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MINUTES OF WEST BERKSHIRE LRC/PCT LIAISON MEETING Thursday, 13th October 2011 Room G30, 57-59 Bath Road, Reading, RG30 2BA 2 pm

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Minutes of meeting 14th July 2011

HC said that analysis of Practice Profile data in West Berks showed most West Berks practices perform above the national average **on QOF**.

There are still some concerns about performance in a small number of practices.

The amended minutes of the meeting of 14th July were agreed as a correct record of the meeting.

Matters Arising

Emails to Locums

BSS have contacted locums and sessional GPs on the Performers List to set up NHS.net addresses. NHS email accounts have been opened for 46 doctors, 28 have yet to be contacted.

One has refused to accept an NHS.net address.

LMC are concerned about this refusal and asked how the Doctor could assure clinical governance and the Performers List that they were receiving all key update communications without an NHS.net address.

LMC support the PCT in contacting this person and encouraging them to open and use an NHS.net address.

HC asked if the LMC would like to have the list of NHS.net addresses for sessional doctors.

PHR said that LMC would wish to be able to contact these doctors but only if there were no legal or data protection issues.

PCT said that in future LMC intended to send out important information using this method.

HC said that she had expected about 150 locums in West Berks and would be asking the Agency to look in to this smaller figure of 75 to ensure all locums/sessional doctors have been identified.

All new locums joining the West Berks Performers list are automatically put on this system.

Action Point: PCT to contact the one person who has refused to have an NHS.net email address.

PCT/LMC to develop methods for LMC and CCGs to communicate with this list of sessional and locum GPs.

Sharing Agendas and Minutes

The supporting documents for many TEC Agenda items and some TEC minutes are still not provided in good time on the website.

The PCT said that Helen McKenzie is looking into this.

C-Diff in Primary Care

Discussions with Maha have taken place but cover general antibiotic prescribing in practices rather than specifically C-Diff.

Extended Hours DES

The PCT have re-advertised this.

Consultation on 11/12 Practice Profile Content - Chlamydia

The PCT were going to count the number of positive Chlamydia results received from the lab as this is what they are measured on.

However after discussion with LMC they have agreed that practices will be monitored instead using the number of samples received by the lab.

Community IV Services for Cellulitis being Developed for BW

MM said she has spoken to Jackie Lonsdale and Richard Perry is going to have a conversation with CG.

Maha has sent out several drafts of the paper developing this service and received LMC comments.

LMC has concerns regarding use of powerful antibiotics IV without cultures and the calculation of the number of suitable patients as GPs suspect only a small number of patients will meet the entry criteria.

End of Life Care Education Facilitator Project

HC has discussed this with Mandy.

The Palliative Care consultant does not feel that the Liverpool Care Pathway will work locally and was working on developing his own amended version.

GPs raised the issue of ensuring the new Pathway is recordable on GP clinical Computer records.

Action Point: HC to follow this up with Mandy and palliative care services locally.

Antenatal Care – Membrane Sweeps

LMC reported that CG would be taking this up directly with the RBH.

The NICE protocol is that GPs undertake the 40 week check but this now incorporates membrane sweeps and this is something that many GPs are probably not trained or currently practised in.

MM said she had received some information on this and would email it to CG.

Action Point: MM to email the information on this.

CG to write to obs and maternity services at RBH and seek a meeting to address this issue.

Collaborative arrangements – detailed medical reports for Disabled Parking Badge

PR clarified that the Budget for Disabled parking Assessments has been transferred to Local Authorities across England.

Therefore this is no longer part of the collaborative budget and instead is held directly by the Local Authority.

Responsibility for Payment for medical assessment is now with the Council.

The new assessment system should mean that medical reports will only be requested very rarely.

Local Authority staff have been reminded that the new assessment system does not require applicants to seek letters from their GPs.

New structure of the West Primary Care Commissioning Team

MM reported that:

- David Williams is the Cluster Board Director responsible for primary care.
- There will continue to be 2 local primary care commissioning teams (East and West).
- Team members will have responsibilities/portfolios across the entire Cluster.
- MM will lead for Dental and GP Contract performance.
- Jackie Walters in the East will lead on revalidation, appraisal and pharmacy commissioning.
- The aim is to set up a GP Commissioning and Contract Group.
- LMC remain committed to representing GP Providers in these decision making groups.
- There are less resources across the new Primary Care Commissioning teams than their predecessors (reduction of over 25%).
- The smaller team will have to deliver the workload and resources will be stretched.
- The new arrangements are expected to last until July-September 2012 when some elements will transfer to the NHS Commissioning Board and CCGs.

- This is to support the PCT reduction costs but also in preparation for the NHS Commissioning Board.

The PCT is participating in work nationally to set up the NHS Commissioning Board.

