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MINUTES OF EAST BERKSHIRE LRC/PCT LIAISON MEETING **Tuesday 12th January 2010** **The Manor Park Practice, Slough, SL1 3XU**

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Minutes of 13th October 2009

The minutes from 13th October 2009 were agreed as a correct record of the meeting.

Matters Arising

There were no matters arising.

Under Fives Swine Flu Vaccination ES

The LES allows those practices not currently signed up for the Extended Hours ES, to vaccinate the under fives during extended hours at a rate of £115 per hour provided 20 vaccines are given.

LMC asked what would happen if not all 20 turned up. Would the £115 be paid?

The PCT confirmed that the practice would receive payment provided it had booked 20 patients and was thought to have done everything it could to encourage attendance and only a small number defaulted eg it may be difficult to pay if only 2 patients out of the 20 had attended.

The PCT said that the practices needed to be proactive in encouraging parents to vaccinate their children, but this need not involve call and reminder letters eg the practice could put up posters, ring patients or invite them opportunistically.

PHR has discovered that an Under Fives Vaccination communication had been sent to practices which he had not been copied into. This was not what had been previously agreed.

PHR asked that he be included in any communications sent out to practices by the PCT (**from all departments**).

He said that it was very much easier to correct problems if he was aware of them from the start and asked that the PCT remind departments to include him in all emails.

JW said that she would reinforce this policy within the PCT.

Action Point: JW to remind PCT staff to include PHR in all emails to practices.

SFE Sick Leave Reimbursement (statement in Flu Capacity Paper)

One of the papers for the recent Primary Care Capacity Meeting stated that only 4 weeks sick leave will be paid to practices; the LMC asked if this was correct.

JW said that the paper was only a draft one and recognised that to pay only 4 weeks sick pay was not correct. They would continue to pay as directed by the SFE.

Practices and Patient Group Directions (PGDs)

This had come up recently as part of the Contract Review and QoF Visits to practices. A Practice Nurse Assessor is now part of the visiting team.

She appears to be telling all practices that when PNs give child or travel vaccines they should have PGDs in place to comply with the Medicines Act.

The problem has occurred because the PN Assessor (Sarah Stanton) on visits has been telling practices that they are behaving illegally if they do not have PGDs in place.

PHR said whether PGDs were necessary in general practice was the subject of a longstanding dispute between the GPC and the RCN.

Both SS and PHR had spoken at an EB nurse education meeting at the Berkshire College of Agriculture on 1.4.09. It was recognised then that PGDs were a grey area in law.

The National Prescribing Centre has recently updated its PGD guidance.

See http://www.npc.co.uk/prescribers/resources/patient_group_directions.pdf

PHR felt that when practices delegate vaccination activity to nurses, they should at least have a written practice guideline for nurses to follow. The difference between this and a PGD was negligible (a pharmacist signature).

What was in dispute in East Berks was whether the PCT chief pharmacist was needed to convert a practice guideline into a PGD.

LMC and PCT agreed to share existing PGDs and practice guidelines.

AG said that he would provide PHR with copies of the PCT's PGDs which practices could use.

AG felt that:

- the PCT was not in a position to write new PGDs for practices.
- if a practice has a PGD they should get them signed off by the PCT as they are the body designated to do so.

The LMC asked who was performance managing SS and vetting what she said to practices?

JW is the line manager of SS.

JW, SS and PHR should discuss this further.

**Action Point: SS and PHR to discuss this issue further.
AG to send PHR copies of the PCT's PGDs.**

Contract Review Visits and Reports

Prior to the visits practices receive a paper outlining what will be looked at.

GH reported that at his visit he was told that all practices should have oxygen and pulse oximeters in their treatment rooms but this was not on the list that the practice has received.

If Sarah Stratton is saying this to practices, she needs to be able to quote the regulation that backs up her statement.

Practices realise that it is best practice to have oxygen available but it is not obligatory.

The PCT were asked whether these visits were meant to be facilitative or punitive.

PCT felt the problem was mostly to do with the language that was being used in talking to practices.

The LMC asked when practices could expect their report following these visits.

Some had had their visit 2 months ago and were still awaiting it.

The PCT said that the reports have now been written and have been sent to the Assessors to check after which they will be sent to practices.

The LMC suggested that a quick email to practices notifying them of the delay would be helpful.

Action Point: PCT to email practices and let them know that the Visit reports had been delayed but would be with them shortly.

Occupational Health Services with ATOS

Several LMC reps have recently been critical of the occupational health services commissioned by the PCT and were surprised that the contract was renewed in December 2009.

Tracy Slegg (the manager responsible for this service) seems not to have sought GP opinion before the renewal.

LMC Reps listed the issues they had with ATOS:

- Clinic locations are too far away.
Although ATOS have provided extra clinics they are not easily accessible for staff of practices in places such as Sandhurst.
A lot of the staff travel from Hampshire and the nearest clinic for immunisation was in Slough
- IM said that she had called the Call Centre which is based in Glasgow and had a lot of difficulty understanding the very strong Glaswegian accents so getting any response was very difficult.

- The ATOS response to needlestick injuries was felt to be slow and inadequate. In the end staff at one practice had attended the local A&E Department (for which they may be charged).
- ATOS seem to think they have no responsibility for practice staff. Practices not only felt the service was no longer local, but it was not a service at all.
- It seems that the PCT are keen to have a cheaper service. Practices wanted a higher quality service, with access and facilities locally.

PCT were asked what performance indicators ATOS were measured against. The competence and quality of ATOS occupational health staff were questioned.

