CLEVELAND LOCAL MEDICAL COMMITTEE

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Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.30 p.m. on Tuesday, 12 December 2006 in the Committee Room, Poole House, Nunthorpe, Middlesbrough.

Present:	Dr R Roberts (Chairman)	Dr W J Beeby	Dr J-A Birch
	Dr S Burrows	Dr J T Canning	Mr J Clarke
	Dr D Donovan	Dr K Ellenger	Dr T Gjertsen
	Dr M Hazarika	Dr A Holmes	Dr I A Lone
	Dr K Machender	Dr R McMahon	Dr T Nadah
	Dr J R Nicholas	Dr D Obih	Dr J O'Donoghue
	Dr A Ramaswamy	Dr N Rowell	Dr N Siddiqui
	Dr M Speight	Dr C Wilson	

In attendance: Mrs C A Knifton : LMC Manager

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The British Medical Association had elected Dr Lone to become a Fellow of the Association in recognition of outstanding services to the BMA and as a mark of the high esteem in which he is held by the members of Cleveland LMC. Dr Roberts presented Dr Lone with the scroll and Dr Lone was warmly congratulated by his fellow committee members.

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06/12/1 APOLOGIES

Apologies had been received from Dr A R J Boggis, Dr G Daynes, Dr A Gash, Dr J R Thornham and Dr S White.

06/12/2 MINUTES OF THE MEETING HELD ON 7 NOVEMBER 2006

These had been circulated to members and were **AGREED** as a correct record and duly signed by the Chairman.

06/12/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

06/12/3.1 Roles & Responsibilities of LMC Officers and Members
Ref Minute 06/11/4 – Deferred from November meeting

The Roles and Responsibilities for Members / Chairman / Vice Chairman / Medical Secretary were resolved to be **ACCEPTED**.

06/12/4 PENSION DYNAMISING FACTOR

Copies of the letter dated 7 December from Lord Warner, Minister of State NHS Reform, to Dr Hamish Meldrum, Chairman of the GPC, and emails from the LMC to GPs dated 7 & 8 December 2006 were tabled and discussed.

Lord Warner's offer of a 48% rise in the pension dynamising factor over five years may seem generous but it is not the deal negotiated with government, where it was said the pension system was not changing. It was felt that 48% may be the correct figure over a period of three years as opposed to five years. Those over 50 and those who have retired since April 2003 will be most affected. Those currently in employment will have to work longer to achieve their previously anticipated pension.

There was concern that the Secretary of State had decided to exercise her power to issue directions and determinations to change the pension scheme calculations, irrespective of the agreement reached by the negotiators, because she could then do the same thing to other members in the profession i.e. consultants, etc.

Members were behind the idea of the GPC taking legal action. The decision of the negotiators is that negotiations continue while the court case is proceeding.

The Secretary **AGREED** to send a letter of support to the GPC.

06/12/5 CHILDREN & YOUNG PEOPLE: DOCTORS' ROLES & RESPONSIBILITIES : GMC consultation document

Consultation on the document was open until 23 February 2007, but members felt that the proposals were not a radical change from procedures presently operating.

06/12/6 PRESCRIPTIONS FOR DENTAL PROBLEMS

The Secretary gave illustrations of when GPs <u>should not</u> prescribe for dental patients:

- A dentist contacts a doctor explaining that he has a 65 year old private patient who under normal circumstances would get a free prescription, and who needs antibiotics. The dentist refers to shared care responsibility, asks the doctor to prescribe amoxicillin on an NHS prescription. *A doctor <u>should not</u> issue a prescription in these circumstances because the dentist is treating the patient.*

- Community pharmacists are getting private dental patients objecting to paying for private dental prescriptions, and patient is then taking prescription to their doctor requesting it be put on to an NHS prescription so patient gets it free of charge. *A doctor <u>should not</u> issue a prescription in these circumstances because this is an inappropriate use of an FP10 and you are not treating the patient. This may even be considered a fraudulent use of an FP10.*

- Some NHS dentists will prescribe drugs to patients which are not in the limited dental formulary, and then ask the doctor to prescribe the antibiotic. *Doctors are still <u>not allowed</u> to issue a prescription because they are not treating the patient.*

Doctors do not treat dental problems because they are not competent to do so. However, treatment can be given for the pain.

Dr Holmes explained that prisoners at Holme Prison and Kirklevington Grange Prison had difficulty in obtaining access to a dentist. It was suggested the matter be taken up with North Tees PCT.

