

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE

MINUTES OF THE MEETING ON THURSDAY 14TH JANUARY 2010

The regular meeting of the Gloucestershire Local Medical Committee was held at Witcombe & Bentham Village Hall on Thursday 14th January 2010 at which the following members were present:

Dr. A Seymour (Chair) Dr. P Fielding (Deputy Chair), Dr Steinhardt (Treasurer):
Drs. Alvis, Bayley, Booker, Bye, Coker, Fellows, Gale, Good, Hodges, Morgan, Morton, Patterson, Rigby, Salter, Simpson, Siva, Yerburgh and Ulahannan

Also present:

Representing the PCT:
Jackie Huck, Deputy Director
Dr. Helen Miller, PEC Chair

From the LMC Office:
Mr Mike Forster, LMC Lay Secretary
Sue O'Sullivan, Admin

1/2010 APOLOGIES FOR ABSENCE

Drs. Hayes, Tan and Preston. Mrs Elliott and Mrs Knight

2/2010 CHAIRMAN

The Chairman welcomed everyone to the first meeting of 2010. The weather fortunately had improved allowing the meeting to go ahead as planned. He welcomed Dr. Jim Morison FRCGP, AD for Post-CCT and Acting Patch AD for Gloucestershire, Severn Deanery School of Primary Care, to talk to members about GPs who felt under pressure in their working lives and the support that could be provided.

Tea Rota: Drs. Alvis & Simpson

3/2009 MINUTES OF THE LAST MEETING

The Minutes of the last meeting were accepted, apart from an amendment to show that Dr. Rigby had been present and to reflect under the FACE form item that the District Nurse involved was not a member of Dr. Bayley's practice.

4/2010 REGISTER OF INTERESTS

There were no new declarations of interest to report.

5/2010 ACUTE TRUST ISSUES

• Inadequacy of Utopia Discharge Summaries from A&E

Dr. Coker reported that the discharge summaries from A & E, whilst timely, were providing incomplete information. For instance, they did not always say whether the patient had been admitted or sent home. Dr. Fielding asked if the summary was trialed before going live. The date format at the top of the form would have to be changed as it could not be read electronically; the date should be in full e.g. 30th January 2010. Dr Ulahannan agreed that they could be improved and would take it back to the Trust.

Dr. Ulahannan drew attention to the MRN number that appeared on the summary. The GRH number would disappear to enable a single Patient Administration System project. Everything was in a big flux at the moment. Dr. Alvis felt confused by the new system. He was used to the usual NHS number, but it was pointed out that some patients coming from abroad have not got an NHS number.

• Community Hospitals

Dr. Fellows raised the community hospital bed issue and the increasing morbidity of the patients who were sent to them. Jackie Huck was able to report that the

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hospitals and PCT were working very closely and reviewing the level of patients who were in community hospitals and agreed that they were very poorly and sent to Community Hospitals due to extreme circumstances.

Dr. Bye felt that it was the outfall from Utopia; he did not believe it was a unique situation. Dr. Morton reported that in his local community hospital there were more patients than beds, most of the patients unknown to him. Dr. Fielding warned that GPs should be serving people, not the machine. Dr. Simpson would defend Utopia, if given a chance he felt it would work. The whole ethos of Utopia was to save money by closing beds but they had not been closed as patients were being moved to community hospitals. Dr. Ulahannan could not give the number of beds currently closed, as it was a changing situation, fluctuating to pressures in force at the time. The Chair recommended writing a letter to Frank Harsent and Sean Elyan to express the LMCs concerns.

Action: Letter to Frank Harsent, copy Sean Elyan, LMC concern on pressures on community hospital bed spaces

• **GP/Consultant Emails**

Dr. Ulahannan reported that he had been in contact with Sue Dennis, currently Head of Information, and had been given an update. There was a project underway to provide GPs with 'glos.nhs.uk' email accounts and thus facilitate the transfer of patient information within the current guidelines.

The first pilot sites were already installed. Mark Elliot was the Project Manager. GHNHSFT representation on the project board was about to change and Mark Ellis and Dan Corfield would be discussing how Trust colleagues were to be informed of the imminent changes to procedure and communication in the next few weeks.

The full rollout was under way, scheduled for completion around the end of the financial year. Dr. Ulahannan said Dan Corfield from the PCT was happy for the LMC to contact him direct if any further information was required.

