to face consultations and may do home visits as well as GPs;
- A possible safeguard would be that a second call within 12/24 hours may be transferred to a medical practitioner;
- The main challenge is that to provide a robust service is going to cost more than the money from the global sum and OOH Development Fund available to PCTs and there will, consequently, be pressure from the PCTs for a cheaper service to be provided;
- Both OOH Co-ops were committed to transferring their current structure into the new organisation, which would have a medical manager;
- There will be technical links to NHS Direct;
- The Government no longer expected NHS Direct to provide the first point of contact triage service for the UK but want OOH providers to talk directly with NHS Direct colleagues so appropriate calls can be transferred to and from the call centre;
- He envisaged the 2 Primary Care Centres in Slough and Maidenhead would centre at Maidenhead and that Heatherwood & Wexham Park A & E Dept would also be involved;
- The most expensive resource would be fielding GPs and the PCTs anticipate there will be permanently employed and sessional GPs and want to commission the service from a new public services body;
- A significant recruitment asset will be that income from OOH providers will be pensionable;
- In stage 2 of the project there will be links with other services, ie mental health, social services, dentistry, pharmacy, Macmillan;
- He anticipated that within 2-3 years only 1 call would be needed to access all these services, which will all be linked to the call centre, and that patients would go to the call centre at RBAT and be transported from there to the appropriate service;
- He anticipated the service would be nurse practitioner led within 3-4 years.

The Secretary said that between 31 March and 01 October 2004 PCOs would not be able to purloin the 6% of the global sum but that there was a question around the OOH Development Fund, and the OOH Quality Fund which was going to be double what it is this year, and that he is telling PCTs they should be funding the whole of their quality payments pro rata. Dr Parker said that would be an ideal situation for the OOH Co-operatives but that he was not so optimistic.

The Chairman asked whether the PCTs would be 'raiding' other funding when they realised there would be a significant shortfall in the OOH funding they receive. Dr Parker said they had not given any indication, they had just asked that costs be trimmed as much as possible.

In response to a question from Dr Latchford, Dr Parker said that BeDrOCK would provide a continuous service from 31 March until the PCTs assumed OOH responsibility.

Dr Cave asked whether, on the medico/legal side there would be Crown immunity. Dr Parker replied that the NHS body would have its own insurance but that he did not know if SEBDOC GPs would be expected to provide their own, or whether they would be covered by the NHS organisation. He added that employed GPs and nurses would have their medical cover provided by their employer.

b) CHI Clinical Governance Review of Royal Berkshire Ambulance Trust

The Secretary reported that CHI would be undertaking a review of RBAT in January 2004 and that he would be interviewed. He requested Members forward details of anything they wished him to raise at the review to the Secretariat Office as soon as possible.

c) Admitting Patients to Prospect Park Hospital

The Secretary reported that he had not received a response to his letter, prompted by a letter received from Dr Jacobs, to Ms Kenyon at the Trust.

Dr Denny informed the Committee that Dr Jacobs had encountered problems whilst working for REDDOC in September, when he had wished to discuss the acute admission of an adult with learning disabilities to the unit at Prospect Park. He had not been permitted to discuss the case with the duty doctor and had also experienced problems contacting the emergency mental health cover.

She highlighted that ultimately 4 doctors and considerable admin time had been involved and that there had been a complete breakdown of communication.

Dr Cave reported having corresponded with the Trust about a similar problem he encountered with Child Psychiatry in hours and said the Trust had assured him they had put pressures in place to rectify the situation. He felt it highlighted how appalling the Trust had become.

Highlighting the difficulty experienced in getting patients seen, Dr Greig reported having been told by Heatherwood Hospital to contact the Community Mental Health Team as they no longer undertake any assessments.

The consensus was that problems had been encountered for many years and that confirmation of the configuration of services and patient route would be welcomed.

The Chairman reported that the Committee would have an opportunity to raise their concerns with Dr Pete Sudbury, Medical Director, who would be attending the next meeting. He suggested Dr Sudbury be sent a list of topics for discussion before the meeting to facilitate the debate.

