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MINUTES OF WEST BERKSHIRE LRC/PCT LIAISON MEETING Thursday, 8th October 2009 Room G29, 57-59 Bath Road, Reading, RG30 2BA

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Guest Item CAMHS

CAMHS has been raised repeatedly as an issue at Berkshire LMC meetings but County dates had not been convenient for commissioners or providers so discussion at LRC (East and West Berks separately) was therefore chosen.

LMC felt the purpose of the meeting was for GPs to explain the issues they had with the current CAMHS provision with the aim of influencing the new tender specification.

SM said that the new tender specification has been written following consultation with stakeholders and GPs during May and June 2009.

The consultation was carried out by an independent consultant (CALM:PD).

Interaction between health and local authorities varies across the three areas comprising West Berks, so organisation of services can vary.

There are 4 tiers of CAMHS provision.

The specification is for tiers 2 and 3 of the service.

Tier 1 is when a worried patient visits their GP with anxiety, depression etc. The intervention advised might be talking about their issues with teachers or counsellors.

Tier 2 as applied to West Berkshire and Wokingham (not Reading as they commission their own primary mental health workers) would be an approach to anyone in the acute service such as CAMHS.

Tier 3 is a more specialist commissioned service and tier 4 is a case for referral to acute services which may result in in-patient stays and regional forensics, etc.

Many GPs have commented that they did not know the consultation was occurring.

PCT reps said that it had gone out via David Buckle and Philippa Knightly to all Practice Managers.

One theme in the feedback was prescribing issues and shared care arrangements.

The tender is being slightly altered in view of the TUPE arrangements which had not been considered.

Once the finances have been agreed the PCT will go back out to tender.

The aim is to have the service fully operational by 1st July 2010.

The specification is now in the public domain and can be viewed; it is a joint document with the PCT, West Berkshire, Reading and Wokingham District Council.

(After the meeting PHR tried to find it but failed.)

The top 5 issues raised during consultation were:

- People did not understand the tiers system.
- The users of the service did not want to go through a door marked 'mental health' but wanted it to be located amongst other user type services.
- Referral to the service is an issue and a clear process was needed.
- Communication with clients and other stakeholders needed to be improved.
- When a client frequently DNAs in future, rather than being discharged they will be actively followed up.

It must be clear who has responsibility for prescribing: work being carried out with the provider.

Although the specification has now been written it may be possible to make minor changes but that would be all.

LMC reps said that it recognised that there were staffing issues but patients were only receiving a very patchy follow up from the service.

GPs said that referrals have always been a problem. The form that CAMHS insists on being completed asks for data that the service needs to collect, and not that required to justify and explain a referral.

The best person to get such data from is the patient or their parents.

No referral should be rejected because the form has not been filled in completely.

SM said that the CAF form was a database requirement from the Children Act.

NHS Commissioners seem to regard the CAF form as an appropriate referral form and feel GPs should be able to research and find out if such a form has been raised in the past.

GPs strongly disagree with this view: a narrative referral letter to the service should be sufficient.

This would specify what the problem was that they wanted addressed.

The problem has been that the service insisted on the CAF form and this often means that the referral is delayed or held up.

The system in Reading was different to the rest of the area as they had their own Primary Mental Health workers and GPs needed to go through their local commissioners.

LMC accepted that not all GPs were good referrers and would back the PCT if referrals had to be returned due to such inadequacy.

When the new provider is in place, the PCT wanted GPs to have access to clear practical referral pathways and thresholds.

Understanding of how the system works and its structure is vital to services being used properly.

Quite often parents will come to the GP and say that they have been told to get a referral by the school.

LMC suggested that a good Q&A document should be produced which can be sent to the school stating that it is their responsibility to refer to some services, not the GP.

GPs asked that if a referral was rejected by CAMHS, that both they and the patient should be informed that such action has taken place. In the past failure to do so has caused many problems and delays in care.

In other areas CAMHS has regular meetings with GPs and BHCT reps wondered if such a service could be set up in Berkshire West.

PHR felt that there needed to be dialogue with the commissioners, providers and primary care to talk through issues.

Priors Court (a sizeable boarding school for autistic children near Newbury) was discussed.

The day to day medical care was provided by Dr Cave's practice.

The national funding rules have changed.

Only patients who were placed in West Berks before 1st April 2007 would be paid for by WB PCT. Other residents would remain the financial responsibility of the authority that placed them in the county.

LMC felt strongly that patients should be treated in the first instance by West Berks providers and the issue of who pays for it should be sorted out later.

They are after all, both resident in the county and permanently registered with a local GP.

The home should get an advance guarantee from the authority admitting the patient that they would finance any specialist care that was needed.

OOHs services need to be made aware that these children have equal access to local OOH providers and the finance issues sit outside their local health care provision.

HR raised the shared care protocol for Methylphenidate (Ritalin); DB said that there was a LES which covered this and MM agreed to send HR a copy of this.

In Newbury GPs are reporting that patients are being sent to them from the Psychiatrist asking to be started on medication. NICE guidelines dictate that shared care medication should remain exactly that, shared with the psychiatrist initiating the treatment and following patients up for review.

Following discussion it became clear that PHR would have to go through the practical referral processes with the new provider once one had been chosen.

DB said that although he would be sitting on the panel he would welcome the input of another non-PEC, non-PBC GP and would possibly contact the LMC for the name of such a person.

Action Point: PHR to establish dialogue with the new provider once appointed.

Minutes of Previous Meeting

The minutes of 9th July 2009 were agreed as a correct record of the meeting.

