

Chairman: Dr Robert Ingles
Vice Chairman: Dr Shaun Pike
Secretary : Dr Simon Parkinson—sparkinson@worclmc.co.uk
Executive Officer : Michelle Hallahan—mhallahan@worclmc.co.uk

The Minutes of the Worcestershire Local Medical Committee Ltd held on Thursday, 9th September 2010 at 7.30pm at The Charles Hastings Medical Centre, Worcester.

PRESENT:

Mr D Beckett, Dr P Bunyan, Dr N Burger, Dr M Davis, Mrs M Hallahan, Dr D Herold, Dr K Hollier, Dr R Ingles, Dr J Leach, Mrs L Luke, Dr K O'Connor, Dr J O'Driscoll, Dr S Parkinson, Dr E Penny, Dr S Pike, Dr D Pryke, Dr J Rankin, Dr H Ray, Dr V Schrieber, Mr J Waits

1. APOLOGIES

Dr L Butcher, Dr N Jacobsen, Dr D Lewis, Dr F Martin

2. MEMBERSHIP

The Secretary reported Dr Nick Jacobsen is the new Registrar Rep for South Worcestershire VTS. He will attend next month.

3. FORMAL APPROVAL OF THE MINUTES OF THE MEETING HELD ON THE 15th JULY 2010.

4. REGULAR ITEMS

a) Worcestershire PCT

- i) Dr Leach gave an overview on the White Paper and the parts that he believes will fall under National Commissioning. He mentioned the risks, financial and clinical and other things that may be missed during the transitional period. At the moment the three natural geographical areas are organising themselves into consortia, although a decision is still to be made about the Evesham group. The PCT is trying to support all these groups as much as possible and believes this work will take longer than the Government has indicated. The PCT is looking for a sensible way forward and Dr Leach will be working on this in the coming weeks. There are so many difficult questions that need asking, and as it becomes clearer Dr Leach will do his best to keep us up to date as much as he is allowed.

The Secretary said he believes there are more important issues than just the GP Commissioning side and that the core business of general practice is vital. This work still has to be done whatever happens and is hardly covered in all the paperwork. Dr Leach said that the Government have indicated that by the end of October things will be a bit clearer. Secretary asked that as a committee should we be more proactive with this and what should we do about it? Should we sound out other LMC colleagues? And should we perhaps be talking to Herefordshire? Jim waits said he would expect LES's and DES's to increase tenfold over the next ten years and was not sure if they will come out of the commissioning side. Discussion took place about this and other services and the implications of this. Agreed that LMCs should discuss this with neighbouring LMCs. Dr Leach said he would be grateful for support for PCT staff who are under tremendous stress. He is currently interviewing staff at the moment to tell them they may be made redundant.

Action: Secretary to contact neighbouring LMCs

Dr Leach then discussed Out of Hours and the process which took place at the end of the six month review period for Harmoni. He confirmed that Harmoni just passed the KPIs. The two main ones of number of locums and filled shifts they just passed but the PCT have indicated that Harmoni must improve and fill all the shifts. The committee felt that the PCT should be in a position to penalise Harmoni if they do not fill the shifts. Dr Leach agreed and said that technically the PCT will not make a decision until the end of September, as this is the end of the six month period, but will be agreeing that Harmoni take over the Out of Hours contract as long as nothing untoward happens in the meantime. Harmoni have annual re-assessment for its contract at the end of October and the PCT will ask for representatives from consortia to be there for this. Committee agreed they have been better than TCN and more transparent but they still have a way to go and the unfilled shifts are still an issue. In Birmingham Badger have put their rates of pay up and Dr O'Driscoll confirmed that Shropdoc pay 50% more than Harmoni. Dr O'Driscoll said that Harmoni passed by 'the skin of their teeth'. It took three days to prepare for the meeting, they were given incorrect figures to start with so had the wrong data until just before the meeting took place. With regard to the three KPIs they wanted them to have a bigger target that 95% but the PCT did not agree with this. Dr O'Driscoll discussed the third KPI, the Survey and the response figures for this. The committee felt unable to recommend that they were not good enough as they passed the KPIs by a small margin. Dr O'Driscoll confirmed that they are better than TCN but they need financial penalties and 100% targets for their shifts.

Dr Leach said Harmoni will be monitored. There will be a Contract Management Board run by the PCT and the GP Management Board and agreed they should meet to discuss more clinical issues. The PCT view is that they would like to ensure that Harmoni meet higher national quality standards in the future and many of these concerns will be part of the contract discussions at the end of October. Dr Radley said that Harmoni need to know they have a contract in order for them to invest in the system. Dr Penny said that in Shropshire there was a waiting list for doctors to work for Shropdoc. Dr O'Driscoll said that they want a service in Worcestershire that is so good that doctors are waiting to work here.

Secretary asked Dr Leach if Ian Cummings letter was discussed. Secretary wrote to the SHA about the CQC report and what they were going to do. Secretary had received a letter back from Paul Bates which the Secretary read out. Committee discussed this and Dr O'Driscoll agreed to invite the LMC Chairman and Secretary and Paul Bates to the next GP Management Board meeting.