There were security guidelines available and Dr. Rigby agreed to send a copy to Mike Forster. **Action: Dr. Rigby to send security guidance to Mike Forster**

6/2010

SUPPORT FOR GPs – Dr Jim Morison, Severn Deanery

Dr. Morison had been involved in local education in Gloucestershire from the start of his career as a GP some 28 years before and since 2005 he had held a more senior role, Associate Deanery Director. Almost all parts of the country had developed Continuing Professional Development (CPD) in different ways. CPD in Gloucestershire was looked after by a Charitable Trust to provide a basic core for GPs. Dr. Morison mentioned the significant input Wessex LMCs had in CPD; Severn Deanery CPD was run on a local patch basis which worked very well and he stressed that he had not come to ask for LMC financial involvement. Gloucestershire LMC was a very different organisation to Wessex which had 3 times the membership. Mike Forster had learned that Wessex LMC made a profit each year and had assigned £45k to fund this project, whereas Gloucestershire LMC aimed to break even, so as to not increase the levy payable by GPs.

GPs with difficulties would come through the GMC or PCT route; the Support Panel would counsel those with emotional/psychological problems. A perceivable gap had developed between the service for GPs suffering these problems and those experiencing difficulties in their daily working life, a gap which could come under the wing of the LMC. Dr. Fielding stated that the LMC already had a number of named members willing to help/advise any GP who felt under pressure.

Working as a doctor was very demanding and could create a lot of pressure and stress for an individual. Doctors also put a lot of pressure on themselves to perform well, all of which could mean that from time to time they might experience difficulties which required attention. If a GP had concerns, or concerns had been raised about them, for whatever reason it was important to remember that there was help and support available to get themselves back on track.

Dr. Morison reported that a 'no strings attached' £3.000 was available to the LMC to explore a system/structure to support those GPs in Gloucestershire who felt

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under pressure in their working lives. There were no outcomes attached to the offer but he hoped the 3 LMCs in the Severn Deanery would work together to explore how they could form these structures. Modelling elsewhere suggested that in Gloucestershire there could be 50 to 70 GPs a year experiencing at least a degree of difficulty.

Dr. Fielding felt it was an excellent example for the LMC to join forces with the Deanery; funding could be an issue. The Chair asked if there were any concerns/risks attached to LMC involvement; no one present opposed the proposal. Dr. Seymour thanked Dr. Morison for his attendance and information about CPD.

Action: set up a Sub-Committee to plan way forward

7/2010 MATTERS ARISING

• DNA Policy

Jackie Huck reported that she had spoken with the Contracts Team about the DNA policy and learned that it was 2 DNAs, not one, that should lead to a fresh referral. The first opportunity to renegotiate the contract would be in April. In the meantime Jackie asked for examples of any breach of the policy.

Members highlighted different problems they had experienced:

- Two-weeks' notice of cancellation of patient's appointment given to Hospital but still had to re-refer.
- Hospital secretaries not being aware of cancellations, leading to a lack of co-ordination.

Dr. Rigby felt the only answer was to put all appointments through C&B. It was agreed to make this a Newsletter item.

Action: Newsletter item

• Relocation of Midwives

Jackie had contacted the Provider managers but no one was aware of any policy to relocate Midwives.

• Mental Health Nurses

The Chair reported that, despite previous assurances by Eddie O'Neil, he had been unable to make direct bookings. Dr. Miller agreed to take this back to Eddie O'Neil. It was not what they had commissioned. Anyone experiencing problems was asked to email specific evidence to Dr. Miller. Dr. Booker said some patients were finding it impossible to get in touch with IAPT; Dr. Morgan felt that the mental health service was in chaos; Dr. Salter would take these comments to a meeting planned for the following week; he suggested that 2 rapid changes in the structure had proved problematic but he hoped that by April/May the system would have bedded in. It was agreed to keep this as a rolling item.

Action: Mental Health Services to be a rolling agenda item

• Diabetic Retinopathy

Screening service: Practices had been contacted to establish what position they were in regarding available space in their premises. Practices had been classified at either red/amber/green levels. The LMC were concerned that this did not accurately reflect the true position and asked for the PCT to survey practices more efficiently. The idea of a mobile unit was still ongoing but the one-stop-shop basis might not be clinically possible.

• District Nurse FACE Form filling

This had been raised at the PEC. There was general agreement that it was not appropriate; Trish Jay had responded on behalf of Care Services but nothing further had been heard and the forms were still coming out. It would be better to have a far simpler form and a more detailed one for the few patients with more complex needs.

