

---

# BERKSHIRE LOCAL MEDICAL COMMITTEE

---

**Chairman**  
**Dr John Rawlinson**  
Radnor House Surgery  
25 London Road  
Ascot  
Berks  
SL5 7EN

Tel: 01344 874011  
Fax: 01344 628868  
rawlinsonjohn@hotmail.com

**Treasurer**  
**Dr Gurdip Hear**  
Crosby House Surgery  
91 Stoke Poges Lane  
Slough  
Berks  
SL1 3NY

Tel: 01753 520680  
Fax: 01753 552780  
gurdiphear@yahoo.co.uk

**Secretary**  
**Dr Paul Roblin**  
Secretariat of Berks Bucks & Oxon LMCs  
Mere House  
Dedmere Road  
Marlow  
Bucks SL7 1PB

Tel: 01628 475727  
Fax: 01628 487142  
paul.roblin@bbolmc.co.uk

## **MINUTES OF EAST BERKSHIRE LRC/PCT LIAISON MEETING** **Tuesday 9<sup>th</sup> March 2010** **The Manor Park Practice, Slough, SL1 3XU** **2pm-3:05pm**

### **CONTENTS**

|   |   |
|---|---|
| Minutes of 12 <sup>th</sup> January 2010 .....        | 1 |
| Matters Arising.....                                  | 1 |
| Payments under Collaborative Arrangements.....        | 1 |
| Minor Surgery .....                                   | 1 |
| QoF Visit Reports.....                                | 2 |
| Liverpool Care Pathway.....                           | 3 |
| ADHD shared care for adults and younger ages .....    | 3 |
| PCT Communication with Freelance Locum GPs .....      | 4 |
| Primary Care GP/Dental Premises Survey.....           | 4 |
| NHS Appraisal Website .....                           | 4 |
| Choices of GP Practice Consultation .....             | 5 |
| Date of Next Meeting – 18 <sup>th</sup> May 2010..... | 5 |

### **Minutes of 12<sup>th</sup> January 2010**

The minutes from 12<sup>th</sup> January 2010 were agreed as a correct record of the meeting.

### **Matters Arising**

#### **Payments under Collaborative Arrangements**

JW said that she had still to progress this.

### **Minor Surgery**

IM has concerns about PCT handling of reports from the MDT when a GP has removed a skin neoplasm. Nothing seems to happen.

CK also had concerns about accreditation for the DES.  
He has reviewed 2/3 of the applications for the DES and looked at accreditation.  
Some applicants have not done minor surgery for a number of years.  
They will need to attend a minor surgery course to improve their surgery skills and a dermatology course to improve their diagnostic skills.

CK also had concerns about quality of the service provided.  
Most surgeries now use disposable equipment but some do not, so they cannot identify the specific code number of the knife they have used.  
Infection control measures need to be audited and the DES specification needs to include the minimum annual audit requirements.

GP diagnostic skills need to be improved as an increasing number of malignancies are being removed.  
Currently Anant Sachdev is informed if a malignancy has been removed in primary care.  
These cases should be reported to clinical governance but CK said that he had not heard of one in 8 months.  
Fiona Lewis confirms that she always informed Anant, so the PCT process is not working.

RH said that he had recently removed a malignant growth which did not have the appearance of being such before histology was known.  
It was agreed that there would always be the odd occasion where a malignancy would be a complete surprise.

It was agreed that the whole governance system needed to be re-visited.  
The PCT suggested that ICUDs and INRs could also be looked at.  
The process for managing malignancies removed by primary care needed to be rewritten and a sub committee be established to performance manage the process.  
The PCT said that as the end of year was approaching they would contact practices and ask for an audit to be submitted by the end of April.  
AS said that there would be a feedback process available on the East Berks intranet for 2010-11.

The LMC said that they felt there was a problem with too few staff in the PCT Primary Care Department doing too much.  
The PCT said that Sharon and Semina were now in place and reported to AS.

PMS practices had minor surgery included in their baseline funding, the PCT would consider whether it would be better to remove this element and make payments the same way as for GMS practices.

**Action Point: The PCT to develop a small working group to clarify the process for managing the DES and unsuspected malignancy on biopsy.  
The PCT to ask practices for end of year audits including infection control.**

## QoF Visit Reports

LMC was concerned about long delays in the PCT getting the report to practices.  
LMC recognised that over half the practices had received a visit in 2009/2010.  
LMC suggested that in view of the workload involved and the PCT workforce capacity, it might be better to move from a 3 yearly cycle to a 4 or 5 yearly one.  
PCT replied that the reports are starting to go out now.

The LMC asked what would happen if the practice needed to make changes before the end of the financial (and QOF) year when receiving a very late report of issues?

The PCT said that those practices with issues to resolve had received their reports first.

The PCT have received the guidance and payments will be made in June following receipt of that quarter's patient survey.

The LMC suggested that next year the PCT plan its visits over a longer period.

