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# LOCAL MEDICAL COMMITTEE

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## MINUTES OF BERKSHIRE COUNTY LMC MEETING Tuesday 4<sup>th</sup> December 2007 Berkshire Masonic Centre

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### Minutes of Previous Meeting

The minutes of 11<sup>th</sup> September 2007 were signed as a correct record of the meeting.

### Guest Items

#### **Pete Sudbury (Berks Healthcare Trust)**

PS said that if GPs had any problems with the service of BHCT (Berkshire Healthcare Trust) he would appreciate either being contacted on his mobile 07721 510518 or on his email address which is:

[Pete.Sudbury@berkshire.nhs.uk](mailto:Pete.Sudbury@berkshire.nhs.uk)

PS had raised matters from a previous LMC meeting (6.6.07) at a senior managers group and had also visited all the PBC leads in the county.

The points he had raised included:

- The attitude of frontline staff. Some GPs had felt they were patronising or rude. This has been fed back to the specific manager.  
BHCT staff were now attending customer care training.
- There had been a lot of complaints regarding the trust response to referrals and the tendency for the assessing team to say that the referral was not suitable.  
Historically the trust has only written back to the GP or the patient and often not given advice on alternative forms of treatment.  
This has now been addressed and letters are written to both the GP and patient and signposting advice is given. PS asked that he be contacted if this was not happening.
- GPs reported receiving requests to prescribe medication that was unlicensed.
- GPs had indicated they would like to see a Directory of Services on the website.  
This will not be happening in the immediate future, but is planned.
- Hopefully practices will now have a named link worker  
however, at a recent PBC meeting PS had discovered that no one knew about this.  
Meeting asked if the trust website had a list of names with telephone numbers and email addresses for these workers. PR agreed to advertise these to GPs once the list was finalised.
- When to perform ECGs?  
PS felt that in most cases there was not enough evidence of benefit for this investigation.  
He has asked that ECG requests be reduced and confined to sensible areas.  
eg people with cardiovascular disease or in addiction clinics before prescribing Methadone.  
It was pointed out that not all practices have ECG machines.
- Obtaining feedback on referrer satisfaction has also been looked at.  
In a recent informal survey of GPs it was felt that a paper approach would be binned.  
However, a telephone request might be responded to. PS circulated a draft list of questions (for comment) that might be used by the trust telephone enquirer.
- The problems of commissioning the MHS were discussed.  
MH is not covered by PBC and is a block contract (not PBR).  
There are problems with CAMHS (Child and Adolescent Mental Health Services) and SMS (Substance Misuse Services).  
BHCT wishes to remain a provider of SMS and CAMHS but:
  - For SMS: BHCT has received notice from DAAT (EB) and Wokingham (WB)
  - For CAMHS: EB PCT have given notice of a tendering exercise.
 On benchmarking BHCT provide excellent service for less than average cost and to cut the funding further will mean they are running at a loss.  
The 2 detoxification beds at Prospect Park are also being withdrawn.  
Directors of Commissioning in both the East and West may receive incorrect information.  
They then make decisions based on this, which then have to be changed.

### **Comments from LMC Members**

- PR said that it seemed that there were a lot of changes in the MHS that had not come to the LMC for comment.
- In the East there is an obesity care pathway which this includes a referral to a psychologist.  
However, GPs were not aware of where this referral should be sent to.
- Members reported that a consultant psychiatrist had retired 3 years ago and since then there had been a succession of locums. A geriatric psychiatrist had then been appointed to the post.  
However, from letters it appears this person has gone on indefinite sick leave so the service is again being run by locums.  
GPs are not being kept abreast of the changes.
- The new referral form (CAF) for CAMHS was discussed. Feeling that the imposed form could not function as a referral template. GPs had voiced this view many times but nothing had changed.  
PS asked that PR supply him with copies of the forms (both new and old).

- JL asked what the position was regarding Westcall GPs clerking in patients to Prospect Park.  
PS said that there were plans to train nurse practitioners to provide this service, but believed that there was currently some form of contract with the OOHs.  
It was agreed that JL and PS would discuss this jointly.
- It was agreed to invite PS to a further LMC meeting in 6 months time.