The PEC would take this forward with PBC, the form was not commissioned but one that Care Services had decided to do. Dr. Simpson was disappointed at the PEC's lack of decisive reaction to the form; there appeared to be a tier of management which did not understand the responsibility/role of a District Nurse.

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Dr. Patterson reported that some District Nurses were taking the forms home to complete because of their complexity.

If an electronic link between Social Services/District Nurses could be established the interaction would be useful for complex care needs. Dr. Rigby felt it illustrated a big argument for District Nurses to be employed by GPs.

Dr. Miller asked members to email their concerns to her.

Action: Dr. Miller agreed to take members' concerns back to the PEC

- **Pre-operative prescriptions**

Jackie Huck had taken this through to the Trust. Dr. Janet Ropner reported no change in policy; it transpired that Dr. Good's partner's problem was patient specific. Dr. Fellows said that the GPC view was that prescriptions for preoperative drugs were a secondary care issue.

- **Practice bandwidth and GP COIN**

N3 problems: A practice had lost their Internet link; Connecting for Health had brought along some kit to test the link and said it was in order. It was scandalous that frontline health should have such a poor system; the local solution would be to have GP COIN: a pilot in the Forest had been well received, as it gave a huge increase in performance using a remote server. Dr. Rigby urged practices to let the PCT know of specific problems.

Summary Care Records: it was not going away and Gloucestershire would need to have it in place by December; it would impact on practices Internet links. It was agreed that Dr. Rigby and Mike Forster would construct a survey to establish the adequacy of practice Internet links. The PCT would need to be persuaded that the cost of GP COIN (£5M over 5 years) was a good investment.

Jackie Huck tabled a paper on the current position statement on IM&T; this would form a discussion for the February LMC meeting.

Action: 1) Dr. Rigby/Mike Forster to construct a survey

2) PCT Position Statement on IM&T Agenda item February LMC meeting

- **Conference Representatives**

Drs Bayley, Alvis and Yerburch were confirmed as Conference representatives.

8/2010 FOR DISCUSSION/INFORMATION

- **PMS Update**

The PCT had had separate meetings with PMS practices during December/January, these were complicated issues and big decisions for practices to make; the PCT hoped to have reached agreement with practices by the end of the financial year but Dr. Steinhardt felt this was not viable. Practices had to calculate some of the figures themselves, as the PCT were unable to provide a comprehensive set of figures. Negotiations were beginning to impact on GMS practices. The LMC had planned an evening meeting with PMS practices on 2nd February at Oxstalls. There would be an opportunity for further meetings with the PCT during February/March. Premises funding was not linked to PMS/GMS negotiations.

Dr. Miller agreed to take the Committee's concerns back to Debra Elliott.

Action: Dr. Miller to take back LMC concerns to Debra Elliott

- **Pay rise for GWAS OOH GPs**

Dr. Gale said the PCT was responsible for providing OOHs care supplied by a mix of salaried, sessional and locum doctors. Original negotiated pay rates had decreased by 14% due to pension payments. Mobile doctors had received no pay increase for 5 years; GWAS response was that the problem lay with the PCT. Over the Christmas period 3 Polish doctors had covered the mobile service; this was not a local service for local patients! Dr. Bye cited the case of the German doctor who accidentally killed a patient whilst working in his first UK OOHs shift. Dr. Morton felt GWAS to be an insensitive employer; doctors working in OOHs had effectively part-funded GWAS since last April because of failure by the PCT to pass on any increases. Jackie Huck would try to establish where the blockage lay.

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OOH GPs Representation: Any GPs who had previously worked in PCCs would not recognise the current model. It was a high-risk environment and should be a clinical governance issue. Some members asked that the LMC write to GWAS on behalf of levy paying members pointing out that this was not the way to look after staff in a modern environment. Terms and Conditions were within the remit of the LMC but the failure of GWAS to reply to Mike Forster's letter did not imbue confidence. Dr. Bye wondered if it were time to involve the BMA Industrial Relations Officer; Dr. Gale felt if doctors resigned from the service, foreign doctors would be employed to take over. It was agreed to set up a sub-group to formulate a policy: Drs. Gale, Booker, Fielding and Seymour agreed to form the group. Dr. Gale asked for some feedback from the PCT; Jackie Huck would look at the issues raised from a commissioning perspective.