The PCT said that they had intended to do this in the current year but practices had cancelled visits and there was a problem with lack of PCT staff to support the visits.

The PCT also said that with hindsight the reports were probably too comprehensive and a workload burden.

It was not clear what impact the Care Quality Commission accreditation would have.

The PCT will have to ensure that practices are prepared for this when it happens in 2012.

The potential exists for more visits.

**Action Point: The PCT to schedule visits earlier within the year.**

### Liverpool Care Pathway

Liz Rankin has informed LMC that this is being piloted in Maidenhead with a view to it being rolled out across East Berkshire.

The LMC view is that it is too bureaucratic and forbidding.

Most practices have set up good care for end of life using the Gold Standards Framework (GSF).

With the introduction of the DNACPR form, the GSF and the Liverpool Care Pathway, there is an awful lot for dying patients and their relatives to consider.

The Liverpool Care Pathway was seen by GPs as a duplication of other best practice policies and guidelines.

**Action Point: PHR to send JW a copy of the Pathway.**

**JW to ask Anant Sachdev for his opinion on it.**

### ADHD shared care for adults and younger ages

Katie Simpson has asked for an LMC opinion on this.

NICE guidance mandates shared care for ADHD.

A shared care protocol exists for Berkshire, but it has not been universally adopted by GPs.

Some GPs will not prescribe Ritalin to children and the numbers seem to be growing.

GP experience is that if GPs enter into shared care, the consultants sometimes stop seeing the patients.

GPs were therefore reluctant to agree to shared care, especially when there was no EB equivalent of the West Berks ADHD LES.

The PCT was asked if their ES budget was fully spent for 2009-10. They said that they were hoping to reach a break even situation.

GPs described problems when a child moves to adult services.

Specialists will no longer review cases despite ongoing use of drugs therapy. This service needed to be commissioned.

Patients on a drug should be managed and sometimes stopped; this should be a specialist decision and this was hard to find.

JW said that she had spoken to Eleanor Mitchell and Trevor Keable.  
A meeting is being held this week with Berks Healthcare Trust about this issue.  
Katie Simpson is expected to attend.

EB PCT has commissioned Mental Health Services with Berkshire Healthcare Trust which is not complying with proper shared care processes as per the NICE Guidelines.  
Treatment seems to consist mainly of drug therapy; there are no behaviour modification programmes.

### PCT Communication with Freelance Locum GPs

PHR said that he had emailed all Thames Valley PCT Chief Executives on 17<sup>th</sup> February but had so far not received a response from East Berkshire.

PHR feels that the PCT is responsible for ensuring that all GPs on the Performers List receive communications that are important to their work as a clinician in a local health system.

GPs working regularly in a practice can be catered for by the cascade system, but locum GPs are not captured by this.

One possibility is for locums to access all information via the PCT website.

The problem with this is that it uses nww web addresses.

These were only accessible from NHS computers and thus GPs could not access them from home.

AS said that there were 375 GPs on the Performers List and 275 of these were attached to practices.

PHR felt that EB PCT should have email addresses for all the 100 GPs unaligned with practices.

LMC reported that there was a Windsor Non-Principals Group run by Aman Gerwaal (Ryan Metta is an alternative contact).

LMC suggested that the PCT should contact Nigel McFetteridge at the Oxford Deanery for help with freelance locums.

**Action Point: The PCT to contact the Windsor Non-Principals Group and the Oxford Deanery.**

### Primary Care GP/Dental Premises Survey

AS said that the last premises survey was carried out 2 years ago.

Up to date information is required about premises standards.

There are two extra questions this year: are there any consulting rooms not on the ground floor and does the premises have a lift?

The PCT said this information would be important if any premises money was made available; they would know which practices most required action.

### NHS Appraisal Website

This is now operational again having been unavailable for a month.

The LMC asked what the PCT proposed to do if a GP was unable to have their appraisal in time because of lack of website access.

The PCT said that they were not proposing to write out to all GPs but would be hoping that GPs could get their appraisal done in time; if they could not they were prepared to extend the deadline until the end of April.

**Action Point: Where applicable the PCT to extend the deadline for completion of appraisals to the end of April.**

### Choices of GP Practice Consultation

This national consultation exercise is about the possible abolition of practice boundaries. It came out on 4<sup>th</sup> March and the deadline for response is 28<sup>th</sup> May. LMC said the difficult questions are well known.

How would a system of registering at a place of work rather than residence operate?  
If registered at work, what would happen for home visiting?  
How would the residence PCT fund secondary care in the area of work?

### Date of Next Meeting – 18<sup>th</sup> May 2010

It was agreed to alternate the venue from Bracknell to Slough to minimise the travelling times.

The meeting closed at 3.05 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           |
| Chair*  | 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 Greig, Kumar, Nabi and Nelli and Paul Head

**Dates of Future Meetings:**

**06.07.10      01.10.10**