It was mentioned that dentists are not keen on taking patients who require a large amount of dental work, though it was understood that the General Dental Council expects dentists not to leave patients in pain. It was important to maintain a good working relationship with the Local Dental Committee

The Secretary A**GREED** to :

- Draft a standard letter which practices can issue to patients with dental problems.
- Check with PCTs how they deal with patients wanting to access dental services, and who at the PCT the patient should approach if having difficulty obtaining treatment. It was thought North Tees & Hartlepool had a dedicated telephone line, whilst Middlesbrough did not.
- Express concern to the PCTs and LDC on the matter.

06/12/7 GP LMC REPRESENTATIVE SOUGHT TO ATTEND FLU CO-ORDINATORS MEETINGS
Held monthly at various locations : Friday early afternoon for 2 hours

No nomination was received. It was **AGREED** that anyone who was interested should contact the LMC office.

06/12/8 REPORTS FROM REPRESENTATIVES

06/12/8.1 BMA Regional Council meeting held on 11 October 2006 at the Holiday Inn, Washington – Dr J P O'Donoghue

Dr O'Donoghue explained that the BMA had been divided into regions. The North East no longer had an office in Newcastle and was now based in Leeds. BMA were trying to set up a Regional Council consisting of GPs, registrars and consultants in various crafts in order to discuss matters of mutual interest/concern. The affect of using the private sector to shorten waiting lists was discussed. It was not known how or if the Council would develop.

06/12/9 REPORTS FROM MEETINGS

06/12/9.1 LMC/NT & H PCT Liaison Meeting, 29 November 2006 : Dr R Roberts : Dr J T Canning & Mrs C Willis : Mr G Prest : Mr N Nicholson, Dr J R Thornham

The Chairman explained that as Chris Willis was Chief Executive of both North Tees and Hartlepool, a joint liaison meeting for the two PCTs had been held.

- Governance: Several members had been appointed, with the remaining posts having gone to the Clearing House.
- Ambulance service: Practices giving three months notice to PCTs in order to cease booking routine ambulances for patients had been discussed. Hartlepool practices currently adhered to a LES but had received confirmation that this could cease at end-March 2007 with a slight loss of money to each practice. PCT thought there were buses travelling between UHNT, UHH and JCUH but this proved to be inaccurate, with a change having to be made in Middlesbrough.
- Performance issues: Looking at producing a Tees-wide procedure if possible.
- Practice funding: Inequalities of funding for practices was discussed, but unfortunately there is no policy available to redistribute funding.
- Procurement of additional PMS services: Will be discussed later in the LMC agenda.

06/12/10 CHARITIES

06/12/10.1 The Cameron Fund Christmas Appeal: Dr J Rocyn-Jones, Vice Chairman

(Cleveland LMC have a standing order for £1,000 payable each December – last increased December 2002)

"At Christmas time, the Cameron Fund has always been able to supply that something which is both special and an "extra" for the Festive Season. This is never more needed than where children are involved. To enable us to continue with this support, the Cameron Fund relies totally upon the very generous support that it receives from GPs. Please encourage your constituents to support us again this year, especially with Gift Aided contributions.

As an example of what the Fund undertakes on behalf of its members, during the year 2005, we authorised £129,506 in grants and £23,599 in loans to 51 different individuals or their families. At Christmas time last year, due to GPs great generosity, the Fund was able to send cheques amounting to £12,275 to 45 individuals or their families.

My fellow Trustees and I hope that your LMC will be able to look favourably upon this request for further financial support as we begin to plan our Christmas cheque distribution for this year. On behalf of the Cameron Fund, may I use this opportunity to thank both your LMC and your constituent GPs for their continuing support.

May I also use this opportunity to bring to your attention the fact that the Cameron Fund wishes to be informed of any of your constituents, colleagues or their families who may be in need of assistance from the Fund. Contact is very easily made to the Fund by telephoning 0207 388 0796 or by email to secretary@cameronfund.org.uk.

The Cameron Fund wishes both you and all members of your LMC all the very best for the forthcoming Christmas and for a very happy, healthy and prosperous New Year. Thanking

you in advance for any support or assistance that your LMC and your constituents may be able to give to the Fund."

