

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE MINUTES OF THE MEETING ON THURSDAY 12TH APRIL 2007

The regular meeting of Gloucestershire Local Medical Committee was held at Witcombe & Bentham Village Hall on Thursday 12th April 2007 where the following members were present:

Dr P Fielding (Acting Chair), Dr Steinhardt (Treasurer)
Drs. Bayley, Coker, Bye, Fellows, Good, Gale, Haseler, Hollands, McKenzie, Patterson, Rigby, Salter, Simpson and Yerburgh.

Also present:

Mrs Jackie Huck, Gloucestershire PCT
Dr O Rawstone, Ambulance Service
Mr A O'Beirne, Ambulance Service
Margaret Young (Minutes).

35/2007 APOLOGIES FOR ABSENCE

Dr Seymour (Chairman), Mrs. J Stubbings.

36/2007 CHAIRMAN

Tea Rota – Dr Haseler & Dr Hollands.

The Chairman welcomed Dr Rawstone and Mr A. O'Beirne from the Ambulance Service and also Mrs Jackie Huck from the PCT.

Dr Rachel Coker was welcomed as a member to the LMC Committee.

The Chairman explained to everyone that there were administrative problems within the office at present due to staff changes, etc. but that it was important that this meeting took place. He thanked Margaret Young for doing the Minutes.

He passed on the sad news of Dr Ian Gadsby's death on 18th March 2007, (the Memorial Service had already taken place), and that an announcement was in the Newsletter.

37/2007 MINUTES OF LAST MEETING

Dr Patterson was present on 8th March 2007 meeting and the minutes will be corrected. Otherwise approved as a correct record.

38/2007 AMBULANCE TRUST – Dr O Rawstone & Mr.A O'Beirne

Dr Rawstone explained about the changes to the ambulance vehicle dispatch in relation to GP requests.

The prioritising was now changing, having until recently always been second priority to 999 calls.

The call centre has changed from Gloucester to Almondsbury (Bristol) and new IT equipment in Gloucester was now installed.

A pack was distributed which explained in more detail how the calls had previously been dealt with and would now be showing on the dispatcher's screen and questions would now be asked to the caller to prioritise urgent calls, regardless of 999 or GP request.

Dr Haseler asked which telephone number should be given to dispatcher, as it wasn't clear in the pack. *Dr Rawstone replied that it should be the patient's number.*

Dr Hollands expressed concerns that more information was needed with regard to the prioritising of urgent patients and gave two examples of slow response time in relation to his patients. He was concerned that the change in site of the call centre from Gloucester to Avon was causing delay.

Action: Dr Rawstone would be feeding this information back to the controllers.

Dr Patterson was concerned that response times were not very good at present. *Dr Rawstone replied that he was aware of this and should now improve.*

Dr Bailey asked if the priority would downgrade if the GP were with the patient. *Dr Rawstone replied this should not happen.*

Dr Bye was concerned that sometimes, due to delay in an ambulance reaching the patient, the GP was called back to manage the time in between the request and the arrival of the paramedics.

Dr Rawstone added and explained that there is an 8% inappropriate use of 999 calls which has had a knock on effect on ambulances arriving for GP requests. GPs could request a higher clinical priority of 3,2 or 1 hour, if necessary.

Mr Alan O'Beirne

Mr O'Beirne from the Ambulance Service explained that there had been an increase of 15 to 20% of additional calls and resources were stretched. The Great Western Ambulance Service was presently running at 10% below the accepted standard but stated that the merger between Avon and Gloucester had caused problems, along with an antiquated and unsuitable call centre, which had now been upgraded. Additional funding of £1.5million had been agreed to address improvements needed.

Ambulance transport was now being profiled around demand and Cheltenham and Gloucester now had six paramedic based RVC's, (Response Vehicle Crew), working 24 hours, supporting ambulance transport.

There is a pilot scheme of ECPs (Emergency Care Practitioners) and forty are being employed in Gloucestershire, and these are staff that have paramedic background, nurses with relevant experience and Nurse Practitioners.

The first positive effects should be noticed within the first six months but total re-organisation could take up to two years.

Dr Hollands asked if the ECPs will be used for GP requests and Dr Rawstone explained that they would be deployed for this purpose. In answer to a query about the training that ECP staff would undertake, he explained that there would be in house, full time six months placement, supported learning as well as a one year University of W England course.

Dr Simpson queried the difference between the Paramedic and ECP training. *Paramedic training is geared more towards severe trauma, whereas ECP have a Paramedic and broader training including acute illness.*

Dr Gale was interested to know if ECPs would reduce admissions.

Dr Rawstone replied that it should have an effective impact.

Dr Coker asked if ECP staff would be able to prescribe and was told they would not, other than normal Aspirin, etc.