The DOH has involved PCT people in developing a paper about the direction of travel for Primary Care.

They say that just over 1/3 of the workforce of the NHS Commissioning board will be involved in commissioning Primary Care.

GP care will move to a single operational model applied across the country.

The PCT need to audit and map all contracts; there are 38K Primary Care contracts across England which need to be mapped and ready to pass over to the NHS Commissioning Board by 1st April 2013.

By the end of the year the PCT need to ensure that all contracts are updated and there is clarity on their clauses, obligations and finances.

NHS Commissioning Board will have some regional presence, primarily through a field force of about 20 in total throughout the country and they will work to develop local relationships.

It is not clear what input the CCGs will have around GP contracts; they may have significant input around improving quality in Primary Care.

It is not yet known what will happen to Enhanced Services within these reorganisations.

Performers List Concerns Group and appraisals will sit with the NHS Commissioning Board but it is unclear at what level they will be organised (local, regional or national).

Commissioning of Primary Care will be via a single contract and therefore the same everywhere; the only variations will be based on health need alone.

LMC asked if PMS contracts will be unified across the country.

It has been discussed at the GPC that the PMS and GMS Contracts will become one but MM said that she had asked this question recently and been told that not much progress had been made on this. There is no doubt that those PCTs who have not yet looked at their PMS contracts will be expected to do so next year to prepare them for transfer to the NHS Commissioning Board.

In West Berks the difference between PMS and GMS is not as large as in some parts of the country.

Medical Appraisal Policy (Clustering of East and West Berks)

It is important that GPs have an annual appraisal to assist them in achieving revalidation.

The LMC have been working to assist GPs to understand this.

LMC want to ensure that all GPs in Berks have an appraisal system that works and benefits from a similar level of investment as elsewhere.

MM said that there are currently discussions on how to merge the 2 appraisal systems (East and West) and to share the same resources.

Jackie Walters is leading on this with David Williams doing the work.

LMC pointed out it is now 7 months after the end of the last financial and appraisal year and yet there is no data on the numbers of GPs who have, and have not, had appraisal locally nor any plans shared on how those who have not been appraised will be managed.

MM said she would follow this up with JW and feedback the concerns about the lateness of the information on those who have not had an appraisal.

PHR said that in Bucks this has been sorted and GPs have been given 28 days notice of the PCT's intention to remove them from the Performers List unless they have their appraisal.

Appraisal needs follow up action to be effective.

Action Point: MM to feed back to JW concerns about the lateness of the information on those who have not had an appraisal in the year 2010/11.

Flu and Housebound Patients (District Nursing Services)

There are number of concerns about this recent communication from the PCT and community nursing service:

- The proposal to charge £18 for people not actively on the DN's list is well in excess of the remuneration that GPs receive for providing the service. MM said that the PCT have no bargaining power on this.
- It would be acceptable if the PCT decide to remunerate practices at a higher level.
- The Community Nursing Provider appears to have made unilateral decisions on limiting their patient group and pricing without discussion with the commissioner or partner organisations affected by their decision (GPs).
- The communication was distributed by the PCT commissioner about the community provider's decision to charge... does this imply the PCT supports this decision?
- LMC understand that the District Nursing service was established to provide services to the community, not just to a limited list of "active patients" that they define. Giving a vaccination is part of nursing care and therefore how can DN services constrain this to active patients? DNs have a responsibility to deliver nursing services to the housebound and the annual requirement to offer vaccinations is part of this.
- MM said that it was clear that the DN would only offer the flu vaccination to those on their active caseload, apparently this is because of limited capacity.

MM said that the DNs would not be providing their own vaccine but would be using practice stocks, JC said that in that case he would be charging the DN service for the vaccine.

LMC asked what will happen with housebound patients who need a one-off ECG or blood test but who are not on the DN case-load. Will they get these tests carried out?

MM said that it would be a good idea to get Fiona and Chris Cook as the lead commissioner to discuss this with JK, PHR and CG.

Prior to this meeting LMC to ascertain what happens elsewhere.

Action Point: MM to get Chris Cook to discuss this with JK, PHR and CG.

Patient Representative Groups: Progress to Date

LMC recognise the requirements in the latest QOF for practices to set up and support PRGs.

PRGs are forming umbrella groups across areas of West Berks .

PRGs may become influential within CCGs.

Practices and PRGs require an infrastructure to support and discharge the PRGs' responsibilities and activity.

MM said that the PCT are only involved with the PPGs and the DES in terms of appropriate requirements for practices to have a PPG.

JK said that his practice have a long standing Patient Participation Group (PPG). Long established PRGs are supporting and advising newly established PRGs on issues such as education, training and development of people who will be the PPG.

Some practices have limited experience of PRGs and therefore are limited in the support they can offer new PRGs.

