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MINUTES OF WEST BERKSHIRE LRC/PCT LIAISON MEETING **Thursday, 9th July 2009** **Room G29, 57-59 Bath Road, Reading, RG30 2BA**

CONTENTS

Minutes of Previous Meeting	1
Matters Arising.....	2
CHS Specification.....	2
CAMHS.....	2
Alteration of Practice Boundaries	2
Swine Flu	2
PE7 & PE8 (Patient Survey) Results.....	3
PCT Data Requests and the Law on Confidentiality.....	4
Update on Practice Profiles	4
Access	4
SUIs (Serious Untoward Incidents).....	5
Clinical Engagement	5
Violent Patients	5
Payments Protocol.....	6
Confidential Waste.....	6
Date of Next Meeting – 8 th October 2009	6

PHR apologised for the cancellation of the May meeting.

This was due to the start of the swine flu outbreak when it was unlikely either GPs or members from the PCT could attend.

Minutes of Previous Meeting

The minutes of 5th March 2009 were agreed as a correct record of the meeting.

Matters Arising

CHS Specification

HO reported that the new person was in post and was now working on this issue.

CAMHS

GPs report many difficulties with the imposed referral form and the high rejection rate by Berkshire Healthcare Trust.

LMC plans to ask the senior person with CAMHS to attend the Berkshire LMC meeting on 8.9.09.

PHR asked the PCT for details of its commissioner for Mental Health: it would be very useful for him/her to attend the meeting. Sally Murray identified by PCT attendees.

The PCT said that they recognised that there were problems with CAMHS and were in the process of tendering for a new service. It is hoped that this process will resolve the problems.

PEC Clinicians have been involved.

LMC hoped that in the tender specification the PCT would be ensuring that acceptance of referrals was not dependent upon the completion of the contentious form and would place severe limits on limit referral rejection.

It was generally agreed that once a referral was accepted the service received was good.

Action Point: To invite CAMHS and Sally Murray to the next Berkshire County LMC meeting.

Alteration of Practice Boundaries

LMC understood that the university practice had recently altered its boundary (shrunk).

The PCT had supposedly consulted all affected practices but it appears that one potentially affected practice in Wokingham was not contacted.

The PCT said that this was an oversight.

Swine Flu

GPs reported that after requesting pandemic plans, the PCT rejected many as being inadequate.

The whole exercise seems very bureaucratic; practices were working hard to cope with the rising incidence of flu and it appears that this is a PCT tick box exercise.

GPs also reported that the reasons given in the rejection letter were incomprehensible.

GPs said that some of the reasons for rejecting the plan were given as ethical and cultural issues.

This did not seem appropriate.

It was suggested that if it is a PCT requirement that practices have a plan, then a template be sent for them to complete individually.

PHR said that he would encourage every practice to develop a plan and DB said he would try and stop the PCT being bureaucratic.

The LMC suggested that the PCT identify sensible practice buddy groups (locality based) and not wait for these to evolve spontaneously. If there were reasons why nearby practices could not work together then they would have to sort this out.

The anticipated TVEA Sitrep web page displays summary practice data according to buddy groups. The time may come when individual practices need help from others in their cluster.

JL reported that the OOHs service may reach a stage where the workload exceeds the workforce available.

He speculated that in the worst case scenario, GPs may have to take back responsibility for their own patients out of hours.

JL said that he had asked GPs to sign up to help but had only received 2 responses.

LMC GPs said that this could be because it has been a long time since they had worked for the OOH service and there was anxiety that the systems being used would be unfamiliar to them.

In East Berks the OOHs provider has produced a system whereby GPs can triage patients from home. West Berks would have the same system in place in a week's time.

All data would be recorded on the OOHs computer by voice recognition software.

PHR predicted that Sitreps will be a big issue for practices.

The PCT will need real time information on staffing levels and patient demand.

Prior to adopting the TVEA system, other PCTs are setting up twice weekly group email systems for this task.

Action Point: PHR to encourage practices to develop a practice plan and DB will try and stop the PCT being too bureaucratic in assessing them.

HO to investigate what the PCT's position was on reporting staffing situations within practices.

PE7 & PE8 (Patient Survey) Results

The PCT has received 25 appeals.

If the confidence interval is 7% or less, the appeal will be rejected.

If it is more than 7%, the PCT are looking at the evidence the practice has supplied to support the appeal.

A number of these appeals have already been rejected and others are ongoing.

It was unknown what the PCT adjustment will be should an appeal be successful. HO agreed to find this out.

The LMC said that these appeals could become quarterly from now on, and the PCT could find itself with a recurrent problem.

