

Meeting Date: Thu 15th July 2010 at 07:30pm

Location: Charles Hastings Postgraduate Centre

In Attendance: Dr Vic Schrieber, Dr Helen (Elizabeth) Ray, Dr James Rankin, Dr Shaun Pike, Dr Emma Penny, Dr Simon Parkinson, Dr John O'Driscoll, Dr Kevin O'Connor, Dr Fiona Martin, Mrs Lisa Luke, Dr David Lewis, Dr Kevin Hollier, Dr David Herold, Mrs Michelle Hallahan, Dr Matthew Davis, Dr Lynne Butcher, Dr Paul Bunyan, Mr Don Beckett

The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday, 15th July 2010 at 7.30pm at The Charles Hastings Medical Centre, Worcester.

PRESENT:

Mr D Beckett, Dr P Bunyan, Dr L Butcher, Dr P Coney, Dr M Davis, Mrs M Hallahan, Dr D Herold, Dr K Hollier, Dr J Leach, Dr D Lewis, Mrs L Luke, Dr F Martin, Dr K O'Connor, Dr J O'Driscoll, Dr S Parkinson, Dr E Penny, Dr S Pike (Chairing), Dr J Rankin, Dr H Ray, Dr V Schrieber, Mr J Waits

1. APOLOGIES

Dr N Burger, Ms L Dando, Dr R Ingles, Dr G Ingrams, Dr R Kinsman, Dr D Radley

2. MEMBERSHIP

The Secretary reported that Dr Coney is to stand down as Registrar Representative. Dr Pike as the Chairman thanked Dr Coney for his support.

3. FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 3rd JUNE 2010.

Amendment to section c: education, where it should say 'progression' rather than 'performance' and h: PM groups which has been amended.

4. REGULAR ITEMS

a) Worcestershire PCT

i) Dr Leach

Dr Leach discussed the PCTs thoughts on the White Paper. He believes that the PCT and SHA may actually go sooner than the 2013 deadline. The NHS Commissioning Board will have a local office and they will be responsible for commissioning general practice. Some of the functions that have not been mentioned and currently provided by the PCT will have to be done elsewhere but it is not clear where this will be. There are a lot of people worried about their jobs but the functions will still need to be done wherever this is. Secretary said we had to make sure we do not lose key people from the PCT and need to try and redeploy them. Dr Leach's main worries are accountability and risk. There are advantages to these changes but managing the risk will be a real worry. Dr Leach believed that clusters will be given some management costs and Worcestershire PCT is currently the lowest PCT for management costs in the West Midlands SHA area. The Secretary said it will be interesting to see how practices will police themselves and what the contract will be like. The Secretary asked if the PCT knew how this will be coordinated. Dr Leach said Public Health are shifting across to the County Council offices probably by this autumn. Dr Leach said his job is to try and lift staff morale as they are very worried about their jobs and try and continue to do what needs to be done to support practices to move forward. Link has been renamed as Health Watch. Dr O'Connor asked if there will be pension implications for those who are re-employed elsewhere. Dr Leach said he did not know but it is being discussed. Secretary asked what 'monitor' is, this is to do with finance and performance. Dr Leach said the government is in a hurry to get all these changes made but nothing will get done until managers are in place and worries that GPs will not have time to do this as there is a shortage of GPs already. Dr Leach said there is a document from the Kings Fund and Nuffield which is a very helpful. The Chairman reiterated that it would be good to watch that we do not lose key members of staff from the PCT.

Dr Leach went on to discuss the CQC report on TCN. The report was in 3 main areas, the death of Mr Gray, TCN and the role of PCTs and SHAs. The report was very scathing of PCTs and TCN. The PCT admit that they made a big mistake. The view from the PCT is that they accept the findings but need to move on and learn from this and Harmoni need to take on some of the main issues, for instance unfilled shifts. Dr Leach said the culture of Harmoni is much better. He has done a few unannounced visits and some good things have been said about the general manager who is there now. Dr Leach discussed the questionnaire on Harmoni that will be sent out to salaried and principal GPs working in general practice and asked the LMC for their assistance with this. The recommendations from the feedback will go to the Management Board. Dr Leach has discussed the issue of emergency visits with Dr Kelsey as they are not meeting national requirements. Dr Kelsey has done a 300 case audit on urgents with the lead nurse and in their view there are no urgents hidden in the emergencies. It appears that they are being diverted to 999 instead so will be looking at this area next. Harmoni have taken on board comments from the GP Management Board and are filling more shifts.

