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# BERKSHIRE LOCAL MEDICAL COMMITTEE

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**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 WEST BERKSHIRE LRC/PCT LIAISON MEETING** **Thursday, 14<sup>th</sup> January 2010** **Room G26, 57-59 Bath Road, Reading, RG30 2BA**

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### **Minutes of Previous Meeting**

The minutes of 8<sup>th</sup> October 2009 were agreed as a correct record of the meeting.

### **Matters Arising**

#### **Access Appeals Update and GP Patient Survey**

MM agreed to supply PHR with a copy of the criteria used in the two appeals.

## Near Patient Testing NES Notice

LMC reps have been concerned about this, especially in the Newbury area.  
GPs did not feel that the Dawn system was as safe as the PCT maintained.  
It is a Royal Berkshire Hospital based system but a lot of practices refer to hospitals across the boundary (eg Frimley and Heatherwood).  
Gastroenterology and Dermatology patients on Methotrexate would not be under Dawn.

### **DB views**

Dawn was safer than care under the LES.  
He has discussed the change widely (Wokingham and South Reading PBC Groups, Clinical Executive, PBC Leads and with many other GPs).  
(LMC GPs in Newbury felt that there had not been any consultation with them.)  
There were a lot of GPs who supported the change in Reading or Wokingham.  
There was a safety issue for patients on DMARDS when their usual GP went on holiday. Who checks the blood results?  
The Dawn service is excellent and will cover 800 patients.  
In the country there are 50 Trusts that use DAWN.  
There is the potential revenue loss to practices but above all the change is about patient safety.  
This is the same technical system which operates the INR service and there are no problems with the INR service.  
DB said that he had approached the Wokingham PBC Group about developing a locality based Rheumatology follow up service and they had said no.

### **LMC rep views**

The difference between INR and the DMARDS is that INR patients expect medication changes but with rheumatology patients their medication only needs changing very occasionally.  
Would GPs be notified that the medication needed changing for rheumatology patients?  
(DB said that any medication changes will be clearly labelled on the result for the GP.)  
GPs felt any new service needed to be competent, coherent and clear.

### **Cross Boundary Patients**

DB felt 112 patients were outside the boundary.  
Swindon patients will be OK as they operate the Dawn System.  
For those 60 patients whose Trusts do not operate the system, the PCT will have to produce a LES to continue the existing service.  
The PCT intend to have the new system up and running in 3 months time when the old DMARD LES will cease.

### **Specialties other than Rheumatology**

GPs asked why Gastro and Dermatology patients were not covered by the new system.  
DB said that this was because the monitoring requirements were different and not so onerous.  
Additionally the LES did not cover these conditions.

LMC recognised that the decision has been made to go with DAWN and not the DMARD LES.  
They were anxious that a protocol should be produced so that GPs understand what is happening at the hospital.  
Also the LES should not end until it is clear what happens to cross boundary patients.  
It may be that the DAWN service will not be universally available by 1.4.10.

LMC stressed that PCTs were encouraged to move activity from Secondary to Primary Care.  
The current change to DAWN seems to represent the opposite.

**Action Point: The PCT to produce a written description of the new system and to sort out cross county patients before the LES is abandoned.**

### Notice of intention to alter a LES

PHR said that the PCT were giving practices 3 months notice of the withdrawal of a LES that was likely to be altered, but not notifying practices of what will be replacing them. It could not expect practices to produce a new service at a day's notice.

MM agreed that this was not acceptable and would feedback to PHR after consulting with Public Health.

**Action Point: MM to feedback to PHR.**

### Swine Flu Vaccination

PHR asked about the vaccination of housebound patients.

LMC has received reports of DNs declining to vaccinate the housebound because of existing workload.

The DES seems to require the PCT to obtain a list of housebound patients from practices, and then commission a service, presumably via district nurses.

LMC asked the PCT if they had approached practices for such a list and whether they had formally commissioned a service to deliver the swine flu vaccination at home.

Christine said that DNs should be providing the service of vaccinating the housebound with any spare capacity they had.

LMC felt this answer implied an informal commissioning relationship only.

LMC asked the PCT to check how comprehensive the DN response had been.

PHR has spoken with Prof John Newton (the Swine Flu Co-ordinator at the SHA).

He had been asking how the vaccination programme was going and mentioned that all PCTs were reporting it was going well. PHR was unhappy with this type of self reporting, especially when real problems are not picked up.

In parts of the Thames Valley, DNs are struggling to get this work done.

The recent CMO report highlighted the elderly as having the highest case mortality.

This group should therefore be vaccinated as a priority.

**Action Point: PCT to investigate issues with vaccination of the housebound.**

### Notional Rent Reductions

PHR said that the Premises Directions state that the notional rent reimbursement should be upward only. The PCT has taken advice and stands by their decision to reduce it in one particular practice.

PHR felt this could end up with the NHS Appeals Authority.

MM felt that the Directions were ambiguous.

She had contacted the PCT Primary Care Contracting for an opinion on what the Directions mean.

PHR felt that on 8<sup>th</sup> January 2009, Hugh O'Keefe had stated at a Liaison meeting that the PCT accepted the LMC interpretation of the Directions.

**Action Point: MM to feedback to PHR within 2 weeks.**

### Threshold and Effective Prescribing Policies

DB spoke to this issue.

PCT has produced three policies on tonsillectomy, hysterectomy and grommets, (they are NICE based).

The plan is now to move to pure therapy policies: two new ones are Cataract and Hip and Knee replacements.

The Cataract policy will follow the Oxon one.

The PCT will make it clear that only patients that have vision that would fail the driving regulations will be eligible for cataract replacement.

LMC said that it was generally opticians who initiated referral of patients for this surgery.

They must be informed of this new requirement so that they did not raise patient expectations.

