BERKSHIRE LOCAL MEDICAL COMMITTEE

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

Tel: 01344 874011
Fax: 01344 628868
John.Rawlinson@GP-K81655.nhs.uk

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 481173 or 01628 474731
paul.roblin@bbolmc.co.uk

Minutes of Reading LRC/PCT Liaison Meeting

Wednesday 19th October 2005, 2pm
Room G30, Reading PCT
RG30 2BA

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Minutes of Previous Meeting

The minutes of 20th July 2005 were agreed as a correct record of the meeting.

Medical Model for Intermediate Care

This has been re-advertised this week.

Substance Misuse LES

The PCT thought this was being paid, although a number of practices had reported they were not receiving payment. PCT will investigate.
The final version of this LES came back 3 weeks ago, but the PCT were not happy with it. PJ is taking this further.
Some felt that Drug Abuse work required training which was too onerous
It might be better to let someone else take this on.

DMARD Specification

Other PCTs are paying for all conditions for drugs on an Amber list.
LRC asked whether Reading PCT were contemplating expanding this NES?
Action Point: The PCT agreed to consider adding in other conditions for which the rheumatoid drugs could be prescribed.

Enhanced Services Floor

LRC explained their view that the spreadsheet was confusing in not adhering to accounting convention.
Underspends should be marked with a minus
Currently the predicted underspend at the end of the year will be approximately £170K and the LMC would like to see this reduced.
PCT felt some of the spend (such as flu) will not be even across the year.

Nothing has been spent on smoking quitters or Minor injuries.
In the first year it had been agreed to pay a fee per patient for minor injuries
It was felt that this payment would continue.
However currently there is no LES in place.

Services for violent patients; activity is taking place but claims have not yet been received.
Similarly for ENT.

TIPS Cover

LRC felt it had been agreed that practices should put a message on their answerphone giving the Westcall emergency number and stating that unless problem was an emergency patients should call the practice back after 5.00.
However Westcall feel they receive too many calls and are hampered by not having a daytime base
Meeting felt Westcall were funded separately to provide this service.
MM tabled a copy of Ian Kemp's response.
The block is at Westcall level not PCT level.
PHR speculated about PCT wide locum cover
Reported that he has covered all of Banbury for their Protected Learning Time, fielding all calls for a cost of £60 per hour.
Perhaps the PCT should commission this sort of service.
The volume of calls depends on how the message is phrased.
However if an inappropriate call was received, the GP can advise the patient to call back after 5pm.

Action Point: It was agreed that as the PCT commission this service they should tell Westcall how they want the service to run and explain this to GPs
Calls will be screened by the answerphone and only genuine emergencies will be dealt with by them.

PCT Reconfiguration

The option preferred by PCT is an East and West Berks PCT configuration.
The SHA preferred option may be one county wide PCT.
SHA want to go to consult on both possibilities..
The original reason behind a West Berkshire PCT was to provide better commissioning, not to save
Moving to 2 PCTs could achieve the saving of 15% in management costs wanted by Government
Oxfordshire are planning to put the management structure out to market tender.
PCT view was that West Berkshire has good PCT management and there is no evidence to suggest that private organizations are better than the NHS.

Open List Tolerances

The LRC advised that a policy of using a 2% tolerance on contracted list sizes before asking to close lists would be acceptable, provided there was a mechanism for practices who felt they had contracted for too high a number of patients to renegotiate their contract volume.
MM reported that there was a system in place and one practice was negotiating with the PCT.

QoF And Contract Monitoring Visit Intentions

LRC felt various documents had been issued which go beyond the SFE requirements.
In Reading practices received a Support Pack for guidance only
PCT felt a lot was down to interpretation which the support pack tried to clarify.
It was done because there were huge variations in practice disease registers and interpretation
PCT felt consistency was needed.
One example was:
How a practice perceived how to do a cancer review, what it was and where it should be done
PCT agreed that although some of the guidelines could not be met in all cases, practices should be working to the same guidelines.
The book issued recommended read codes etc for practices to use.
LRC stressed that the SFE is used for ruling on disputes (not the Blue Book)
PHR asked to be involved earlier rather than later on any issues that were raised.
Action Point: PHR agreed to put an item in the newsletter about what the PCT are trying to achieve.

RBBH/CAG 'List of Ineffective Secondary Care Referrals'

The paper was produced initially by the Royal Berkshire Hospital as part of their contribution to reduce expenditure.
They have listed conditions where secondary care feel their consultants can add nothing to the treatment and where there are clear guidelines that problems can be managed in primary care.

PHR reported that the document he had received was from Newbury PCT, but it stated that it applied to all 3 West Berks PCTs
His email to all 3 PEC Chairs expressed his disappointment that no GPs on LRCs or LMC had seen it.
PJ stressed that document has only recently been signed off by the PEC so no formal notification has been sent out to Reading GPs. He would be writing to practices by the end of the month.

Policy has been developed as a means of trying to make savings in the least harmful way.
Each RBBH consultant will be receiving less in salary so there will be a genuine reduction in costs and GPs must try and work to ensure this happens.
The 3 PCTs, Acute Trust and Health Care Trust have worked together to make savings which will have a minimal affect on patient care.
PJ felt it was not yet a complete document. There are still areas that need further thought.
The document will change in light of experience.
Subject to this it has now been agreed by PEC and PEC Advisory Group.

The CAG have decided to fund one extra intensive care bed at the Royal Berks.
It would be unfair if some GPs followed this and others did not, so referrals will be monitored and referral letters now become very important.
PJ has suggested to the CAG that there should be an LMC member on it in future.

PHR stressed that if PCTs want to change the behaviour of GPs then PCTs need to engage with GPs earlier and ensure that they are happy with policy developments.
The new collaborative functions for West Berkshire do not seem to have developed means of negotiating with the stakeholders.
Other PCTs have difficulty in involving the LMC and may be over-influential in deciding the way the new systems work.

LRC felt that no referral should be refused without dialogue with the relevant GP.
There will need to be a certain amount of flexibility within the system.
Meeting felt that providing a GP is following locally agreed guidance they will be safeguarded against medico-legal action.

Action Point: The PCT agreed to produce a leaflet for GPs to give to patients explaining this.

Date of Next Meeting – Wednesday, 7th December

Present	Name	Organisation
	Bindra Harjeet	Member
*	Latchford Neil	Member
*	Mittal Rab	Member
	Moneim Tarek	Member
*	Naran Kishore	Chairman
*	Roblin Paul	LMC Chief Executive
	Solomon Jane	LMC Director of Development & Liaison
*	Birchall Carol	LMC Minute Secretary
	Fitzgerald Janet	RDG PCT
*	Johnson Peter	RGC PCT
*	McCartney Maureen	RDG PCT
	Pickford Sandra	RDG PCT
*	Read Marilyn	RDG PCT
*	Smith Rod	RDG PCT
	Waddams Helen	RDG PCT
	Ward Audrey	RDG PCT

Apologies: Dr Bindra
Jane Solomon
Helen Waddams