Matters Arising

Data Sharing

PHR said that he would not support LMC signing the paper drawn up by the PCT.

The Data Protection Act (DPA) guides the sharing of data is, not a local document which may or may not conform to it.

If GPs want to share un-anonymised information without consent, the DPA permits this for the public interest, part of which is health NHS planning.

Action Point: PHR agreed to communicate this decision to Eve Baker.

2010 Liaison Dates

14.1.10 11.3.10 13.5.10 8.7.10 7.10.10

The dates supplied are roughly the same as for 2009; all the meetings are on Thursday.

Swine Flu Vaccination

In his letter to PCTs, Ian Dalton states that any patient vaccinated by the DN will not incur a charge for GPs even if the patient was not on the DN caseload.

MM said that this was the case for Swine Flu but not for the seasonal flu.

PHR warned the PCT that there would be the possibility that they would be paying twice for swine flu vaccinations.

Every practice will receive a payment of £5.25 for every eligible and vaccinated patient on their list regardless of who administered the vaccine.

He predicted the DN service would also be charging the PCT.

National guidance does not include receptionists in the workforce list for vaccination.

Receptionists were vital to primary care organisations and GPs felt they should be vaccinated.

CC reported that she had passed this upwards through the system and PHR agreed to pass this issue to the GPC.

The PCT have been told that the vaccines should start to be delivered at the earliest on 19th October but the initial supply would only be 500 doses per practice.

The PCT have not yet set up a group following the DOH document on primary care capacity and escalation policy.

PHR reported that LMC sat on the equivalent group in other PCTs.

Action Point: PHR to raise the issue of reception staff receiving the swine flu vaccination with the GPC.

Access Appeals Update and GP Patient Survey

MM reported that 2 practices were appealing and their appeals would be heard shortly. PHR asked for a copy of the PCT criteria against which they would be judged. He wished to discuss these appeals with the practices concerned. So far across the Thames Valley, no appeals have been successful as practices have usually been unable to supply an alternative survey result.

Action Point: MM to let PHR have a copy of the appeals criteria.

Anticoagulant Workload

Secondary care departments (eg Cardiology) that used to refer for anticoagulation are now referring patients back to general practice for onward referral to anticoagulation. The RBH guidance lists a workup with a significant workload yet the PCT does not commission a level 1 LES. MM said that PHR should talk to DB about this.

Action Point: PHR to liaise with DB about this issue.

Safeguarding Children Board and Collaborative Arrangements

GPs are getting more requests for reports and action on children from local authority departments. Some of this work is not covered by essential services and therefore attracts funding under collaborative arrangements.

PCT Audits (tick box or important?)

PHR wished to stress that PCT initiated audits should have demonstrable benefit and should not be a tick box exercise designed to satisfy the DOH. The recently withdrawn and re-issued Safeguarding of Children Audit had been taken from another PCT suggesting little local thought on its usefulness. MM reassured the LMC that the audit was not a tick box exercise.

Reading Walk In Centre: Patient Pathway

This related to the issue of the Walk in Centre referring patients and whose activity sheet they would appear on. From the figures only 5 patients have so far been referred and all of these have been registered with the Centre. It has been agreed that the Centre will refer all urgents and 2 week waits and no other referrals will be made unless there are exceptional circumstances.

Since it opened on 10th August the Centre has seen 2K patients and registered 200. These 200 had not been registered with another practice before.

The maximum number of patients seen in a day was 86.
The actual consultation cost per patient was not known.

Practice Profiles

On 15th September every practice was sent their 08/09 data for validation.
It has not yet been decided what will be published but something will have to be.
MM said that she would speak with PHR first.

GPs expressed concern with the accuracy of some of the data eg childhood immunisations.
The PCT said that this type of data would not be made public but asked that the practice validate it.
MM said that the PCT would no longer be conducting annual contract reviews as they would have all the information they needed in these profiles.

Action Point: Practices to validate the data supplied by the PCT for 08/09 data.

Clinical Leadership and Future of the PEC

DB reported that he hoped to be reappointed as Medical Director and hoped to hear about the short listed names next week.
It is hoped that the Medical Director will also have a deputy although the advert has yet to be placed for this position.
If he was appointed to the post DB's ambition is to have more clinical time within the PCT.

Choose and Book LES

DB said that the existing LES has been extended for the rest of the year and nothing has changed within it.
His vision is that another LES will be produced next year which will have increased resources with the aim of having all referrals going through CAB, thus making C&B the only way referrals are made. The Referral Facilitation Centre could then be disbanded.
The purpose of this is to ensure that the PCT's figures for C&B are high enough to meet the national target and that the data produced is better.
DB said that if practices wanted help with C&B there were staff available who could offer help and he hoped that the increased resources being put into the LES would encourage more practices to take part.

DB expected to write to everyone with more specific plans.

PCT Funding in a Recession

The PCT expected to receive formal guidance from the DoH.
Guidance from the SHA is expected in the next two weeks.
It is expected that the cost pressure will be of the order £100m in the next 5 years.

PMS Overpayments and Clawback

This has not been raised in the general practice community.

DDRB 2010/11

It is anticipated that this will be the 19th formula again and a possible DDRB recommendation of 0%.

Date of Next Meeting – 14th January 2010

The meeting closed at 3.40 pm.

DRAFT

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: Drs Smith and Brock

In Attendance: Sally Murray, Philip Grady, Chris Cook, Hazel Ramsay and Simon Foster

Date of Future Meetings:

14.01.10 11.03.10 13.05.10 08.07.10 07.10.10