**Action Point: PR to supply PS with copies of the CAMHS referral forms.**

## LPC

Ralph Higson attended for this item and said that he hoped that the LMC would send a representative to the LPC meeting which was on 16<sup>th</sup> January 2008.

There were six items he wanted to discuss:

1. Benzodiazepine Dispensing Scheme. This had been running since 2001; however the PCT plans to end it in March 2008.

The scheme was one that enabled patients to pick up medication on a day to day basis. The idea as agreed at the LPC was that GPs would write on the prescription 'to be dispensed according to the 4 way agreement regime commencing.....' and the pharmacist would be paid on this basis by the PPA.

During 2006 there were only 37 claims under this agreement and it was felt that this was probably due to lack of knowledge about it by GPs.

RH said that he had spoken to Rod Smith who speculated that a follow on option might be repeat dispensing, whereby the GP would sign one script and attach 28 others to enable single day dispensing.

GPs present were not happy with this alternative and preferred to see the existing scheme continue and to publicise its existence.

The costs involved are small and GPs felt that as such the PCT should not drop this.

It was agreed that the LMC should write in support of continuing the existing scheme.

PR agreed to put an item on the website about this and to add a link to the LPC website for further information.

<http://www.berkshire-lpc.org.uk/>

2. MURs.

PHR felt that GPs generally felt that MURs were often a waste of time and a paper nightmare.

RH said that there was a new version of the feedback form with the DoH Solicitors which was much simpler and would only be sent to GPs should there be a problem with the medication.

GPs felt that medication problems should be picked up by them during review consultations.

RH said that the MUR was there as a safety net.

3. ETP.

Cooperation is needed on this.

Along with local pharmacies various practices have been nominated to take part in a pilot.

There may be a problem when the patient's nominated pharmacy is not taking part in the pilot Scripts might have to be sent somewhere that is not convenient for the patient.

This pilot uses release 2, where the bar code can be scanned.

RH said that it should be available in June 2008

(GPs present thought that the PCT had sent a letter out saying this would now be October).

4. PBC.

Community pharmacists want to be involved with PBC and the LMC.

It was suggested that the pharmacy advisor should work with the LPC.

In the East some of the money was used to employ pharmacy advisors, it was felt that the money they cost should be saved over the year.

5. Scriptswitch.

Pharmacists keep getting letters from the PCT saying that the Pharmacy should stock certain items likely to be selected by Scriptswitch.

However, some of the items have not been stocked for many years and are very out of date.

Meeting discussed category M drugs and the use of generics.  
Topical generic hydrocortisone is £13 but the trade is only 80p.  
Similarly for Ventolin  
It was felt that the person in charge of scriptswitch should work with the LPC.

#### 6. Dressing Scheme.

Practice Nurse ordering of dressings for patients without use of FP10s has been 'dumped' on GPs without consultation with the LPC.

Historically key pharmacies have stocked these items and now this will stop.

Patients who are discharged at a weekend who need an unusual dressing will be unable to get it.

The expertise that the pharmacists have developed will be lost.

Some practices may have been profligate with their prescribing of dressings, but this could have been resolved by use of a formulary for dressings.

Some members felt the new system saved on wasted dressings

Previously if a dressing had a patient's name on it but was no longer needed it had to be destroyed, but now the dressings can be used by anyone.

#### **Action Point:**

**PR to write to both PCTs recommending the Benzodiazepine Dispensing Scheme continue.**

**LMC and LPC to work together on "Scriptswitch"**

**PR to send RH a copy of the Bucks Dressings Scheme Model.**

## **Matters Arising**

#### **GPC Constituency Elections**

PR reported that the elections would not be until 2009 when Berks would be lined with North Hants, Currently Berks is linked with Bucks, which in future will be linked with Oxon.

#### **LMC Elections**

The whole committee will be up for re-election in early 2008.

From 8.1.08, self nominations will be requested from GPs interested in becoming members.

The number of representatives will be 1 per 35K patients.

Newbury will have 3, Reading 6, Wokingham 4, Bracknell 3, WAM 5 and Slough 4.

