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Minutes of Wokingham LRC/PCT Meeting

Thursday 26th January 2006, 2pm
Ground Floor Conference Room, Wokingham Hospital
RG41 2RE

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Minutes of Previous Meeting

The minutes of the meeting on 24th November 2005 were agreed as a correct record.

Future of LRC/PCT Liaison

PHR is trying to establish a West Berkshire LMC/PCT Liaison meeting.

Do the PCT feel this is a good idea?

Most interim Berkshire West senior positions have now been sorted as have the most senior meetings.

The level below this is now being worked on.

A new locality PEC is being established called Clinical Practitioners Committee (CPC).

For the first 6-9 months it will be the same as the current PECs but will have a more PBC feel. Each current PCT will have a CPC and it is aimed to bring all the repetitive process under one umbrella.

There will be one nominal West Berks PEC, currently the CAG which will be renamed the PEC. The local work will be done at the CPC.

A lot of powers will be delegated to the new groups for decision making.

There are advantages to having a West Berkshire LRC for ES.

The pricing and specifications are slightly different in all areas.

Wokingham will find their prices will probably increase a little.

There may be an overlap period until the new committee is established.

The PCT felt that the LRC should not be disbanded for the moment but repetition of issues should not occur across the two groups.

Issues which will need discussion are C&B and PBC. Will discussion be central or local?

PBC will be dealt with by the CPC, especially if Wokingham go down the expected route of all practices combining into a locality.

A local incentive scheme will be needed.

Locality commissioning is to be encouraged rather than practice based.

GPs have more commissioning power as a larger group.

Pathways must be what patients want.

TV data shows that Wokingham GPs come top in a number of PBC areas eg low referrals rates, and high conversion rates (40%).

Alcohol Misuse Provision

Wokingham patients no longer seem to have an alcohol service. Reading based service say they only provide for Reading practices

At the last LRC/PCT Liaison the PCT agreed to look at this issue and come back to the LRC.

It was felt that if there is a provider change to the system, GPs should be informed.

PCT response; In the White Paper for Choosing Health there is some money for this.

There is still confusion with the service.

Action: The PCT to develop a care pathway for patients with alcohol misuse

ES Spend to Date

Some of the third quarter's data is back.

The expected underspend is around £215K.

Spend to the floor will not be policed and the PCT will not be spending to the floor.

It is disappointing but no PCT is doing it.

The PMs are being asked to write and develop specifications for ES.

Is this work being used or are PMs wasting their time?

DB said that the PCT were developing new innovative services all the time.

Wokingham PCT are more innovative on ES than any other PCT area.

The spend will be to the floor in future years, if all ES were taken up.

The latest specifications have not been sent to PHR, yet local GPs have received them, PHR asked that he be circulated individually as when JS is away he did not see them.

If ES are changed, practices will be circulated with this information.

Action: The PCT to add PHR to the circulation list for ES Specifications.

GP Referral Document

This is the second version. GPs are keen to help improve the quality and clinical safety of the document's contents.

The paper was written by the Royal Berks and adopted by West Berkshire.

A third draft is expected soon.

It will be policed but areas will not be policed until the guidelines are robust and fair.

Clinicians (may be nurses rather than GPs) will be policing this,

If relatively data (eg on ethnicity) is missing the referral will not be returned.

However, if the referral is inappropriate (eg basic primary care treatments have not been offered) the referral will be returned.

If the guidance is then adopted and it is stated that it has been followed, the referral will proceed unhindered

This work is what is needed to make PBC work, using resources that are available.

GPs are very supportive of the idea but there are concerns about the practical implications and these have not showed any signs of moving productively.

The document sometimes refers to other Guidelines which are often not available to GPs.

The PCT are working on these and the third draft will have them attached.

Web Mentor in EMIS is an excellent tool for GPs to use and PHR encouraged its use.

The cardiology guidelines are being revisited by the PCT.

A newsletter is shortly to be issued highlighting the current status

DB was asked to attend Berkshire LMC on 7th February to talk to the document.

DB agreed to see if this were possible

When the document was published the RBBH initiated downsizing

They introduced a reduction in clinics which has resulted in all/most consultants cutting their hours by one session.

All secondary care trusts will have to down size so commissioners can afford to commission from them.

Action: DB to attend the Berkshire LMC to talk to this subject if free.

Pandemic Flu Planning in West Berks

LRC unclear what is happening in Berks.

Oxon and Bucks have had meetings and come up with some plans.

There is a West Berks Steering Group led by Sue Harnett, Director of West Berks Public Health.

There are key officers from each of the Trusts and PCTs engaged in this.

East and West PCTs are working independently on this issue.

The PCTs have agreed to adopt the Oxon document with some changes for contingency planning.

PHR said he was involved with the Oxon Committee but the problem is the algorithms have been lifted from the DoH and have been criticized in Oxfordshire.

The LMC Secretariat newsletter for January 2006 highlights what issues need to be addressed.

WAM propose that Tamiflu will only be prescribed after a face to face consultation, but GPs will be telephone diagnosing, then asking carers to call and collect the script.

This level of detail needs more work.

How any pandemic will be handled in general practice needs dialogue with LMC.

Generic GP input is needed on any county Group.

At present Jeremy Lade sits on the Group with an OOH hat, but there is no other GP.

The scale of the workload that falls to general practice is vast, especially as there will be staffing difficulties when illness strikes.

A basic service must be maintained.

PHR agreed to sit on the Group and he would approach it from the GP point of view.
HW agreed to share Berks documents with PHR and advise the Chair that PHR would like to become part of the Group.

Action: HW to advise that PHR could like to be a GP representative on the Group.

Implementing “Choice” in West Berks

PCTs have an obligation to implement “Choice” from 1st January but this obligation does apply to GPs.

The current take up on C&B is over 50%.

The target was to get everyone registered with smart cards.

There is no other system in place other than the incentive scheme which the PCT devised.

Part of the technical guidance says that to do PBC you have to do C&B,

PHR felt that as C&B does not work, most other PCT have ignored this guidance in order to make progress on PBC

In Oxon and Bucks this was a universal approach.

Oxon have placed “Choice” at the referral hub (CALs) A CALs worker telephones each patient WAM have issued each practice with a stamp that ‘Choice has been offered’ and C&SB have asked that it be included in practices referral letter template (ie core text).

An ES will be offered from 1st April but practices do not have to accept this.

GPs have been told that you cannot have a smart card until you have been trained and trained staff cannot cascade this down, you need to be trained by the PCT.

That it takes too long to provide C&B in a consultation is the advice from GPs already doing it..

GPs should find out if they have been paid the incentive scheme as money is still available.

Action: GPs to see if practices have been paid their incentive money.

Oxygen Services

See www.alliedrespiratory.com

PCT felt every practice has been notified of the change of arrangements from 1st February 2006.

The PCT will look at it again to ensure this is true.

The Allied Respiratory website is confusing in terms of consent forms as it does not explain why consent is needed.

Action: The PCT to check that all practices have been notified of the change.

Date of Next Meeting

Thursday 23rd March 2006

Present	Name	Organisation
	Brock Nicola	Member
*	Gallagher Charles	Member
*	Milligan Debbie	Member
*	Shaw Matthew	Member
*	Roblin Paul	LMC Chief Executive
	Solomon Jane	LMC Director of Development & Liaison
*	Birchall Carol	LMC Minute Secretary
*	Buckle David	WOK PCT PEC Chair
	Heatherington Sue	WOK PCT Chief Executive
*	Waddams Helen	WOK PCT Associate Area Director
*	O'Keeffe Hugh	WOK PCT

Apologies: Dr Brock
Jane Solomon