AGREED: *Secretary to write to Dr Sudbury informing him of the topics the Committee wished to discuss with him at their next meeting.*

d) Royal Berkshire Hospital – A & E Department

Dr Latchford reported that the matter had moved on since Dr Kerr had raised it and that GPs would be receiving clients' full clinical details as soon as possible.

e) Implementation of the New Contract

The Secretary reported that:

- ❖ the draft regulations had been published and appeared more complex than the Red Book;
- ❖ GPs would receive a Statement of Financial Entitlement (SFE);
- ❖ PCTs had received a directive from the Centre on 06/11/03 to reimburse 100% of computer maintenance and minor upgrade costs and most PCTs are putting arrangements in place for the reimbursement of maintenance costs;
- ❖ GPs must agree minor upgrades with their PCTs and he suggested they obtain written approval and continue to submit invoices to their PCTs in the usual way;
- ❖ Any GP encountering problems re reimbursement should contact him;
- ❖ PCTs have a legal obligation to invite each practice to submit their proposal re QUIP;
- ❖ practices should receive by mid-January an idea of their Global Sum Equivalent (GSE) and he advised them to scrutinise it carefully;
- ❖ LMC Members, as elected representatives, should be working with their constituents to ensure local GPs get in a strong negotiating position and negotiate en masse re National Enhanced Services and the Secretariat, whilst very happy to facilitate this, is unable to undertake all the work as it has 10 PCTs to relate to;
- ❖ This will be the last period of time when GPs are in a strong negotiating position and the money involved will amount to 10-12% of their current income;
- ❖ He would be speaking at a meeting in January organised for Windsor, Ascot and Maidenhead GPs.

The Chairman reported that Ascot GPs had agreed not to submit any bids until after the above meeting had been held.

Dr Cave reported that Newbury PCT will not negotiate with their GPs and will not tell them what share of the £516k is going to be available to them to spend come 01/04/04. He added that it is clear they are not going to provide any extra funding at the moment. The Secretary said Newbury practices should all inform the PCT that they are not going to provide any Enhanced Services after 01/04/04.

Dr Denny reported from Reading Local Reference Committee that PMS practices are awaiting their global sum figures and the PCT has not been forthcoming as they are awaiting higher advice, thus practices are in limbo.

The Secretary said information was supposed to be issued by 19 December 2003 but that it was not known how many quality points would be deducted, or how the GSE would be calculated, as there was no separate guidance.

Dr Derry said that:

- ❖ the same problems were being experienced across the 3 counties, as a consequence of the Government changing the 'badging' of the money halfway through the year, in terms of PCTs having no details of where the money is, where it is coming from and where it might go to;
- ❖ all PCTs can do is keep asking the questions and await the central guidance which has been promised for 19 December 2003;
- ❖ the draft regulations had been issued on 12 December 2003;
- ❖ Enhanced Services would depend on negotiation;
- ❖ bidding practices providing Enhanced Services or Additional Services for patients outside their own practices would not be looked at favourably if they apply to close their lists.

The Secretary said that if practices currently have a closed list it must be open on 31 March 2003 otherwise they will not be offered the Enhanced Services contract. He added that practices needed to look very carefully at their defined practice area and negotiate practice boundaries before that date since that would be the boundary they are allocated patients from. He highlighted the importance of this in areas of high growth particularly.

He added that prevalence was also a 'big deal' and would be £75.00 a point across the clinical domain for the average practice but that for a small practice with low prevalence it would be considerably lower and the points would be worked out by local practice prevalence against the national prevalence. Aspiration payments will be made on list sizes.

Dr Cave asked if the Strategic Health Authority (StHA) would be ensuring that PCTs spend their Enhanced Services funding appropriately.