Dr Haseler was interested to know how information and records would be passed on to GPs, etc. *Dr Rawstone explained that any information would be passed on through the Out Of Hours ADAstra system.*

The Chairman thanked Dr Rawstone and Mr O'Beirne for their commendable work and for all the valuable information passed on today. *Dr Rawstone and Mr O'Beirne then left the meeting.*

39/2007 MATTERS ARISING

• Appraisal Payments

The Chairman reported that from 1st April 2007 these payments had been negotiated to reflect the quality service given by the Appraisers and Sessional GPs. The figure for Sessional GPs for

2007/08 is £310.00 not £320.00 as previously reported; the intention was to rise to £360.00 within the next few years. Dr Gale stated that he did not feel this was a reasonable increase if it included superannuation, etc.

Action: Take to next Negotiators Meeting for further discussion.

- **OOH Pay**

Dr Haseler requested that with regard to OOH GP pay there had not been an increase in salary in three years and she felt that the LMC should take on the responsibility to ensure fair treatment with regards to salary increases. The Chairman answered that this was an awkward area as some doctors were employed through the Ambulance Service. Various suggestions and thoughts were put forward; Dr Rigby (Local Negotiating Committee), Dr Holland (negotiating with group), Dr Haseler (LMC). It was also agreed that a Mandate was needed and further discussion in the Closed Session.

Action: Discuss with Jackie Huck at Negotiators Meeting.

Dr Fellows passed on information that he had received with regards to certain Welsh GPs being unable to carry on working after certain date and also the problems with the borders of England/Wales that some GPs were finding with regards to prescription charges.

Action: For further discussion

- **Gloucestershire Local Medical Committee Conference Motions 2007**

The Agreement had to be submitted by Friday 13th April 2007.

Item 1 - change 'Glos LMC' to Conference.

Item 2 - change 'conclusive'.

Item 3 - alter 'as' and add in 'With respect, this conference'...

Item 4 - After various discuss - AGREED

Item 5 - Chairman to alter

Item 6 - AGREED

Item 7 - Dr Yerbergh will forward information regarding this

Item 8 - AGREED

Item 9 - After various discussions - Chairman agreed to maintain in present format

Item 10 - NOT TO BE SUBMITTED. Wasn't felt change could be demanded

Item 11 - AGREED

Item 12 - Dr Haseler felt this was weak and that QoF should be able to be developed and that funding should be in place for both schemes.

Dr Bye requested it be changed and 'without proper remuneration' be inserted.

Chairman to alter accordingly

Item 13 - Sentence to stop after 'new money', remove rest of sentence.

Item 14 - various discussions re MPIG and payments when reverting to GMS but AGREED.

Item 15 - AGREED, (Dr Haseler stated that she felt this was a weak motion and requested removal/overruled)

Item 16 - After various discussions with regard to all being looked after, whether salaried, etc, the Chairman stated that there was value in submitting this motion due to various interpretations.

AGREED

Item 17 - AGREED

Dr Ian Bye suggested that, next year; maybe all interested parties could put forward motions for discussion.

Action: Look at different structure/modelling next year.

- **Annual Conference Dinner**

Price = £82.00 per LMC member (to include $\frac{3}{4}$ bottle wine). This was approved. Dr Salter raised the issue regarding removal of pudding for LMC!

- **NHS Care Records Service – Summary Care Record**

A printout had been distributed in advance.

Dr Rigby expressed his concern that GPs would be inundated with queries from patients due to the information in the booklet advising them to make an appointment with their GP for further information, etc. He suggested that it would be more sensible to have an allocated person at the PCT for people to contact. He recommended asking for the removal of this paragraph from the booklet but it had already been published.

Jackie Huck (PCT) replied that there was not a dedicated person to deal with this and was not sure that there would be funds available for this purpose.

The Chairman felt that the advice to contact GPs could clog up the GPs appointment system and asked Jackie to note concerns.

Action: Jackie Huck to inform PCT of concerns.

- **Dermatology IOG**

Defer until next month due to absence of Speaker.

- **PCT Estates/Premises Criteria**

Jackie Huck gave a detailed outline of the proposal that savings from practice commissioning budgets would give an approximate fund of £2 –£3 million towards premises upgrades/builds, etc. In future practice clusters would then identify their own priorities.

In reply to Dr Bayley's query on premises upgrade costs, Jackie Huck replied that the average cost was between £150-200,000 and, therefore, £2-3 million was a significant amount for building costs. There was general concern from a number of GPs regarding the possibility of Practices being made bankrupt if they failed to make sufficient PBC savings. Jackie Huck replied that the PCT would not let that happen and would deal with it as at present.