GH gave an example of two members of staff who had been off sick for more than 2 years who had been referred to ATOS and the service the practice had received was extremely bad. In the end the staff had been told to go back and talk to the practice about their problems. GH wished to see ATOS perform more like Corporate Health, the occupational health organisation with which he was familiar (3-4 consultants liaise with GPs).

Action Point: CK, JW, TS and PHR to work together to set up some performance indicators. PHR to forward the minutes to members for comment before forwarding to the PCT. To send PHR any specific issues for forwarding to the PCT.

Payments under the Collaborative Arrangements

GPs reported problems with PCT payment for activity under Collaborative Arrangements. See <http://www.bbolmc.co.uk/collabarang.pdf>

LMC reps said that they were no longer being paid to attend case conferences. They used to send their completed form to Berkshire Social Services who would stamp it and then forward it to the PCT for payment or return it to the GP so they could submit it for payment. Reps reported being told recently by the PCT that they would not be paid for case conferences or child protection reports. The national Safeguarding Children Guidance states that child protection reports need to be more comprehensive and that GPs should attend case conferences (which will now be 2-3 hours long). GPs felt that they should be funded to attend these. JW said that the PCT had never paid for attending case conferences; they did pay for blue badges and fostering and looked after children. GPs said that they did and payments seem to have stopped in April 2009. GPs in Bracknell said that they had never been paid for case conferences.

JW felt that the problem resulted from different practices existing in the 3 predecessor PCT organisations and the new PCT needed to investigate this. JW said that she would research this but until further notice custom and practice would continue.

Action Point: JW to research this issue.

ADHD and Secondary Care after 18y

It seems that secondary care does not provide an ADHD service for anyone after they reach the age of 18.

For anyone under 18 Berks Health Care Trust will prescribe and monitor the child but once they reach 18 this service stops.

Reps reported that the Berks Health Care Trust protocol on their website says that they will continue to prescribe and that GPs need not get involved with shared care.

However, this is not happening.

In some cases drugs are not licensed for anyone over 18.

Action Point: JW to clarify with commissioners what should be happening.

Minor Surgery Additional and Enhanced Services and the New Draft NICE Guidance

When the PCT wrote the LES they included in Appendix 6 defined examples of when GPs should be removing lesions and it appears that the PCT are not monitoring this.

Not all practices are performing audits.

The NICE guidance states that GPs should not be excising anything that could be a skin cancer but there are lots of these being done.

LMC asked the PCT if they could get the pathology department to count how many excisions performed by GPs turned out to be skin cancers. It was accepted that in some instances an innocent lesion could turn out to be a cancer.

The worry is that incomplete excision is occurring and patients may not be referred on for further excision.

The LMC wanted the PCT to reinforce the need for GPs to follow the guidance stated in Appendix 6 when the new LES was issued on 1st April 2010.

Action Point: To reinforce the need for GPs to follow the guidance in Appendix 6.

Antenatal Care

Jackie McGlynn said that she had circulated the protocol agreed with HWPHT which had been drawn up in line with NICE guidance. The required attendances are allocated to either a GP or a midwife.

Last year practices were surveyed on the antenatal care they were currently providing.

The response was very varied and the majority of responses received were from practices that were providing antenatal care.

However, some practices have not responded and the PCT is suspicious that these practices probably do not provide antenatal care.

RH said that his patients received their care from Frimley Park Hospital who had different guidelines.

AG said that from April it will be commissioning the service with Hants so the service would change.

Practices do not need to provide antenatal care as it is an additional service.

However, if they do not they should have their global sum reduced.

Practices should be reminded of this.

Action Point: To write to practices reminding them that if they do not provide antenatal care they may find their global sum payments reduced.

Closures of Surgeries during Recent Bad Weather

JW said that she intended to write to practices to remind them of their contractual services and access obligations and ask that they forward their business continuity plans.

The practice closures during the recent heavy snow have triggered this action.

GPs were concerned that any email should first of all thank all those practices that opened during the difficult times.

AG said a large part of the problem was the fact that nowadays, practice staff and GPs did not live locally. This could make it very difficult for them to get to and open the practice.

IM said that she had done a lot of telephone triage from home and had faxed across prescriptions when they were needed. This was the type of working that needed to be encouraged.

Action Point: To write to practices thanking them for opening but reminding them of their contractual obligations.

Date of Next Meeting – 9th March 2010

The meeting closed at 3.20 pm.

Present	Name	Organisation
	Arora, Kanchan	Bracknell LMC
*	Birchall, Carol	LMC Minute Secretary
*	Crampton, Anne	Bracknell LMC
*	Greig, Adam	East Berks PCT
*	Halliwell, Roger	Bracknell LMC (Co-optee)
	Head, Paula	East Berks PCT
*	Hear, Gurdip	Slough LMC
*	Kade, Chauke	Bracknell LMC (Co-optee)
	Kumar, Hemantha (MLH)	Slough LMC
	Llewellyn, Lise	East Berks PCT
*	McGlynn, Jackie	East Berks PCT
	Mitchell, Eleanor	East Berks PCT
*	Mower, Isabel	WAM LMC
*	Nabi, Ajaz	Slough LMC (Co-optee)
*	Nelli, Prash	Bracknell LMC
	Parker, Julius	Slough LMC
*	Rawlinson, John	WAM LMC
*	Roblin, Paul	LMC Chief Executive
*	Skilling, Anthony	East Berks PCT
	Tong, William	East Berks PCT
*	Trivedi Jitendra	Slough LMC
*	Walters, Jackie	East Berks PCT

Apologies: Drs Arora and Kumar

Dates of Future Meetings:
09.03.10 11.05.10 06.07.10 05.10.10