

**MINUTES OF THE OPEN MEETING OF
WOKINGHAM REFERENCE COMMITTEE
HELD ON THURSDAY 24 OCTOBER
AT WOKINGHAM PCT**

PRESENT: Drs Busfield, Brock, Milligan & Shaw
Dr Christopher Tiarks
Hugh O'Keeffe

APOLOGIES: Dr Mellows
Jane Solomon
Dr D Munday, Sue Heatherington

DRAFT

ACTION

WOK 1/10/02

The minutes of the 29 August meeting were approved.

Matters Arising

The Committee again discussed the workforce problems and outlined to the PCT that matters were becoming critical and there are real implications associated workforce and the new contractual proposals that might drive GPs out of NHS practice in the local area. The well known lack of GPs is to make it unlikely that there would be ready replacements for and doctors that decided to work outside the current contractual arrangements. The LMC again advised the PCT to look creatively at the guidance and to grant wherever possible extra manpower as it is unlikely that the PCT will be required to remove GPs from post and if the new contract comes into being with the practice based contract, the whole matter will be overtaken by events. Violence Towards GPs - HO reported that Wokingham was endeavouring to enter an arrangement with Reading PCT for the management of violent patients using the remand centre in reading prison. CT reported that a second letter had come out of the department putting a deadline for the implementation of the robust arrangements of 31 January 2003. In response to HO question, he told the PCT that they should advertise any contract amongst all general practitioners in the health care economy. CT reinforced that the contract would be for 24 hour commitment and that it would be necessary for the GP to make whatever arrangements they could for out of hours cover, if this was in a police station, then police surgeons might be interested in coming to some arrangements for out of hours care. CT reminded the committee of the conditions of which a patient could be removed immediately under the regulations and the processes in Berkshire that would be undertaken by the TVPCA for keeping the register.

Flu Jabs

The Committee asked HO about resources for the flu immunisation campaign and whether there was any money available to target the under 65 at risk group with the local development scheme. HO reported that there was no plan for a local development scheme and also reported that distribution for Wokingham's £10,000 for this years project. £4,000 is to be devoted to administration, postage etc. £3,000 to practices as an incentive and £3,000 towards district nursing budget. The Committee questioned the validity of giving £3,000 to community care as the vast majority of work would be done in the primary care setting by either GPs or practice nurses on their behalf. The Committee asked HO for some evidence to support the distribution 50-50 of the outstanding £6,000 after administration costs.

CT

Action point: *CT to write to Sue Heatherington.*

PCT Update

HO told the Committee that the Wokingham PCT had formed its FSH Reference Group, which deals with appointments and performance issues. It is constituted according to guidance from the department. CT reported that in many other PCTs the LMC had been invited to join this group as there were both statutory implications and sensitive areas where the LMC might be helpful. The Committee noted that in Wokingham there were no plans to involve the LMC.

A.O.B

MS referred to an email that he had sent tot he office, which had arrived after the papers had gone out concerning the PCTs decision to commission termination of pregnancies at BPAS in Reading. It appears that termination will be dome more or less on request which appears counterintuitive when the PCT are not investing in either sterilisation or the issuing of condoms free of charge.

CT

Action point: *CT to write to Sue Heatherington.*

Prescribing Bulleting - Clinical Responsibility

The papers were tabled by CT at the request of Maha Yassaie, the prescribing and pharmaceutical advisor to Wokingham PCT.

There was a debate about this and the form concerning information where the GP is unwilling to take clinical responsibility was generally approved.

The third paragraph of clinical responsibility about GPs being asked to prescribe drugs that are not in the hospital formulary and using unlicensed drugs was debated further. MS reported that it was common place for doctors on the advice of hospital consultants to prescribe drugs in the community, which were not licensed for that particular use although licensed for other indications. CT reported that it was most unwise to use drugs for anything other than their licensed use, unless the doctor was prepared to take clinical responsibility. One area that should be explored is the writing of

shared care protocols that would relieve the GP of ultimate responsibility in these cases. *CT*

Action point: CT to write to Maha Yassaie for clarification and exporation of designing shared care protocols.

Date of next Meeting

Thursday, 19 December @ 1:30pm
at Wokingham PCT, Ground Floor