Some patients say that they do not want to have to depend on the practices for support and resources and they do not want to have to incur any expenses.

MM said that the PCT have a patient and public involvement group (PPI) that may be able to help develop and support PRGs.

The PPI Group are there to support the DES but HC said she would ask if they could help with this issue.

LMC asked that not only those practices who were vocal in asking for help should receive it, if it was available it should be available to all practices in the area.

MM reported that 35 of the 56 practices now have Patient Participation Groups.

Action Point: HC to see if the Patient and Public Involvement Group will help with the Patient Participation Groups.

Email Communication from Royal Berks Hospital Medical Director

This will be discussed directly with the RBH.

LMC will take up the offer of a meeting with the RBH Medical Director.

LMC Representatives will provide a list of issues to be discussed with the RBH.

Action Point: LMC to meet with the RBH Medical Director.

Low Priorities

This had come to light regarding a patient with Viagra.

He was very cross that the practice had limited his medications.

He had received 4 per month and produced the NICE guidance which recommends 4 per month and points out the amount is ultimately up to the GP's discretion.

The GP had then consulted the low priorities policy and found that this stated only 2 per month.

Jane Price from the PCT said that the PCT policy dated 11th October 2011 deviated slightly from the NICE Guidance with different details for erectile dysfunction.

The PCT low priority policy recommends approximately 2 per month which varies from the NICE guidance.

Where do GPs stand with low priorities edicts?

PHR said that both the NICE and Low Priorities Guidance are voluntary guidance, not obligatory. They have no mandatory status in law or regulation.

There are national black and grey lists for medications.

GPs have local policies applied to prescribing.

However the prime consideration for GPs must be the needs of their patients. If the GP considers appropriate treatment is for more than a recommended amount then they have the right to prescribe this.

PHR said that he had received 4 emails from 4 different practices with different queries.

GPs can prescribe what they like on the drug tariff but they have to be prepared to justify their position if asked.

PHR said that he would contact the Priorities Forum to clarify the issue of edicts to Primary Care.

GPs questioned the savings that would be made if only 2 Viagra tablets were prescribed a month instead of 4.

PHR said the Terbinafine was also restricted but this only cost £3 per month.

Action Point: PHR to contact Claire Chong-Lee of the Priorities Forum about this issue.

HPV

The issue is around 12-16 year olds who claimed they were being sent by the school nurses under exceptional circumstances to receive the vaccination in the GP practice under the LES.

A recent letter from the school nursing HPV Vaccination team clarified that they would only refer patients to their GP for the vaccination in exceptional circumstances and they would always provide a referral letter to the GP.

Previously GPs could only get a supply of the vaccine on a named patient basis.

PCT said that this was now not the case and practices could order the vaccine in the same way they order any childhood vaccine.

Future Meetings with the PCT

MM said that the reduction in the team numbers and resources at the PCT level and the fact that East and West Berks are clustering would make it more efficient and effective to have one meeting with the LMC.

JK said that the East and West LRCs will continue to meet to ensure local GP concerns and inputs are collected and addressed.

These meetings will be minuted and the minutes will be sent to the PCT in advance of any meeting so that they will know the issues to be discussed.

The LMC team meeting the PCT will consist of the 2 LRC Chairs, the Secretariat and any other GPs who wish to attend.

PHR said that in Oxon the meeting was open to any GP who wished to attend that particular meeting.

The LMC agreed to co-ordinate this for the next meeting.

PHR asked if it would be acceptable to alternate the venue.

MM said that the cluster were trying to meet centrally in Maidenhead.

Action Point: LMC to co-ordinate one meeting with the PCT from 2012 with the LRC minutes being issued in advance of this meeting.

Date of Next Meeting – 12th January 2012

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
*	Clark, Helen	West Berks PCT
	Derry, John	TVPCA
	Foster, Nigel	West Berks PCT
*	Gallagher, Charles	Wokingham LMC
	Harris, Mark	West Berks PCT
*	Hyde, Maria	Newbury LMC
*	Kennedy, Jim	LMC Medical Director
	Lade, Jeremy	Wokingham LMC
*	McCartney, Maureen	West Berks PCT
*	Mittal, Rab	Reading LMC
*	Morando, Sarah	Reading LMC
*	Naran, Kish	Reading LMC
*	Roblin, Paul	LMC Chief Executive
	Smith, Rod	Reading LMC
	Thorpe, Penny	TVPCA
	Waddicor, Charles	West Berks PCT
	Westcar, Paul	Newbury LMC
	Winfield, Cathy	West Berks PCT

Apologies: Drs Buckle and Lade

In Attendance: Jane Price (Low Priorities)

Dates of Future Meetings

12.01.12 08.03.12 10.05.12 12.07.12 11.10.12