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# BERKSHIRE LOCAL MEDICAL COMMITTEE

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## **Minutes of Bracknell LRC Meeting**

8<sup>th</sup> March 2005

At Easthampstead Baptist Church, RG12 7NS

At 1.00 pm

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### **Minutes of Previous Meeting**

These were agreed as a correct record of the meeting.

### **MMR Catch-Up**

JS reported that the PCT had agreed to pay £7.28.

## **4-Way Agreement**

With next round of Contract Negotiations will there be an LES or the 4-way agreement?  
Should be asking the PCT to develop an LES

## **Leg Ulcers**

Guidelines are awaited from the PCT.

They take a lot of time and demand a proper service.

There are major problems with the clinic.

3 meetings ago the PCT said that Nicky Wilson was working on the guidelines but none have been forthcoming.

There is a capacity issue here. Some practices will not treat leg ulcers at all and refer them on to the specialist clinic or the vascular service.

Ideally Practices should try and treat the ulcer in house or with the District Nurses and have the specialist clinic backing this up.

If a practice needs to refer a genuine patient into the service they cannot because the clinics are full.

Practices should be told that if Practice Nurses cannot cope with leg ulcers as they are too complicated they should refer the patients in to the service for a specialist opinion.

Practice nurses are not always able to do complicated treatment but could do so with advice.

The contract was for a 'hands on' service.

JS reported that other PCTs had decided that practices look after leg ulcers for 6 weeks and patients that failed to heal were then referred into a specialist clinic.

Leg ulcers really needed to be Dopplered by the Practice and you could then determine whether they are varicose or arterial ulcers. They can then be referred to the relevant clinic.

For a Practice Nurse to perform a Doppler you need to have 2 members present. The protocol says that this should be done annually and takes a lot of time.

## **Access**

More cash is wanted, perhaps it is a way to get the £78,000.

## **Insulin Initiation**

For subsequent years, payment is needed, there is only a one-off payment currently.

## **Practice Premises**

No more staff can be taken on due to space restrictions. One practice has said that he is full but open, can he have penalties imposed?

No the PCT have to work with the practice to facilitate this, so the ball is back in their court.

The proposed development of Peacock Farm, The Staff College and the Met Office will mean approximately 3-4,000 new homes and the infrastructure will not be able to cope with this.

## **ECGs**

Presumably about the ECG machines that had been supplied to practices by the PCT and once 500 reports have been printed out the software says no more reports will be produced unless a payment of £1,000 is made. What are the PCT doing about this?

## **Choose and Book**

What is LMC advice on this? The LMC recommends no one does this as the GPC are working on getting money for it.

Cataract referrals are going ahead as the Government have purchased the 'vans' and have 5 providers, if you do not follow their referral pattern the referral will be bounced any way.

Practices are being give £3,000 to Choose and Book. The Government will impose it any way. You can take the money but then you are unable to do it as nothing is working at the moment, including the software.

This advice of the GPC is reiterated on the LMC server all the time. It is up to individual practices to do what they wish.

## **Blood Tests**

Hospitals are asking patients to come to the practice to get blood tests done. This is adding to the workload of the practice nurses and attracting no payment.

## **PMs Letter to Anne Owen**

The Practice Managers group was a group set up by Managers in their lunch hours.

It is funded by the global sum.

It was never set up by the PCT, they were invited along out of courtesy and in time it has become more of a PCT led agenda. Trying to get back to their own group under their own terms, with a slot for the PCT.

Joy was very upset by the PMs and their attitude to her as it was her last meeting. She had thought she had a good relationship with the PCT and felt abused. This is why the letter was sent, subsequently several PMs have phoned up and apologised.

These meetings should be independent of the PCT.

The PCT could be asked to attend for part of the meeting and then leave, letting the PMs get on with their own meeting.

It must be representative and the LMC will always fight for those whose voice has not been heard.

## **GP Council – Relationship with LMC/LRC**

The meeting was quite successful, it was to see if there was any mileage in GPs getting together to try and guide the PCT rather than the PCT dictating things.

The proposed Council does not want to step on the LMC's role of looking at pay and rations but to develop services in Bracknell so things are done to what the GPs want rather than the PCT.

There was someone there from Reading too at the discussion meeting.

How will this feed into the LMC? It will be parallel to it. There will be a group of 6 GPs who will put together the terms of reference and there will then be a further meeting to discuss this. How to reach the PCT may change. The PEC may change. There could be meeting with the Chair and Chief Executive. The Council does not want to be part of the PEC.

Does Bracknell divide into localities easily? Yes it does into three.

Not just the commissioning issue was discussed. Meeting of GP Group and having their issues heard rather than having everything coming down.

There is a statutory role that the PCT must consult the LMC on matters.

The LMC does not have a monopoly of GP meetings but there needs to be a clear set of references between those who look after budgets in the NHS and GP representation.

If there are too many meetings there is a danger that issues will become confused and also people will get on these groups and over time distort messages. The Forum is a PCT led body and the Council will be GP led.

No one talks to GPs about the delivery of the service. They are trying to get a view on how Primary Care physicians can influence primary care.

With the GP Forum they consult with GPs at a certain place on the agenda and the PCT will say they have discussed things with GPs.

IM supported that representation be rotated rather than just himself so there is a broader public voice.

Perhaps with the inception of the Council, the GP Forum could go or be redefined for 05/06.

The interaction with the PCT could take place during a Build meeting, having the PCT there for part of the meeting.

The agenda could be run on alternate sessions by the Council and the PCT.

The Council was initially going to have monthly meetings.

### **Frimley Park Out Patients**

This is going on and on, it is out patients which is the problem.

Current this has been suspended at the moment but will be reintroduced at a later date.

### **Enhanced Services**

What does the GpsWI for older people refer to? Is it for the Ward coverage at Heatherwood?

There looks as though there will be a significant underspend. If this is true the money may go in to fund the PCT overspend.

Sue Hetherington is leaving and Janet Fitzgerald is taking over guardianship of Wokingham. WAM has not appointed a new Chief Executive, implying that there could be an East and West Berks area again.

The question is how many reference committees will there be. You cannot run Slough without having a locality running Bracknell as they are very different areas with different referral patterns.

Looking at referral data Bracknell is the lowest of the three, Slough being the highest referrer.

### **Date of Next Meeting**

Tuesday 10<sup>th</sup> May 2005

<b>Present</b>	<b>Name</b>	<b>Organisation</b>
*	Arora Kanchan	Member
*	Crampton Anne	Member
*	Greig Adam	Deputy Chair
*	Halliwell Roger	Member (Co-opted)
*	Henman Mary	Member (Co-opted)
	Kade Chauke	Member (Co-opted)
*	Murry Ian	Chairman (Co-opted)
	Roblin Paul	LMC Chief Executive
*	Solomon Jane	LMC Director of Development & Liaison
*	Birchall Carol	LMC Minute Secretary