Dr Derry said one of the many jobs of the StHA was to performance manage the PCTs and it would make sure the money for Enhanced Services is getting through. He added that the StHA is also obliged to performance manage PCTs to save on the budget and that no PCTs in the area were going to be paid for Directed Enhanced Services this year which would cause a tension as he did not know how it was going to be achieved. He added that next year the Enhanced Services money would be supplemented by amounts coming out of Red Book funding so there would be a bigger pool.

f) Nomination of Representatives (5) for 2004 LMC Conference

The Chairman sought nominations for representatives to the 2004 LMC Annual Conference.

AGREED: *The Chairman and Drs Kumar, Parker and Trivedi would attend.*

g) 2004 Junior Members Forum

The Secretary highlighted that the Forum offers an excellent opportunity for GPs to cut their medico/political teeth and requested Members submit any nominations to the Secretariat as soon as possible.

40/03 TREASURER'S REPORT

a) The Cameron Fund

A letter of thanks for the Committee's donation to Dr Bramwell's Christmas Appeal had been received from the Fund and circulated for Members' information.

The Treasurer reported funds of £4,8522. The Committee's voluntary levy to GPC had been paid and Members' honoraria and expenses claims, and the Committee's contribution to the Secretariat, would be paid shortly.

41/03 ANY OTHER BUSINESS

a) Dr Cave's Letter to Dr Pete Sudbury

As Dr Cave had left the meeting by this point, the consensus was that his letter should be discussed at the next meeting when Dr Sudbury would also be present.

b) Thames Valley Primary Care Agency (TVPCA)

i) Tractor Feed Scripts

Mr Glinski reported that tractor feed scripts would not be provided after March 2004.

ii) Superannuation

Mr Glinski reported that this is currently work the Agency does, would like to continue doing if GPs so wished, and would like the support of the LMC to do so.

The Secretary said he did not think the Agency would be able to do it from 01 April since all NHS monies will then be superannuable.

Mr Glinski said it was a matter of the point of contact between GPs and The Pensions Agency and that the Agency was happy to act as a 'funnel' for GPs.

In response to an enquiry from Dr Kumar, Mr Glinski said that there would be no cost to GPs for this service.

The Chairman said he thought a lot of practices would be happy for the arrangement to continue.

iii) Interim Aspiration Tool

Mr Glinski asked if GPs could be reminded to look at their emails and complete and return the interim aspiration tool as they would jeopardise themselves if they did not do so.

iv) Flu Vaccine Negotiations

Ms Solomon reported that negotiations have been completed and that the LMC are encouraging practices to purchase their vaccines from Wyeth or Evans as they are offering the best discounts.

v) Disposable Instruments

Ms Solomon reported that the Secretariat is currently working on the purchase of disposable instruments and hopes to be able to achieve good discounts across the 2 counties.

vi) Supplementary Lists

The Chairman asked whether the LMC might have access to the Berks Supplementary List in order that it might communicate with all Non-Principals in the county

AGREED: *Mr Glinski to arrange for the Supplementary List to be emailed to Pauline Green at the Secretariat Office on a quarterly basis.*

vii) Non-Principal Appraisal

Dr Denny highlighted that difficulties were being encountered with Wokingham PCT re Non-Principal appraisals.

AGREED: *Matter to be taken forward via Wokingham Local Reference Committee.*

42/03 ITEMS TO BE RECEIVED

a) Local LMC Reference Committees:

- i) Bracknell: Minutes of meeting on 13/10/03**
- ii) Newbury: Minutes of meetings on 02/09/03 & 04/11/03**
- iii) Reading: Minutes of meeting on 22/10/03**
- iv) Slough: Minutes of meetings on 16/09/03 & 11/11/03**
- v) Windsor, Ascot & Maidenhead: Minutes of meeting on 21/10/03**
- vi) Wokingham: Minutes of meetings on 18/09/03 & 20/11/03**

The Committee received the Local Reference Committees' Minutes.

b) Partnership Applications

The Secretary had, on behalf of the Committee, expressed the LMC's support for the following applications:

- i) Dr Kassianos & Partners, Bracknell: appointment of an additional half time General Medical Practitioner**