The Secretary also reported on the CQC report. Secretary asked if members would like to read the report and get together to discuss the LMC feedback. He said the PCT knew about the death of Mr Gray before TCN got the contract, and felt some areas of the report shows that the LMC were misled by members of the PCT. TCN got extra funding which the LMC was told they would not get. The LMC were told repeatedly that the level of complaints had gone down and clearly they had not. He is unhappy that no one seems to be accountable for this, the company has been sold so even though this report has come out nothing will in fact happen as the company no longer exists. The people involved are already working elsewhere. Dr Penny asked if the GMC are doing anything about this but no one really knows as yet if this is going to happen. The Coroner did not recommend that it was manslaughter. Dr Leach said that there are double standards here and that the PCT do not check on the workings of practices or the Acute Trust as they do with the OOH organisation. Dr O'Driscoll said it was down to all individuals to report a dangerous doctor to the GMC. Dr Lewis agreed that this was not a level playing field and everyone, whether a private provider or NHS should be made accountable.

Action: LMC to support the questionnaire in the Newsletter

ii) Clinical governance practice visits. Dr Frank Morgan

Document circulated to members prior to the meeting. Dr Frank Morgan introduced himself to members. He has been in post as PCT Clinical Governance Lead for two months, one day per week. Dr Morgan and Dr Leach both feel clinical governance is very high in the county. Dr Morgan said he feels he has 3 roles in this job, the first to document these high standards, second to become an expert on clinical governance, CQC registrations and practice re-accreditations and third that the bureaucracy should be kept to a minimum. He explained that practices will now get a governance visit and QOF visit in alternative years so there will be no extra visits for practices. Dr Morgan will go through the review with the practice and then produce a report on the review. Dr Leach said this will help practices with CQC registration. This is a pragmatic approach, they can encourage practices if they are already doing well and can identify them early if any issues. Dr Morgan said assuming he stays in post and this goes ahead he would be grateful if some LMC members would put their practice forward for a dry run and then give feedback. Some practices will have to have QOF visits as well dependent on circumstances. Secretary said that revalidation has been postponed for another year. Dr Leach said if anyone has any comments it is very important to give this

feedback to him. Secretary asked the question about the preliminary document regarding LMC representation, saying it is important that practices have the option of having an LMC person present if they so wish. Some will want the reassurance whilst others will not want them there. Dr Morgan said all comments from the LMC would be very helpful before the final document is sent out. Chairman thanked Dr Morgan for coming and speaking to the LMC.

iii) **MSDi – Letter from Dr Wilkie on Clinical Governance issue**

Dr Wilkie has contacted the Committee concerned about Clinical Governance issues relating to the MSDi software. The practice were concerned that patient identifiable information would be released. Dr Leach advised the committee that Dr Harling had emailed a reply saying that no patient identifiable information was seen by the PCT and he would be forwarding this to Dr Wilkie. Dr Herold said there is concern that we do not know what is being sent by this software to the PCT and that Public Health have in the past wanted patient identifiable information for other things. Ms Luke said the system is a stand alone system and should not connect to patient data but there were a couple of comments that if computers are left on then it can connect automatically. Dr Leach believes Walsall PCT is already running this software and he would like to go and see it actually working as he does have reservations about extra pieces of software that we do not understand exactly what it does, and a meeting may be more helpful. The Secretary will raise these issues at the next GMS/ PMS meeting.

iv) **Reorganisation of District Nurses. Letter from Teresa French**

The LMC has received a letter from Teresa French, Director of Provider Services regarding the LMC letter about the reorganisation of Community Nursing Services. She confirms that there is no plan to reorganise Community Nursing Services but they have recently undertaken a review of the District Nurse Services across the county. Once the review has been completed they will share the findings with staff and GP colleagues. They are in the process of establishing locality boards in Wyre Forest, Redditch and Bromsgrove and South Worcestershire. Ms French said that they have no intention of altering District Nursing Services without first discussing and agreeing with Practice Based Commissioners exactly how the community nursing service should be provided. Dr O'Connor said he did challenge her on this and she confirmed that they do have too many district nurses and were above the national average and will need to get to the national average.

v) Dr Leach said there was a Board meeting yesterday and a discussion about transforming community services took place. Teresa French from Provider Services put up a case that they should be able to become a Foundation Trust. Many members said they respect her case but could not agree, particularly where they were going with GP Commissioning and the raising of management costs. There was a vote on this, 3 people were for her proposal, 6 were against and the majority abstained. The Mental Health Trust are not being allowed to disband. As the PCT has to get rid of the provider arm it will have to go elsewhere. His view is that it will probably be parked in either the Mental Health Trust; Acute Trust or some general practice vehicle. Dr O'Connor heard that substantial progress has to be made by April 2011. Dr Leach confirmed and said this is in the public domain and will be in the minutes of the Board meeting.