06/12/10.2 Royal Medical Benevolent Fund Christmas Appeal: Sir Barry Jackson, President

(Cleveland LMC have a standing order for £500 payable each December – last increased December 2001)

"I very much hope that you will be one of the many doctors and their families for whom this will be a happy Christmas. Sadly not all will be so fortunate and it is on their behalf that I write to you. Please consider making a donation to our annual Appeal. I know that you are likely to be the recipient of many charity requests, especially at this time of the year, but I ask you to look on the Royal Medical Benevolent Fund in a special light. It exists solely to support our colleagues and their dependants who have fallen on hard times. Tragedy can strike unexpectedly and all too often does – not least to younger members of the profession and their families.

Your generosity will make a difference to the support we give throughout the year but it is at Christmas when such help is particularly needed and appreciated, especially when children are involved as quite often they are. We know from the many letters of thanks we receive just how much difference this makes and how much it is valued.

If you are not already familiar with our work and would like to find out more, then I invite you to look at our website www.rmbf.org where, via the case studies link, you will find examples of doctors and their dependants who have been assisted in the recent past. To contact the Fund ring 0208 540 9194/5.

I ask you to give generously reminding you that our funding comes only from fellow doctors and their families. On behalf of all those colleagues and their dependants that we help, I send my warmest thanks to everyone who is able to respond to this Appeal and wish you all a very happy Christmas."

06/12/10.3 Doctors' SupportLine : 17-21 Wyfold Road, Fulham, London : 0870 765 0001 : (www.doctorssupport.org)

"I am aware that around the Christmas period many LMCs kindly donate funds to support charities. I would be grateful if your LMC would consider supporting this worthy doctors charity.

Doctors' SupportLine (DSL) is a national telephone helpline for doctors where calls are answered by trained volunteer doctors. The support line is anonymous and confidential to allow troubled doctors to take their first steps towards resolving issues that may be affecting their work and wellbeing. It is widely accepted that doctors are often unwilling to discuss their personal problems or to seek help appropriately. Not least this is because of fears that seeking help will be viewed as a sign of weakness, or that their careers will be damaged by colleagues being aware of their emotional problems and by the stigma of mental illness.

The helpline is unique because all calls are always answered by fellow doctors and callers remain anonymous. It is however not a doctor-patient relationship, it is not counselling, instead it is the opportunity to talk to a concerned and caring person who also comes from a medical background, and therefore understands what it is really like to be a doctor. We offer active focused listening but not specific advice. Often to be listened to in a non-judgemental and supportive way is help enough for the moment. If requested, we offer 'signposts' to other organisations which callers may find helpful. The DSL is completely independent and this should reassure callers that we have no other agenda than to be helpful and supportive. Like our callers, our trained volunteers are anonymous on the helpline. To

date we have taken over 900 calls which amount to 600 hours of helping our worried colleagues.

We started in 2002, the project being initially supported by a Section 64 grant from the DoH. It has also had additional funding from the Welsh Assembly. At the moment funding is not forthcoming from the DoH although we continue to knock on the many departmental doors in search of funding streams. We now have only £16,000 in reserves which will enable us to continue for only another six months. We have sent out an appeal for funds to members of the profession, some of whom have responded generously, but in no way will this sustain the helpline in the long term. Appeals to charitable trusts have been turned down often on the basis that the organisation has a "statutory" feel about it. Surprisingly, even organisations sympathetic to our profession are not very forthcoming with funds. Although some of the Royal Colleges, BMA and a few NHS Trusts offer similar assistance, we are unique inasmuch as we are a national organisation, supporting all groups of doctors and medical students, furthermore, the first point of contact on the helpline is always a doctor and most importantly we provide anonymity which none of the other organisations can offer. Doctors as a group have been statistically long known to be more prone to addiction, suicide, burnout etc, but remarkably little has been put into place to aid them. Doctors' SupportLine can be seen as a valuable and safe first step for someone becoming aware that they need help.

We would be grateful for any funds your LMC can offer to ensure that we become a viable organisation helping the wellbeing of doctors."

It was **AGREED** that:

- Donations for the Cameron Fund and RMBF would remain unchanged for this year as the Standing Order was paid annually in December.
- The Secretary would bring a paper to the January LMC meeting giving illustrations of dynamising, RPI and DDRB figures in order to assess an increase in donations to the two charities.
- No donation would be made to the Doctors Supportline because the BMA had instigated a "Doctors for Doctors" support line where you did not have to be a BMA member to access the service.