Action: Dr O'Driscoll

Chairman asked Dr Leach which department did the analysis of the stats used for Harmoni. The University Academic Department did the one where the GP Management Board were given incorrect data. Dr Davis asked how many clinicians Harmoni got rid of. Dr Penny confirmed that most of the doctors that work now in the OOH are regular doctors and some are local GPs. Dr Penny said that everyone had to have an interview to continue to work there but they are still employing overseas doctors, but she said there is a much better atmosphere amongst the staff now. Dr Leach said that Harmoni are concerned about getting rid of GPs because of not filling the shifts and not meeting criteria. Secretary said that the clusters need to be involved in the monitoring process. Committee agreed and Dr Radley said that unofficial monitoring is as good as an official monitoring system. Dr Leach agreed and said this is done now by the PCT. Dr O'Driscoll said the provisional date of the next GP Management Board meeting is the 3rd November.

ii) MSDi – Dr Stuart Bourne.

Secretary confirmed the proposed meeting dates for around the county and said that all practices will be written to once these are confirmed. Dr Leach said he had visited Upton Surgery to see it in action. It worked very well and allowed them to do what they wanted to do. The concerns about patient identifiable information and data protection was alleviated and they do not have any problems with it messing up other aspects of the I.T. system, e.g. EMIS.

b) GMS/PMS Sub-committee

The Secretary reported on the GMS/PMS sub-committee meeting. Following long discussion regarding measuring capacity the PCT has decided just to use the Patient Satisfaction Survey. PMS practices will get a snapshot of where they are. The PCT want to link this into contracts and agree local plan linked to QUIP, a spreadsheet showing this data will be sent to all PMS practices whereby there will be a PMS visit and these practices will be asked to write a business plan showing how they are to do these things. These will not be tight targets. Signing up will generation a 0.5% uplift and another 0.5% on completion in March. GMS practices are going to be asked if they would like to do this but there is no clear idea if there will be any incentive if they do. Dr Pike said he did not think emergency admissions should be in this. There is an emergency QUIP meeting next week regarding this and other issues. Secretary said we have no option but to agree with this. Secretary went on to discuss the role of primary care in winter planning and discussed that he then had a debate at the meeting.

Secretary said the Minor Surgery LES projections at the moment are looking in excess of a £400,000 overspend but it will be much more than that. They are to roll out the next stage and there is an internal referral system for those practices not doing it. The committee spent a lot of time looking at the Nursing Home LES and the final draft has been sent out. It does not read the way it was intended so it will probably not be affordable and the committee felt it was a PBC issue and should go out to the Clusters. This decision then solved the overspend problem. They have agreed the GRASP Atrial Fibrillation LES. Most of the money for this is coming from the Stroke budget. In regard to the Anti Coagulation, most of this will be done in primary care and those practices not doing it will be able to decide who will do this on their behalf. Another issue was the reduction of A&E follow ups as part of the Treatment Room LES. Nurses will do some of the minor follow ups to reduce costs. Next year the GMS/PMS group will continue with this philosophy. Some of their thoughts are to sort out IUCDs and BNP tests. Vaccinations and Immunisations have now been agreed.

c) Education

Dr Schrieber said that Harmoni is managing to accommodate the trainees (including the extra needs of ST2s) and discussed the hours that trainees need to spend in OOH. There had been a communication error and ST2s were told that, from August 2010, they had to do 36 hours in OOH during their six month GP attachment as well as 72 hours in ST3. This has not yet been ratified and is unlikely to come into effect before August 2011. Until then, it is recommended that trainees do 24 hours in ST2 leaving 48 hours to be done in ST3, A positive from this is that almost all the ST2s have had induction and are ready to start.

d) Dispensing

Dr Rankin gave an update on the Pharmaceutical Needs Assessment. The draft document has gone to the PCT where it will go to various committees before going to the SHA by the end of the month. When it comes back to Worcester it will be distributed to interested parties, including all contractors. The LMC will have to consider during the consultation period what we would like to do and how we will engage with constituents. Dr Rankin said he was not sure if a big meeting is the right way ahead. The document is about future provision for pharmaceutical services. In Worcestershire there are no obvious threats, but each PCT will have to dissimulate the PNAs to the neighbouring PNAs. The LMC office can expect the document in early October so we will need to think about how we can respond. For dispensing doctors they will have an interest in their neighbour's documents.

e) Out of Hours

The committee discussed in some detail the LMC's concern about the conduct and performance of the PCT both during the procurement phase for the Out of Hours contract and the time when TCN were the provider. The committee had hoped that the Chief Executive and/or Chairman would feel able to attend the LMC to discuss a number of issues. Earlier in the meeting the Secretary had informed the committee that they had declined. After some discussion it was agreed that the committee would write back to the PCT outlining the issues where we seek clarification.

Action: Secretary

f) Non-Principals Group

No report.

g) Registrars

No report

h) P.M. Groups

Mr Beckett said there is an issue with provider arm management dealings and issues with the Health Visitor service in the Wyre Forest area. The Health Visitor arrangement has been working well for the past 30 years but now they are being taken out of practices and putting them in local areas. Letters were given to the Health Visitors to pass onto Practice Managers. They have since been told this was a mistake and they should not have been given the letters. Secretary said they had the same issue with the District Nursing Service back in March.