- ii) Dr Kassianos & Partners, Bracknell: appointment of two half time replacement partners or one three quarter time replacement partner for Dr Roberts who resigns with effect from 31/10/03
- iii) Dr Mower & Partners, Windsor: extension of vacancy held for 12 months since the resignation of Dr Dowd on 03/01/03
- iv) Dr Anderson & Partners, Caversham: appointment of a half time replacement partner for Dr Aitken who is resigning with effect from 30/11/03
- v) Dr Evans & Partners, Windsor: application for a full time replacement doctor once confirmation has been received regarding Dr Fraser's application for ill health retirement
- vi) Dr Haslam & Partners, Wokingham: application for a three quarter time replacement partner for Dr Morton who is resigning with effect from 31/10/03
- vii) Dr Nabi, Slough: application for an additional 1 wte or 0.75 wte partner
- viii) Dr Furness & Partners, Sunningdale: application for a minor alteration to the practice boundary
- ix) Dr M L H Kumar & Partners, Slough: increase of approved medical manpower to 6.5 wte due to the continuing growth of the practice
- x) Dr Gilfeather & Partners, Slough: application to appoint a full time replacement partner for Dr Rogers who is resigning with effect from 31/01/04
- xi) Dr Venkata-Rao, Bracknell: extension of vacancy held for 12 months since the resignation of Dr Nuvoloni on 30/09/02
- xii) Dr Underwood & Partners, Tilehurst: application for an additional 0.25 – 0.50 wte under the PMS Growth Regulations
- xiii) Dr Karim & Partners, Tilehurst: application to appoint a half time replacement partner for Dr Howlett who is resigning with effect from 31/12/03
- xiv) Dr Munday & Partners, Earley: application to appoint a full time replacement partner for Dr Munday who is resigning with effect from 31/12/03
- xv) Dr (Mrs) S Kumar, Slough: application for a one month retirement with effect from midnight on 31/12/03 and return one calendar month later on 01/02/04.

The Secretary had, on behalf of the Committee, said that the LMC was unable to support the following application as the practice's notional average list size would total 1416:

- i) Dr S M Patel, Reading: application to appoint an additional 0.5 wte partner.

c) PCT Decisions – Partnership Applications

i) Bracknell Forest PCT:

- Dr Murray & Partners – 0.75 wte replacement partner for Dr Sankhari approved
- Dr Kassianos & Partners – full time replacement partner for Dr Robert approved
- Dr Murray & Partners – 0.75 wte replacement partner for Dr Stephens approved.

ii) Newbury & Community PCT:

- Dr Robertson & Partner – 0.5 wte additional partner approved.

iii) Reading PCT:

- Dr Rout & Partners – full time replacement partner for Dr Ali approved
- Dr S M Patel – application for an additional 0.5 wte partner **not** approved.

iii) Slough PCT:

- Dr Campbell & Partners – 0.5 wte partner approved.

The Committee noted the outcome of these applications.

d) PCT Decisions – Pharmaceutical Applications

i) Windsor, Ascot & Maidenhead PCT:

- Transfer of Ownership – application by Wessex Pharmacy Ltd to take over the contract of Messrs H & B Popat, t/a Wessex Pharmacy, 114 Wessex Way, Cox Green, Maidenhead, Berks: transfer effected on 01/12/03 since no appeals were received.

ii) Slough PCT:

- Transfer of Ownership – application by Alan Chalmers (Chemists) Ltd to take over the contract of Mr Alan Chalmers t/a The Martin Pharmacy, 6 Baylis Parade, Oatlands Drive, Slough, Berks: transfer agreed for 01/01/04 subject to any appeals being received during the appeal period.

The Committee noted the outcome of these applications.

d) Secretary's Oral Report

None.

e) Oral Report – Ms Jane Solomon

None.

f) GPC:

i) News M2, M3 & M4

These had been circulated for Members' information.

27/03 DATE OF NEXT MEETING

Tuesday, 17 February 2004, 2.15 pm at Berkshire Masonic Centre, Sindlesham.

The meeting closed at 4.15 pm.

Signed: Date:
(Chairman)