Action: 1) Jackie Huck to establish where funding blockage lay and how any increases were passed on.

2) Jackie would look at issues raised from a commissioning perspective.

- **New Vetting and Barring Scheme**

The GPC guidance explained the steps that GPs needed to take individually and as employers to ensure that they comply with the Safeguarding Vulnerable Groups Act 2006.

It would be a criminal offence for anyone on the barred list (e.g. the PoCA, POVA and/or List 99) to seek or undertake 'regulated activity', including those working as a GP, as a practice nurse and may also include working as a healthcare assistant. It applied to those who were already in post or are seeking a new post.

It would be a criminal offence for a practice knowingly to appoint a barred person to a 'regulated activity' post. It was now mandatory for those taking up a new post as a GP, practice nurse or healthcare assistant (as they undertook 'regulated activity') to have had an enhanced CRB check undertaken. This only applied to new recruits and those who were changing jobs who would undertake 'regulated activity'. It did not apply to receptionists, practice managers, cleaners etc.

The Secretary would include the guidance in the next edition of the Newsletter.

Action: Newsletter item

- **ACR specimen collection**

Dr. Rigby reported that a new urine sample collection device was due to be introduced. The numbers of urine samples received by Chemical Pathology for albumin:creatinine ratio had increased greatly over the past year, and was anticipated to continue to increase.

Each sample had to be transferred to a tube suitable to go on the analyser, and the sample identification details had to be copied over by hand in the laboratory. The potential for error in this procedure when dealing with large numbers of samples was of great concern and had been identified as a high risk.

The Path Lab were therefore introducing a urine sample collection method (for albumin:creatinine ratio only) which enabled urine to be transferred very easily in the surgery into tubes which they could place directly onto their analyser. This would decrease the risks and thereby improve the quality of service for patients. The system had been trialled in a number of high use Practices and had proved to be easy to use with very favourable feedback.

Each practice would shortly receive a starter pack comprising some transfer devices, tubes and full instructions to get them started. Further supplies could be obtained from Pathology in the usual way.

Members were not happy with this additional work and asked if it were contractual. The PCT would look into it.

Action: PCT to investigate if the work was contractual

9/2010 **LISTSERVER**

Tax Health Scheme. The Chairman reported a communication from Dr. Brian Keighley, GPDF Treasurer, concerning HM Revenue & Customs' new powers, procedures and penalties. Technology had brought many advantages to the tax authorities, and HM Revenue & Customs (HMRC) were using risk analysis profiles for all taxpayers. The intention, which had been announced in March 2006, was to use this material to select cases for full enquiry and also to launch specific campaigns against those who might have submitted an incorrect tax return.

GPs should be aware that HMRC had launched a campaign looking at the accuracy of doctors' tax returns. This was because HMRC's research and risk assessment process indicated that a significant minority of doctors might have submitted returns which had a high probability of containing errors, some stretching back 20 years.

GPs should bear in mind that from 2011 onwards the submission of a tax return which was deliberately incorrect and which gave rise to a tax loss of £25,000 or more would lead to the name of the taxpayer being published, and it went without saying that the reputational damage could be significant. Names published by HMRC would undoubtedly come to the attention of the GMC, and it was likely that the individual(s) concerned would be referred to a GMC Fitness-to-Practise hearing. It was agreed to fax this information out to practices.

Action: 1) Newsletter item

2) Mike Forster to fax to all Gloucestershire practices

Level 4 Anticoagulation: A PCT in the north of England had stated that those involved in administering the service had to be a Nurse or Doctor, not a Health Care Assistant. This was generally seen as too onerous and unreasonable.

Child Health Surveillance: Another PCT was demanding that a doctor should attend a 4-day child health surveillance refresher course since the GP in question had not attended one in 5 years! Again, this was felt to be unreasonable.

10/2010 **ACTIVE TOPICS**

- **Project UTOPIA**

Already covered.

- **Pandemic Flu**

Dr. Fielding reported swine flu was still out there. The PCT Pandemic Steering Group had not met for months; he asked that all the agencies be involved in a meeting as a matter of urgency. The virus would be with us for a number of years and there should be on-going evaluation of the effectiveness of the vaccine.