Dr Simpson queried that if the cluster group was in deficit, they would have to cut services to find money, therefore he felt very few cluster groups would therefore take on the responsibility of premises deals. Dr Good explained that, as he saw it, regardless of whether the PBC cluster folded, there would still be money available due to the ongoing process. Various discussions between GPs/Jackie Huck continued and the Chairman concluded that it would appear that private sector involvement would soon be necessary to fund new premises build. Dr Fellows suggested adding a motion to add to LMC Conference.

Action: Dr Fielding to note.

- **A guide to good Practice in the management of Controlled Drugs in Primary Care.**

Dr Good had highlighted some points from the 100 page NPS guidance document that he thought were of note – as listed on the handout dated 30.3.07. He explained that there were many contradictions throughout the document, but the points on the handout was information that he thought was especially relevant to

all practices keeping CDs. Dr Good will need to check on paragraph 3, as the information requires clarification.

Action: Dr Good to clarify, and report back.

- **Process for Accreditation and Re-accreditation for GpWSI**
Dr Ian Simpson gave a verbal summary of the requirements for appraisals for GPWSI. This involved a team of nine people on a panel and various representatives and he indicated that this could prove to be unworkable. It involved setting up of accreditation; six monthly assessment by a visiting panel; various meetings of all persons involved and re-accreditation after three years, etc. A detailed practice submission would also need to be provided by the GPWSI. Dr Fellows disagreed and felt that this was appropriate to protect clinical services and to prevent GPWSIs becoming a cost cutting exercise. Dr Haseler felt that the hourly rate paid to the GPWSI was poor and should be an issue for the PCT to look at. Jackie Huck stated that she had taken all various comments into account and would take thoughts back to the PCT.

Action: Jackie Huck to report to PCT.

The Chairman thanked the relevant people who had read the reports discussed and stated that it was useful one member reading and reporting back to the full Committee.

40/2007

ACTIVE TOPICS

- **PBC** – cf. later.
- **IM&T** – Dr Robin Hollands awaiting information from Negotiator's Meeting.
- **Choose and Book**

There were discussions whether or not to continue using the Choose and Book system due to the DES payment ceasing from 1st April 2007. Various problems with the system including the inflexibility and problems with certain referrals. Dr Bye suggested giving a month's notice of stopping and then all Practices ceasing and reverting back to referrals. Jackie Huck reported that no information had been given to the PCT from the DOH regarding future plans re the DES. The LMC could not recommend Practices stopping using the C&B system. Further feedback was expected from the combined G.P.C and. LMC Secretaries special meeting later that week. Information about the current state of play would also be put into the Newsletter for GP's.

Action: Discuss further info at Meetings next week.

- **Access** – nil to report.
- **Mental Health** – to remove from Active Topics.

Action: remove from AT.

41/2007

REPORTS

- **Report of PCT/LMC Negotiators Meeting 15th March 2007**

A handout had been distributed to all present.

Jackie Huck explained that there had been lots of reviews of discretionary payments and many issues needed to be looked at. She was able to report that Maternity and Sickness payments were back as before.

- **Report of Executive 29th March 2007**

A handout had been distributed to all present.

- **PBC Meeting 23rd March 2007**

A handout had been distributed to all present. Comments regarding the PBC incentive scheme were passed on to Jackie Huck. GPs are to talk about their involvement in cluster groups but the 0% pay award is in everyone's mind. Dr Haseler felt that more streamlined

negotiation was needed and felt the PCT was a little out of line with budgets set which could not be altered. There were various discussions relating to whether there were roles for LES/DES.

The Chairman felt that the PCT/LMC needed to work together to sort out the best way forward.

Action: LMC/PCT to discuss.

- **GPC M7**

A handout had been distributed to all present. Dr Fellows gave a detailed report on the recent GPC meeting and the ill feeling regarding the 0% pay rise. It was felt that stopping C&B was a likely target in England. Improving practice income ideas were sought and a meeting will be called next week to discuss.

One Devon Practice had inserted a read code in all patient's notes to prevent downloading to the Spine but Dr Rigby felt that this could be risky due to ensuing liability and how would this be reversed when needing patient consent. It was noted that the information required on the Spine was to be expanded to full summary and not brief that was first reported.

- **Office Report**

As tabled.

42/2007 ANY OTHER BUSINESS – nothing to report.

43/2007 FORTHCOMING MEETINGS

GPC/LMC secretary	19 th April 2007
LMC/PCT negotiation	18 th April 2007
LMC Executive	25 th April 2007

Thanks were given to Jackie Huck for her involvement and attendance at the meeting.

There being no further business the Meeting Closed at 4.45pm

Date of Next Meeting: Thursday 10th May 2007