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MINUTES OF WEST BERKSHIRE LRC/PCT LIAISON MEETING **Thursday, 11th March 2010** **Room G26, 57-59 Bath Road, Reading, RG30 2BA** **2pm – 3:30pm**

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Minutes of Previous Meeting (14.1.10)

The minutes from 14th January 2010 were agreed as a correct record of the meeting.

Matters Arising

DAWN Service Protocols

Jackie Lonsdale attended for this item.

MM had sent out a summary of the Dawn process.

LMC GPs were concerned that the document states that blood tests would be “initiated in Primary Care” even though the LES would be discontinued.

JL said that the patient would attend the surgery for the blood test but they would be self presenting; the practice would not be involved in calling them in.

JL thought it would be better if GPs wrote the request form. The GPs present disagreed.

If all but the physical taking of blood was now the responsibility of the hospital, they should write the forms and send them to patients. This was the logical consequence of discontinuing the LES. It was agreed that practices would do the blood tests under the WB phlebotomy LES, provided the patient attended with their blood request form.

The document also says that if a patient DNAs an appointment, the hospital would inform the GP. LMC GPs felt that it would be better for the DAWN system operators to communicate directly with the patient.

The INR system was a good example of how the DAWN should work.

Consultants should also communicate to GPs when they should stop prescribing if the patient had continued to DNA blood tests (again along the same lines as for INR).

Up until now GPs have been responsible for the decision on when it is safe to prescribe anti-rheumatics. Now it is the hospital and the DAWN system that are responsible. Commissioners have decided that the hospital will have total responsibility for rheumatic patients in the community.

GPs need to know that they are prescribing safely, and asked how they would be informed of the patient's blood test results?

JL said that there will be 3 routes for this in the DAWN upgrade (email, the Gateway and fax).

When a result is sent which changes the medication a request is made that the sender is informed that it has been received.

GPs asked who the email would be sent to; JL said the PM.

LMC asked whether the email address needed to be an NHS.net one or a K number address.

In Oxfordshire the MSK service had run into problems when it had used K number email addresses; IT governance had said they were not as safe as NHS.net addresses.

LMC also pointed out that not all GPs within practices use email.

With faxes, the hospital must be certain that they were sending to a Safe Haven fax number.

GPs said that they received out of hours reports from Westcall via a mail box which was accessed every day by a member of staff.

JL said that she would progress this as "it should be simple to produce a similar system for DAWN".

GPs said that the simplest method to communicate prescribing requirements was to add this to the results that they were sent.

GPs questioned whether this was shared care.

It was with the LES but now all the responsibility sits with the consultant and the GP merely prescribes.

Why could the consultant not also prescribe in a similar way to the Dermatologists with Roaccutane or for certain dementia or cancer drugs?

JL said that Rosemary Croft who was a GP had talked to the appropriate people and agreed a way forward.

The change had also gone to the 3 PBC leads across the localities; it was recognised that there were problems in Newbury.

JW said that his partner was the PBC lead and he was not happy with the system.

PHR asked if it was safe to withdraw the LES in 3 weeks when there appeared to be so many issues unresolved.

JL was confident that these issues would be sorted out in time.

The LES will continue for those patients who do not receive their care at a Berkshire West Hospital. This affects Newbury patients. CG said that he also had patients who received care elsewhere.

JL said that RBH will be producing a list of patients who are covered by the DAWN system and this will be sent to practices in the Newbury and Wokingham area asking them to identify any patients who are not covered and needed to be added to the LES.

Action Point: Jackie Lonsdale to resolve practical issues before the LES is withdrawn in 3 weeks time.

Violent Patient Services

The PCT are carrying on with the original provider for this.

Pharmacy arrangements with the Walk in Centre and Westcall

MM said that a LES was being developed for this.

JL said that from last weekend Westcall had not been providing this service.

MM said she would check this as she thought they were.

JL said that it was a requirement on OOHs that they not only see the patient but prescribe at the same time and in the same place and wondered why the Walk in Centre could not have the same arrangement?

Action Point: MM to progress this.

Results of GP Self Assessment Child Protection Audit

Sarah Whittaker attended for this item.

PHR asked what the PCT had learnt about child protection from the self assessment audit.

SW said that from the small numbers of practices who had replied they had learnt that generally things are quite good in GP practices (30 practices responded which is a 57% response rate).

There was concern about the practices that had not responded as the PCT had not learnt enough to have a comprehensive picture.

LMC asked about the requirement in question 5 to record the child's school. It was not generally a piece of information that practices would hold and it was not known how the score could be 60%.

SW said that this question was combined with the question does the practice have a robust facility for flagging that a child/young person/vulnerable family is at risk and this is probably what the % related to.

Lessons have been learnt about how to ask unambiguous questions in future.

The PCT were asked how they were going to support practices as declared in the introduction to the self assessment.

The PCT said that they wanted to work with the LMC on this and asked how this could be achieved.

30 practices have responded which is 57%, it was not known what % of the population this covers as it was likely that the small practices would have greater representation in the non-responders.

GPs felt that PCT efforts should have been geared to look at GP competency on child protection and ensuring that adequate training was available.

PHR agreed to help the PCT on this issue.

What the PCT need is a policy which engages practices.

Practices all have policies as this is a requirement of QoF.

JC said that he had attended an excellent 1 day course on child protection which had catered for GPs' needs.

The PCT needed to find someone to champion this at a clinical level and get practices to think about their role in child protection.

JL said that Westcall now had a list of children on the register and the service had seen 10 in the last month. He is required to inform Social Services of this fact.