DB chairs the Eye Forum and would raise the issue there (LOC involved).

There would be exceptions to this rule such as those patients who had problems with glare or distortion and these cases would go to the Case Review Committee.

GPs were concerned about the quality of the opticians in some practices.

There was no Performers List, just a list of organisations that were contract holders.

MM said that it was hoped to have a national Performers List system shortly.

For Hip and Knee replacements the Oxford Scoring system would be used.

LMC asked that no new forms be required for these services.

They also asked if it would be possible to link C&B to the fact that a referral needed a certain form to be filled in.

The PCT have a new Doctors Desktop and this would be where all the new forms would sit.

### 'Care For the Future'

DB reported a new initiative as part of World Class Commissioning.

East Berks, West Berks and Bucks PCTs are working in 4 clinical working groups: each will be chaired by a Medical Director.

DB is chairing on Elective pathways and Jonathon Fielden will be chairing the Emergency Pathway.

The aim is to have one high level document to address relevant issues.

Elective Care will be looked at in terms of where it takes place and whether it should be linked with emergency care.

Meetings will take place and will continue to look at the way the services are delivered and will work on new areas in the future.

The information will not be confidential but it is too early for any detail to be available yet.

Janet Fitzgerald is in charge of this initiative and McKinsey will be providing support.

West Berks will see fewer changes than the other 2 PCTs as they only have one District General Hospital.

### Violent Patients Service

The current provider (Bucks Forensic Physicians) has given notice of withdrawal from the contract. They only became the provider in August last year (prior to this it was provided by Westcall). PHR felt that the reasons leading to the withdrawal may make it difficult to obtain a new provider.

The provider has withdrawn the service to all because of the behaviour of one individual who was extremely demanding (the contract is all or nothing). MM said she had contacted the DoH to see if there is a point where an impossible patient can no longer receive primary care services. A response is awaited.

The Walk-in-Centre (WIC) has apparently seen 3 of the patients who should be receiving care under the violent patient scheme. LMC asked the PCT if the WIC had been informed of the names of these violent patients.

**Action Point: To await a response from the DoH.  
PCT will check if the Walk-in-Centre is on the distribution list.**

### Audit of Oxygen Prescribing

PHR said he had concerns about a letter from Alan Galloway to practices, requesting a clinical summary on all patients using long term oxygen therapy. He had spoken to Bill Jenks who claimed to be the author of the audit. The summary will be used by respiratory nurse when (or before) she phones patients. PHR has asked if the request had been passed by the PCT Caldicott Guardian. He was told they could not guarantee that it had. PHR wished such requests to comply with the Data Protection Act.

**Action Point: MM to investigate this issue.**

### Pharmacy Arrangements over Christmas and New Year

There had been a problem on New Year's Eve 2009 due to a pharmacy sending staff home 2 hours early due to the deteriorating weather conditions. MM will be meeting with Maha about this issue.

In December 2006 the PEC had made a decision that it did not need OOH pharmacies because so many were open and there was a 100 hour pharmacy. If people could not get their medications, Westcall would be able to provide them. As a result of this the PCT had decided to only commission a Pharmacy service on Christmas Day and Easter Sunday.

Emergency medication is usually carried by GPs to allow patients to start the medications and then get further supplies once the pharmacy opens.

The main problem is when visitors forget to bring their very complicated medication regime and these are not medications that Westcall or GPs stock.

MM said that it was only from 4-8pm on Sunday that there was a problem and that the opening times of pharmacies should be available on the PCT desktop.

A pharmacy was needed to cover the Walk-in-Centre should there be a need to dispense.

MM said she would be asking Maha to speak to Janice at the Walk-in-Centre.

### Cross Boundary Cytology

Because cytology is managed by patient address rather than GP practice location, some patients had their practice system for result terminated before the TVPCA was up and running for the PCT area they lived in.

LMC felt that the report from Christine Cooke suggests the PCT have now solved this problem.

PCT has identified 98 women, 78 in East Berkshire, 20 in Oxon; 19 of these should have early repeats and are in the recall system, one was referred for treatment who would have received a direct referral.

The PCT have contacted Hants PCT who have said that it will be 3 months before they can implement the new results service and then it will only likely be one hospital at a time.

LMC was happy that this problem had been largely solved but was anxious that Hants had not implemented the recall system which should have been in place by the end of 2009.

PHR said that he had raised with this Hants LMC and would be pressing them to solve this.

**Action Point: PHR to contact Hants LMC to ensure that this is solved.**

### Date of Next Meeting – 11<sup>th</sup> March 2010

The meeting closed at 3.10 pm.

Present	Name	Organisation
*	Birchall, Carol	LMC Minute Secretary
*	Brock, Nicola	Wokingham LMC
*	Buckle, David	West Berks PCT
*	Cave, James	Newbury LMC
	Foster, Nigel	West Berks PCT
* Chair	Gallagher, Charles	Wokingham LMC
	Harris, Mark	West Berks PCT
*	Hyde, Maria	Newbury LMC
*	Lade, Jeremy	Wokingham LMC
*	McCartney, Maureen	West Berks PCT
*	Mittal, Rab	Reading LMC
	Moneim, Tarek	Reading LMC
*	Morando, Sarah	Reading LMC
*	Naran, Kish	Reading LMC
	O'Keefe, Hugh	West Berks PCT
	Owen, Anne	West Berks PCT
*	Roblin, Paul	LMC Chief Executive
*	Smith, Rod	Reading LMC
	Waddicor, Charles	West Berks PCT
*	Westcar, Paul	Newbury LMC
	Winfield, Cathy	West Berks PCT

**Apologies:** None received

**In Attendance:** Christine

**Date of Future Meetings:**

**13.05.10      08.07.10      07.10.10**