The only question is whether

PHR felt any elections should be run by single transferable vote rather than first past the post.

Meeting agreed.

It was also agreed to wait until the new LMC was well established before it elected new officer.

This would enable new members to get to know each other and vote in an informed way.

It was agreed that 6 months would be an adequate period.

#### **Update on PPP (Practice Performance Profile)**

East Berks PCT is looking at 2 areas before it is rolled out.

GH reported that the PCT wanted to take out the points that related to the contractual issues.

However, he had told them that if they did each practice's % would be reduced and was unacceptable.

Berkshire West has decided to defer the introduction of their PPP until experience in the East was known.

#### **GRACE (General Referral Assessment Centre)**

There is general confusion about what service this provides.

The idea was that if a practice wanted to do C&B they could continue to. However, for those practices that did not or could not then GRACE would do it for them.

GPs reported that GRACE want the referral to be sent into them with a list of 5 options that the patient has chosen, in which case the practice would need to access the C&B system.

There are also problems with the triage system. Some cases are being sent back eg acne being cosmetic and alopecia.

Although the patients are being seen in hospital eventually it is adding up to 6 weeks to the referral process. GPs did not know who to contact within the organisation to resolve problems.

**Action Point: PR to feedback to GRACE issues with the service.**

### **QoF (EB)**

There were still problems with training in EB.

It seems that assessors do not understand the software and that the practices' own computer system holds the most up to date information not the QMAS data.

The way the PCT is picking practices to visit is not specified.

They are visiting practices because their prevalence is too high or too low.

The PCT staff member who understood what was required has left and has been replaced by someone on a 2 month contract who has not had any training.

IM reported that she has offered to provide training

The problem is the future: the problems cannot keep recurring.

GH reported that the PCT were considering having one visit run by an outside organisation which will look at all aspects of the practice. However, this needs further work.

PCT intention was that every practice should be visited every 3 years.

Some practices could receive visits every year due to ongoing issues.

### **HWPH Access to Medical Registrars**

PR reported having had discussions with Jonathan Jones and Nihal Gunasekera.

It has been agreed that the switchboard can be used if the mobile is proving problematic.

### **Maternity Reimbursement**

PHR reported that all of the 6 applications he has seen in West Berks were filled in incorrectly.

He has now redesigned the form for the PCT

PR reported that the new ceiling (since April 2006) was £1500 per week and According to a recent NHS Appeals Authority judgement, if the PCT did not have an updated policy, then practices could expect to receive the full amount.

### **Concerns Group Leaflets**

MC had issued a concerns leaflet in West Berkshire similar to the Oxon one.

### **PBC Feedback**

EB PCT unable to get a PBC budget out in time.

View expressed that PCT needs to get budgets established from April 2008 or GPs will walk away from the scheme.

## **Flu Immunisation by DNAs (WB)**

The PCT have agreed that as the introduction of this was very late, the fee of £2.51 in the West will not start until December.

It hoped that the fee in East Berks will be reduced from £4.54 in line with the West fee of £2.51.

**Action Point:**

## **ATOS Healthcare (new Shinfield practice) Terms and Conditions for Salaried Doctors**

GPs employed by ATOS will only have 6% employer's contributions made to a non-NHS pension.

The positions are advertised to salaried doctors and these doctors must be made aware that their pension will deteriorate.

Under the NHS Scheme employer's make a 14% contribution.

At Shinfield only 12% will be made to a Stakeholder pension with maximum ATOS employer's contributions of only 6%.

The annual leave package is also poor with only 5 weeks offered.

SM said that she would raise the issue amongst salaried doctors but asked how to approach the younger doctors. Meeting suggested through the VTS scheme.

Action Point: PHR to advertise issue to Sessional GPs

## Preschool Booster Age Reduction and Workload

It was pointed out that in West Berks the age for the PSB has been reduced from 4.5 years to 3.5 years so in one year the practices would be vaccinating double the amount of patients.

PHR asked if there was a workload issue for practices.

Action Point: **If practices have any problems with the workload they should contact PHR.**

## RBH Issues: Bed State and Handing Patient Tasks to GPs

There have been quite a few urgent admission alerts recently.