The LMC said that they would encourage practices to perform their own patient questionnaire so that they have data to support their appeals. GPs said that they would need to know what the sample size should be etc but there was a danger that patients would not want to complete recurrent questionnaires.

PHR said that in Bucks he was working with Geoff Payne, Caroline Langley and Debbie Ratu and he would forward HO the information.

Action Point: HO to investigate what adjustments will be made should the appeal be successful. PHR to forward HO the paperwork from the Bucks discussions.

PCT Data Requests and the Law on Confidentiality

PHR had written a document for all Thames Valley PCTs to adopt. This had been written following requests from MK PCT for practices to supply ethnicity data. That PCT had found it was failing a target on ethnicity data on referrals to secondary care. The PCT had extracted the data from practice systems and had met the target. It was doubtful that this request conformed to the Data Protection Act (DPA).

The PHR paper summarised the NHS Codes of Practice, particularly where data is not requested for care of individual patients but for NHS administration.

East Berks LRC has already suggested 2 additions to PHR's document:

1. The reason for the request must be given to practices
2. The PCT would not ask for information that could be obtained from other sources.

On behalf of Sarah Whittaker, Philippa Knighting has sent out a document to all practices listing the audits that will be requested from them throughout the year. Has the PCT checked that these comply with the DPA?

DB also gave a presentation.

When the PCT requests information from general practice there have been concerns that the requests are genuine but the need to protect patient data and confidentiality is considered vital. There have been problems with the data that South Central have been requesting and the PCT want to avoid this. The problem is that there are no defined rules only guidance. There is also the problem that things are changing very rapidly but the PCT want an efficient system where clinicians and the PCT are working closely together and it was seen that the only way to achieve this was with PBC. South Central have a Commissioning Enablement Service and the Director of Finance is involved in this process. The PCT are working with United Health who are funding this work and GP data is needed.

Concern has been expressed regarding the risk that primary care data could be lost. DB assured GPs that there is no risk, all data is pseudonymised and patient data is encrypted.

It was agreed that the PCT and LMC would work together on this.

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

Update on Practice Profiles

Data populated profiles are about to be sent out to practices. The LMC recognised the right of the commissioners to collect data but the scoring of hard data was contentious, especially when the subjective score affected maternity and premises reimbursement.

Access

The new GP led Health Centre will be opening on 10th August. There will be 3 full time GPs. The work will qualify for NHS pensions.

SUIs (Serious Untoward Incidents)

Karen Harrison spoke to this.

In addition to any QOF obligations, WB PCT is now asking that practices report serious untoward incidents directly and immediately to them.

Last year the PCT received only one report from a practice.

It is not intended that this becomes a bureaucratic exercise.

From April 32 SUIs have been received across the whole health economy.

An SUI could be an example where the practice does not know how to deal with an issue and the PCT could help with this.

The PCT want to avoid the media getting involved and if an SUI is reported the PCT can usually prevent this: the aim is to be supportive.

In the interests of system learning, LMC felt able to support the sharing of experience, but wished to ensure only serious issues were shared and confidentiality preserved.

PHR also agreed to simplify the document so it did not appear so forbidding.

He would liaise with Karen Harrison on this.

Clinical Engagement

DB spoke to this issue.

It had been planned to consider changes to the PEC when the 3 year term of the current PEC expired.

It is now felt that change is more urgent and required before next year.

The PCT wants to have more clinicians working within the PCT.

In Cumbria PCT there are 4 medical directors working on the commissioning agenda.

The LMC represents GPs in some ways but this initiative is about other forms of representation.

There are practical issues about non-doctor representatives that need to be solved.

Communication also needs to be improved.

DB stressed that if anyone had any comments or wanted to talk to him, they should email him.

Action Point: PHR agreed to advertise the initiative.

Violent Patients

The PCT are looking for a new provider.

Nick Reidy's team is likely to be appointed.

The final decision is expected on Monday.

PHR said that Oxon had recently reviewed its processes and paperwork with Nick Reidy.

Action Point: PHR to send HO the new Oxon documents.

NR, PHR and HO to work together on this.

Payments Protocol

The PCT are trying to tighten up their systems to ensure that payments go through more smoothly. It relates to contract/ES/premises payments and is more about the interaction between PCT and TVPCA.

Confidential Waste

A letter has gone out to practices giving 3 months' notice of the cessation of the existing service. This is a change that under the Premises Costs Directions 2004, the PCT could have implemented many years ago.

See http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_4078585

The PCT felt that provided papers were shredded they could go into the normal waste.

Date of Next Meeting – 8th October 2009

The meeting closed at 3.15 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
*	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: Dr Moneim, Charles Waddicor & Maureen McCartney

In Attendance: Karen Harrison

Date of Future Meetings: **08.10.09**