Action: Chase up response

i) Administration Issues

No report.

j) P.B.C. Issues

No report

k) I.T. / GPSoc

i) Primary Care Working Group – Dr Kinsman

No report.

ii) Pathology User Group – Dr Lewis

No report.

iii) Summary Care Record – Dr Davis

Dr Davis said no new information to report. Dr Kinsman relayed to the Secretary that not many practices have met the standards of the IM&T DES. Committee agreed to put something in the Newsletter about this.

Action: Newsletter

5. MATTERS ARISING

Minute 5/569 Quality of Care issues at Worcestershire Acute Trust

The LMC have received a reply from Dr Kelly regarding discharge summaries. The Senate have agreed that a small working party with appropriate input from the Acute Trust and from General Practices should be set up and that it needed general practice representation from the four locality areas and has asked the LMCs help in sourcing these individuals. Secretary said that he has forwarded names to Dr Kelly.

Minute 5/586 Abortion Act Forms

The LMC have received a reply from Dr Melanie Mann regarding the Early Medical Termination Service which the Secretary read out to members. They will reword the guidance on the forms so it is clearer. Committee were happy with this.

6. COMMITTEES

a) GPC

Secretary reported on M Circular and Negotiating News.

b) GPCWM

Secretary reported on the meeting on the 29th July. The SHA have just appointed a new Medical Director. The Chief Executive of the SHA invited some of the LMC members of the GPCWM to dinner. There was discussion about what was happening in other PCT areas, showing that many other PCTs are in a worse position than Worcestershire.

7. NEW ITEMS

Minute 5/593 Improving Access to Psychological Therapies. Modernisation Programme for Mental Health Services

Mental Health Trust did not attend.

Minute 5/594 Future Management of Community Health Services

Secretary responded to consultation process, letter circulated to members. The LMC received a reply from Dr Anthony Kelly who was not happy with the LMC response. Secretary read out Dr Kelly's email to the committee. They have asked if the LMC comment can be printed in full within the documentation. Secretary has confirmed that the LMC is happy for this to be done.

Minute 5/595 Referrals to Social Care

The LMC have received a reply from Trish Haines, Chief Executive of Worcestershire County Council. The Secretary read out the reply to the committee. They have indicated that they would be happy to meet with the LMC. Committee agreed not to meet at this time.

Action: Secretary to respond to her letter

Minute 5/596 Timberdine ICU

The LMC has received a letter from Dr Harris, Berwyn House Surgery regarding payment for looking after patients at the Timberdine Intermediate Care Unit. The PCT has never made any payment for the provision of these patients and very often the patients are outside the area. Dr Harris has asked whether the LMC believes that GP's in Worcester are under an obligation to see residents at the Timberdine ICU even when they are not registered with the practice. Discussion took place and it was agreed that because of the centre being classed as residential / nursing then GPs have to see them and unfortunately cannot be paid for doing so. Agreed to double check what Timberdine ICU is classed as.

Action: Secretary

Minute 5/597 GPC Election

Grant has decided to resign from all GPC commitments and notification of his vacancy will be in the BMJ and BMA News shortly. Secretary reported that he has decided to stand for election for the GPC. Anyone else can apply. The Coventry LMC Secretary, Dr Jamie

Macpherson has also decided to stand. This will not interfere with the Worcestershire LMC role.

Minute 5/598 LMC Response to the White Paper

The committee discussed the current developments around the county with a view to establishing the Consortia. Members have some concerns at the rather hasty developments that are taking place. It was reported that meetings are being held in Redditch and Bromsgrove and also in Wyre Forest in the coming weeks when proposals will be put to the localities.

The committee discussed the various issues that they felt were relevant and it was agreed that the Secretary would write an open letter to all GPs in the county outlining our thoughts on this matter and the current state of play.

Action: Secretary

Minute 5/599 White Paper "Local Arrangements"

As above

Items B

Circulated

Items C

Application received by Mr K Patel for a minor relocation of Foxlydiate Chemist from 175 Batchley Road, Redditch to Hillview Medical Centre, 60 Bromsgrove Road, Redditch. **Committee agreed to object as this will be disadvantaging Batchley residents.**

Application by Oakley Enterprises Ltd for preliminary consent to establish a pharmacy in the vicinity of Main Road near the junction with Old Road North and Church Street, Kempsey, Worcester WR5 **Haresfield house surgery said they will close their branch surgery if this happens. Dr Bunyan said it will affect Upton Surgery but not to the same degree. Secretary to write an objection.**

Application by Cube Pharmacy Ltd to establish a 100 hour pharmacy at 9 Lower Mill Street, Kidderminster. No comments

Application by Assura Pharmacy Ltd for preliminary consent to establish a pharmacy at Hume Street, Kidderminster. No comments.

CLOSED MEETING (if appropriate)

Chairman closed the meeting at 9.50 p.m.