PHR asked how emergency capacity will be handled when the 18 weeks target is introduced and elective care beds are being fenced.

## Selection of 2008 Annual Conference Reps

The date for sending names for the 2008 Conference was 14th December.

At the last conference, JR, GH, TM and PR attended from Berks.

As part of his county rotation, PHR will this year attend for Oxon

SM asked what was involved with the meeting and agreed to consider attending.

JR, GH and TM agreed to attend in 2008; the dates are 12 and 13th June 2008.

Action Point: **One more LMC conference rep needed for June 2008**

## Confidential Waste

This related to Indy Health Centre, where the cleaners used to remove all waste on a daily basis.

However have now been told they are not allowed to do so and the new organisation is only collecting this on a weekly basis

There is no room to store waste within the surgery.

Action Point: **It was agreed that AG, KA and PR would work on this outside the meeting.**

## Hampshire Clinical Repository

This has been well received by the other LMCs in the TV.

Hants have trialled this for several years already and feel it is good tool.

It is similar to the spine but already working.

It was asked what the workload implications were for practices.

**Action Point:** PR to ask Hants LMC for a view on what the workload implications were for practices.

## EB PCT PMS Contract Variations Policy

PHR had sent this to reps in the East and asked for comments.  
It dealt mainly with adjustment of PMS Contract Sums when significant changes in list size occurred.  
If a practice list size had increased by 2% for 2 quarters running they would receive more income.  
Likewise if lists had decreased money would be removed.  
Discussion of how the per capita increase would be calculated.  
It was felt that it would be fair to pay any increase at GMS rates.

## IM&T DES

The rules for Stage 2 of the DES are very difficult to understand and East Berks have tried to simplify things.  
However, some PMs have reported they are not happy with the document.

**Action Point:** PMs to contact PR if they have concerns.

## LBC Training (WB)

Two nominated people will attend from each practice and then be tasked with cascading this training throughout the practice.  
The person who has attended the original training will accredit other practice staff.

## Annual CD Statement (WB)

Maha Yasaie (MY) has asked WB practices to sign an annual CD statement.  
One section seeks confirmation that practices are complying with laws on controlled drugs.  
How would they know?  
Meeting suggested that the reference document should be:  
[http://www.npc.co.uk/controlled\\_drugs/CDGuide\\_2ndedition\\_February\\_2007.pdf](http://www.npc.co.uk/controlled_drugs/CDGuide_2ndedition_February_2007.pdf)  
**Action Point:** PHR to liaise with MY

## Date of Next Meeting – 12.02.08

The meeting closed at 4.25 pm.

Present	Name	Organisation
*	Arora, Kanchan	Bracknell LMC
	Bindra, Harjeet	Reading LMC
*	Birchall, Carol	LMC Minute Secretary
*	Brock, Nicola	Wokingham LMC
	Buckle, David	West Berks PCT
	Cave, James	West Berks PCT
*	Crampton, Anne	Bracknell LMC
	Crawford, Margaret	TVPCA
	Derry, John	TVPCA
*	Gallagher, Charles	Wokingham LMC
	Greig, Adam	East Berks PCT
	Harnett, Su	West Berks PCT
*	Hear, Gurdip	Slough LMC
	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 (Co-optee)
*	Mower, Isabel	WAM LMC
*	Nabi, Ajaz	Slough LMC
*	Naran, Kish	Reading LMC
	Parker, Julius	WAM LMC
Chair*	Rawlinson, John	WAM LMC
*	Roblin, Paul	LMC Chief Executive
	Rose, Eric	GPC Rep
	Sinclair, Don	East Berks PCT
	Solomon, Jane	LMC Director of Development & Liaison
	Waddicor, Charles	West Berks PCT
	Westcar, Paul	Newbury LMC
	?	South Central SHA

**Apologies**

Drs Derry, Mittal, Parker and Westcar and Jane Solomon

**In attendance:**

Pete Sudbury MHT  
Ralph Higson, LPC Secretary

**Dates of Future Meetings**

**12.02.08      01.04.08      03.06.08      09.09.08      11.11.08**