- **PBC**

Dr. Miller was working towards appointing directors with responsibility for each PBC Confederation. An advert would go out next week with a closing date of 7th February 2010. PBC leads would be involved in PEC to consider commissioning of services. Dr. Miller was looking for enthusiastic GPs to join PEC. Jackie Huck would inform the LMC when all the appointments had been made. An LMC representative on the PEC would be welcomed.

Dr. Rigby was concerned about the Tewkesbury area and which Confederation patch it would be assigned to. He felt traditionally Tewkesbury had roughly done what Cheltenham had done and was the natural community. Dr. Miller again stressed that there would be no shoe-horning of areas with unnatural bedfellows.

- **Choose & Book**

All those who attended the Depression 2 meeting should have submitted their claims to Nikki Holmes.

Spine and ankle service: Dr. Rigby reported that the C&B system unfairly got the blame for the temporary closure of the service. As reported at the December meeting the PCT would let practices know if the closed list continued beyond 6 weeks.

- **IM&T**

Already covered.

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- **QoF**
Nothing to report.

11/2010 REPORTS

- **Report of Negotiators Meeting 21 Dec 09**

As tabled. Dr. Bye reported the spreadsheets submitted by the PCT in support of the PMS negotiations were opaque. There was still a lack of clarity on the return to GMS, practices not knowing what to do.

There were some significant differences between the Lockhart and Hempson contracts. Further negotiation would be required.

The Vascular LES had been discussed, especially the final wording. It had transpired that although the draft LES was expressed in terms of payments per patient per examination, the PCT intention was to let a block contract, paid on population base not activity. The LMC had welcomed this assurance and had suggested the LES's wording should be revised to reflect that.

Monitoring at Level 4. The LMC understood that an FP10 was permitted when prescribing a patient-specific reagent for INR, and commented that it took time to recalibrate the machine each time a patient-specific reagent strip was used. The bulk purchase of strips was uneconomic; they would cost the practice £300+ for a batch of 56 strips (one strip: one test.) The PCT agreed to check out the background to this with PBC leads and feedback.

- **GPC Newsletter**

As tabled.

Dr. Fellows was annoyed that there would be no meeting in January, and February's date would be taken up with sub-Committee work in the morning, leaving only the afternoon for the main GPC work.

- Appraisal Credits: The College was under pressure with their proposed credit systems i.e. 50 hours.
- Revalidation: Continuing the fight.
- Cremation: Fee may be scrapped.
- Emergency (flu) SFE

Progress on creating an eSFE for 2009/10 had stalled because of legal and political obstacles which could not be overcome in a mutually acceptable way. Most of these problems were unique to 2009/10 and would be surmountable in future years.

- **Foundation Trust Contract Quality Group Minutes 03.12.09**

As tabled.

- **Report BMA Southwest Regional Meeting**

This had been cancelled due to weather conditions.

12/2010 FORTHCOMING MEETINGS/EVENTS

- Negotiators Meeting Mon 18 Jan 10
- Meeting for PMS Practices: Tue 2 Feb 10 at 18:00 in the Oxstalls Conservatory
- LMC Meeting 11 Feb 10

13/2010 ANY OTHER BUSINESS

- **GP Premises Contract**

There were 30 projects and a team of negotiators involved. Two issues: Covenant Notional Rent – 15 years

Notional Rent reimbursement: £150 per square metre not practical or do-able. Some areas (e.g Oxfordshire) were getting £180 per sq. metre; The meeting felt that the least they could insist on from the PCT was that there must be consistency across the county.

Dr. Fellows reported that the GPC were setting up a Premises Committee in February and should we write to them? It was agreed that points should be passed

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through to Ian Simpson (LMC Premises Representative) and then passed to the office.

- **Cancer Screening for people with Learning Difficulties**

The issues were:

1. Funding
2. Workload
3. Principle ethical?

It was unclear as to precisely what information was required in terms of the level of Learning Disability. If it were just Severe or Moderate then that information was already available via the LD DES. If it involved categorising into mild levels as well then a lot more work would be required, which would need to be funded.

If the work were commissioned members would be happy to do it; it should be taken to the Negotiators.

Action: Negotiators

- **Free Prescriptions**

Dr. Patterson described a situation where a person registered with a practice in Tintern was getting free prescriptions. She had received a letter from the PCT requesting that she re-register with a Gloucestershire practice. Jackie Huck asked for information from the practice involved to take this forward.

Action: Dr. Patterson to provide information to the PCT

There being no further business the meeting closed at 5 p.m.