b) **GMS/ PMS Sub-committee**

The Secretary briefly reported from the previous meeting. There was a long discussion regarding the PCTs request to obtain details of consultation rates and staffing levels. The GPs highlighted the large number of issues this would throw up and felt this was the wrong way to proceed. No agreement was reached and the issue is back on the Agenda for the next meeting. The Minor Surgery LES has been sent out. There was discussion about a level of capping. Dr Rankin particularly raised this issue. An agreement had been that an initial cap would be put in place and an audit would take place after two to three months to review progress. The PCT is not able to give an open ended commitment to this as there is a potential for seriously exceeding the planned expenditure. However the PCT has recognised this and is taking a gamble as it believes that long term savings will be made on reduction to Secondary Care. Mr Waits said that many practices have expressed concern that the Minor Surgery money has been taken out of the PMS baseline and that there has been no assurance received that this money go back into the baseline should the LES be cancelled. The committee discussed the proposed changes to the IUCD and Implanon LES which had been put on hold due to lack of funding. A particular difficulty in identifying funding for this is the lack of breakdown in expenditure from Sexual Health Clinics. These are funded on a block contract.

At the last meeting the Secretary had raised the issue of transfer of patients from the Mental Health Trust to Primary Care who are stable on Depot medication. It initially had been raised by Dr Nederlof in Evesham. The Mental Health Trust has denied that this is happening but the evidence suggests that there are examples around the county, particularly in the south. Secretary has raised this with the PCT as he believes this is an example of 'dumping' from the Mental Health Trust. There are a number of issues. Firstly the PCT need to look at its payments to the Mental Health Trust if they are transferring such patients and not providing the service themselves. Secondly workload is not insignificant for practices and needs to be properly funded. There is an additional concern about competency of practice nurses to monitor such patients. Mental Health nurses are able to evaluate the mental health of the patients at the same time as administering the drugs. That may well not be possible in general practice. Dr Coney also felt there was a significant concern regarding the number of patients who fail to attend and need following up, which is usually done by psychiatric nurses.

c) **Education**

Dr Schrieber reported on the registrar assessment results. The second round of recruitment has gone well and they have now filled all the places. With regard to Harmoni things do seem to be going well, trainees are finding it easier to book sessions and they all did their sessions on time. Harmoni have set up some induction sessions for when they start. There is an improvement in logistics on how they get sessions and Harmoni are paying 15 minutes overtime for supervisors to debrief at the end of their sessions.

d) **Dispensing**

Dr Rankin reported on the Dispensing Practices Questionnaire & Worcestershire PNA 2010. The main activity is to do with localities, there is a boundary issue and it is very complicated. They are fact finding at the moment and are looking for areas of too little provision rather than too much. They are looking to report on what is available and what they need to commission. Dr Rankin gave examples of this and said they could commission from outside providers. The questionnaires have gone out to contractors and all dispensing practices would have received them. Control of entry is the next question and they will send their draft report to the PCT Board by the 15th September. There will be a 60 day period of consultation after that. There is a statutory responsibility for this draft to come to the LMC. Dr Rankin asked members if there should be an open meeting to get constituents involved. Secretary said it depends on what the draft document says. Dr O'Connor asked if what was in the final document was binding forever and Dr Rankin said no, for three years. The immediate issue with the PCT is who will fund it. Secretary said when the report comes out the LMC needs to look at it quickly and see what impact this will have. It was suggested that the Secretary ask Russell Walsall if the PNA can do this. Dr Rankin said there is scope in the PNA to have power to shut down services. Dr Rankin will ask the Dispensing Committee about this. It was agreed that the LMC to read this document immediately it is released and if needed an open meeting would be organised quickly.

e) **Out of Hours**

i) Dr Penny said Harmoni are working on a fixed rota at the moment but there is still a problem with drugs not being available because of licensing laws and GPs should be aware that if they have terminal care patients then it would be better for drugs to be left in the patient homes for OOH use. Agreed this should be put in the Newsletter.