When he had rung Social Services they did not know who he was and despite reporting this 3 days ago he had not received any feedback.

GPs said that Social Services were a problem.

If an alert message was passed to someone in any other service GPs would generally receive a letter back informing them what had resulted, but this did not happen with Social Services.

It was suggested that appraisers could check that GPs were up to date with child protection skills.

It is written into PMS contracts, but GMS practices would need to be looked at.

The LMC said that they would support sensible courses of action that led to GPs playing their part in safeguarding children.

SW said that there was a meeting planned in 10 days time to which PHR or CG would be invited.

If this was too soon to alter arrangements, they would be invited to the following meeting.

Action Point: LMC and PCT to work together on this issue.

PCT to invite an LMC representative to attend the next meeting of the Safeguarding Children Group.

Healthy Child Programme

The Child Health Protection Programme has been renamed Health Child Programme.

There are a number of documents which support this taking the child from birth to 19 years.

As requested by LMC for some time, a WB PCT document has been drawn up with input from colleagues in public health, HV and School Nursing.

This outlines the requirements by age for examinations and vaccinations and who does what.

Currently a HV only visits a first time mum antenatally.

However, from April 2011 HVs will visit all mums who are vulnerable or dependent as determined by the Midwife.

The next change is that HVs will visit all babies by one year of age. This will mean that in Reading the GPs will not be required to do the 8 month checks from April 2010.

A 2-2.5 year check will be done by the HV team from April 2010; there is guidance about what will be included in this check.

LMC felt that given the previous postcode lottery, practices should be alerted to the checks that have stopped or started in their locality.

PCT said that they would be informed and the implications of each change in specific areas would be highlighted.

LMC asked if rather than duplicate things, or spend a long time filling in forms, the reporting element of the programme could be electronic.

It was suggested that PMs should be contacted and asked how the system feels and how the use of IT could improve things.

Action Point: PCT to write to practices highlighting which areas have changed and how this will affect certain areas.

PCT to contact PMs and ask for feedback on the current reporting systems.

Communications with Locums

PHR's request has been discussed at the recent SHA Primary Care Leads meeting. WB PCT view has been that getting local NHS documents to locum GPs should be the responsibility of the practice the locum is working for.

GPs said that this was a problem if a locum only worked for a practice on a very few occasions; how much information should the practice be expected to give them?

It would be easier and better for the NHS if these GPs received communications from the PCT.

The cascade system within practices does not work for peripatetic locums.

This was a legitimate part of the PCT responsibility for its performers' list (MPL).

MM said that John Derry's view (in February 2009) was that it was the employing practice's responsibility to inform these GPs.

PHR felt that JD's view had moved and he was now more sympathetic to the argument that the PCT should ensure locum GPs received all relevant local NHS information.

MM said that these policies should be on the PCT intranet (ie nww site).

GPs said that the problem was this site could only be accessed from an NHS computer so they could not be accessed from home.

It was agreed that MM and PHR would progress this issue.

Action Point: MM and PHR to progress this

Extended Hours/Enhanced Services

Some ES are still outstanding.

CVD had been sent to the LMC but the PCT were still awaiting a response. There is an issue on capping which will be on payments and activity.

PHR said that he would look for this but did not remember receiving it.

Weight Management and Alcohol is limited to a small number of practices.

Choose and Book will be rolled over until 30th June by which time the PCT hope to have received extra money to develop it.

Smoking Cessation specification and the new service from April needs to be communicated to practices.

MM read out an email that will be sent out to practices explaining the new services.

The ES will only reward success in quitting, and practices may not be in a position to employ the staff to do the work on this basis. They may therefore decline the LES.

MM was asked about the issue of giving practices 3 months notice that an ES might be modified.

LMC did not feel this was proper notice. No practice could plan until it knew what the change would be.

PCT Provider Arm

See Transforming Community Services (TCS) on DOH website:
http://www.dh.gov.uk/en/Healthcare/Primarycare/TCS/DH_100199

The PCT have been told that they have to divest themselves of their provider services without cost escalation.

This has to happen quickly (possibly by April 2011).

JL said that his staff are upset by the uncertainty and fear of the future.

NF reported that the SHA has told the PCT that it has to develop plans for TCS by the end of March 2010. By the end of March 2011 the SHA expect the PCT to have made significant progress.

What this means remains to be seen.

The PCT Board in March will be given a number of options which can be taken forward and explored with potential organisations and groups as willing recipients of the PCT provider arm.

The PCT have found that the timescale is not the desired timescale.

To provide both capacity and knowledge, Anne Owen from the PCT has been moved from a provider role to a commissioning role.

Some of the services sit obviously with one provider but others are not so easily placed and the PCT do not want these to end up in a vacuum.

It may be that with the tight timescale, an interim provider takes on the services until they can be more appropriately placed.

The concern is that in being integrated with other services, provider services (including OOH) may be subsumed within the services of the host.

There are fears that DNs could become secondary care staff and their community role disappear.

PHR reported that Oxon PCT was going down the route of choosing from various secondary care providers that had been encouraged to put in tenders. He would be receiving a bundle of tender documents over the weekend and attending a meeting with the PCT to discuss them.

Bucks have decided to go with an organisation comprising the 2 PBC groups and the secondary care trust (ie a combination of vertical and horizontal integration).

NF said that Berkshire West PCT was not moving as quickly as those two PCTs.

Date of Next Meeting – 13th May 2010

The meeting closed at 3.30 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	Newbury 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: Dr Buckle

In Attendance: Sarah Whittaker, Jackie Lonsdale and Sally Murray