Action: Newsletter

ii) **OOH Questionnaire.**

Dr O'Driscoll said the GP Management Board have asked for the LMCs support for a questionnaire to be sent to local GPs on the Out of Hours Service. They are looking for the questionnaire to go out to GPs in Worcestershire in the next month. It is a very simple questionnaire with only 3 tick box answers and a box for comments. It is one of the three Key Performance Indicators on which the Management Board will assess Harmoni in September. The Management Board are keen to get as high a response as possible so have asked if the LMC could endorse the questionnaire and encourage as many GPs as possible to return it. Dr O'Driscoll said Harmoni are much more open and honest than TCN. The target for the percentage of shifts to be filled is 95%, it was 91% for May and 85% for June. The GP Management Board have to make a decision if they are continue being the providers of the OOH service by the beginning of September so they will have to use the figures for August. Evesham is the worst area where shifts are not being filled and staff in Evesham are not happy. Dr Ray said she rang the OOH three times this week as she is keen to get back into working for the OOH again so if they are desperate why have they not contacted her. Members agreed that she should contact Dr Kelsey directly.

iii) **CQC Report published 15th July 2010**

Discussed earlier.

f) **Non- Principals Group**

No report.

g) Registrars

Dr Coney said that the Registrars found Dr Parkinson's visit very helpful. He has a replacement for the LMC Registrar Representative and will get them to email the office with their details. Dr Schrieber asked if there was a Registrar interested in becoming a representative for the north Worcester scheme could they also get involved. Secretary said the LMC have always been happy to have one representative from each area.

h) P.M. Groups

No report.

i) Administration Issues

Secretary stated that the accounts were ready and needed signing.

j) P.B.C. Issues

No report

k) I.T. / GPSoC

i) Primary Care Working Group – Dr Kinsman

No report.

ii) Pathology User Group

No report.

iii) Summary Care Record – Dr Davis

Dr Davis said not much was changing and they are carrying on at present. Secretary fed back the GPC view to the committee.

5. MATTERS ARISING

Minute 5/586 Abortion Act Forms

Dr O'Driscoll discussed a form that was practices were being asked to sign should they have a referral for a medical termination. There was detailed discussion regarding this with many conflicting views. Dr Martin said that there was a time limit with this new system and it was not compulsory for GPs to sign the form. Many felt that GPs should not be expected to sign the form unless they agree with it and agreed that perhaps the wording should be altered. Secretary said doctors have a right to refuse to sign these on principle but should have an arrangement that the patient should not be denied the procedure. Dr O'Connor said there should be two options on the form. All agreed that the letter was not clear and clarity was needed. Committee agreed that the Secretary should write requesting clarity.

Action: Secretary

Minute 5/587 Housing Department, Worcester City Council

Secretary reported on the reply from Nina Warrington from Worcester City Council regarding the medical information requested by the Housing Department. They stated that the Council no longer employs a Medical Officer but uses a company known as Now Medical to conduct housing related medical assessments which are based upon medical information provided by letters received from a range of health professionals. The letters are normally provided by the homeless applicant to the officer but where they do not have written confirmation the information is requested from a health professional directly by the officer conducting the investigation. Ms Warrington said that in the future she will ensure that the applicants' authorisation form is enclosed in the letter and that the practice fee to provide the service is met. Mr Waits asked for a copy of the letter and members agreed to put a copy on the website.

Action: Copy to Mr Waits and website

6. COMMITTEES

a) GPC

Secretary reported on M Circular and Negotiating News and gave feedback from the LMC Conference. Dr Buckman re-elected as Chairman of GPC.

b) GPCWM

7. NEW ITEMS

Minute 5/589 Striking a balance – BMA consultation document

Document circulated, no comments were made.

Minute 5/590 HPV Policy

Dr Banerjee has sent through a draft HPV Cervarix LES policy which has been circulated to the committee prior to the meeting. He is planning to write to all GP practices in the next few weeks about the HPV immunisation campaign from September 2010 onwards. The LES will be the same as previously at £9 per dose. This policy is near its final version but would like the LMC to confirm if they are happy with the proposals.

Issue of loading web protection web based system and Exeter. Secretary read out email response from Dr Banerjee and asked if the committee agreed with the three points. Committee did not agree with point one but were happy with points two and three. Dr O'Connor mentioned home educated girls. This issue keeps on being ignored. Secretary agreed to mention this again.

Action: Secretary to feed back comments to Dr Banerjee.

Minute 5/591 Primary Care Business Unit – Lead Clinician Role

The LMC has received a letter from Dr Creaney of the Mental Health Trust letting us know that as part of the development of the Primary Care Business Unit they will shortly be attempting to recruit an interested GP to act as a Lead Clinician for the unit working alongside Kate Glenholmes, Business Unit Lead. They would be grateful for any support of interest. Secretary suggested putting this in the newsletter.

Action: Newsletter

Minute 5/592 White Paper – Equity and Excellence – Liberating the NHS

Discussed earlier in the meeting. Secretary suggested writing to the PCT to ask how they are going to deal with it and if they have meetings about it then the LMC should be there.

Action: Secretary to write to PCT

Items B
Circulated

Items C

CLOSED MEETING (if appropriate)

Chairman closed the meeting at 9.45 p.m.