06/12/11 SUPPLEMENTARY AGENDA

06/12/11.1 Acute Services Review : North Tees& Hartlepool NHS Trust
Implementation date: 0700 hours : Thursday, 14 December 2006

A flowchart for GP admissions for specialities in Medicine, Surgery, Gynaecology & Paediatrics had been received from North East & Hartlepool NHS Trust. It had been received by practices north of the river that day.

UH of Hartlepool	**UH of North Tees**
Elective surgical care	Emergency surgery
Elective orthopaedic care	Trauma care – adult and paediatric
Breast surgery	Spinal surgery
Critical care provision	Critical care provision
23 hour and day surgery	23 hour and day surgery
Outpatients	Outpatients
A & E	A & E
Acute medicine	Acute medicine
Obstetrics, paediatrics gynaecology	Obstetrics, paediatrics gynaecology

Paediatrics and Obstetrics were continuing as before, pending an appeal against the decision to move sites.

The ambulance service was aware of these changes. A Middlesbrough doctor who did OOH work for Primecare remarked that when requesting admissions north of the river, they had to state Hartlepool or North Tees. The Bed Manager/Bed Bureau was the same person for both sites so should have this information.

The LMC wishes to be kept informed of any practices concerns following the changes.

06/12/11.2 Funding in General Practice

Ref Minutes 06/06/3.5 & 06/04/5 & 06/09/8 & 06/11/3.6

The Secretary informed members that the matter had been raised with PCTs both north and south of the river who had powers to rectify funding but did not have the money available to do so. The problem was the funding of the global sum in GMS and the consequence for PMS is that if a PCT does not feel they are getting value for money they can put the practice out to tender.

The matter had been raised several times at the GPC and would be raised again at the LMC Annual Conference.

06/12/11.3 Proposals for the procurement of additional PMS services in Hartlepool

The PCT were putting forward three proposals:

- New GP practice providing specialist substance misuse services and shared care arrangements
- Re-commission existing PCT practice to provide essential, additional and enhanced service with extended opening hours and improved links to services for vulnerable groups
- New GP practice to provide essential, additional and enhanced services with extended opening hours, possibly 24 hours a day, situated within A&E also providing urgent care.

From experience members knew that patients did not join new practices in under-doctored areas because they usually wanted to continue seeing their existing doctor (though probably at a more convenient location); and that if the list size did not grow then the practice would be looked at on a value for money basis. The only source of funding for these new practices was from existing budgets within practices. How are practices going to feel about losing patients to these new practices? Would EU doctors be applying to work with these most disadvantaged patients? There was concern that some VTS students still did not have posts. Hartlepool GPs would not be able to tender for these new practices because the object of the exercise is to increase GP numbers by 4 – 5, not move GPs around Hartlepool.

It was noted that this was a preliminary document, not a consultation document. The Cabinet Office rule for public consultation is 13 weeks. The LMC should receive a

formal consultation document and once received the Secretary **AGREED** to produce a draft response to make it easier to discuss.

06/12/11.4 Possibility of LES for initiation of warfarin (Middlesbrough)

Initiation of patients on warfarin has drifted from secondary care to primary care, without any extra funding to cover the work involved, which is: initiation of warfarin as prophylaxis; initiation of warfarin as part of treatment; monitoring of dosage. Monitoring is covered by the NES. Initiation of treatment is part of the Pathway for DVTs and managed until stable by the medical admissions unit. In this particular respect, you are dealing with initiation of warfarin for patients with AF which involves a lot of work and can be tricky.

- Hartlepool - does not monitor patients
- North Tees – haematology monitors
- Redcar & Cleveland – do not get paid but do it because patients have a long way to travel
- Middlesbrough – MPCT has accepted NES is for monitoring not maintaining. If GPs stop doing NES the money allocated to practices will revert to haematology. There is a meeting this week on how to prepare a NES.

Clinically, focus should be on what is best for patients. If the hospital waiting time is 5-6 weeks, then a NES should be put in place because patients have been known to stroke whilst waiting to see a consultant. GPs must be competent to perform the tasks involved and following the correct guidelines.

Although warfarin had been looked at in Middlesbrough, there are three other areas where GPs either are, or are likely to be, introducing warfarin. The issue is whether GPs who do not wish to continue to do this or wish to be funded for doing it, should give three months notice to PCTs.

06/12/11.5 £750 continuing Professional Development Payments

Response from Director of Postgraduate GP Education, Northern Deanery
"This issue was raised at a meeting of the Committee of GP Education Directors on 29 November 2006. My understanding is that the allowance has not been paid yet by any deanery in England; and, that the authority to pay has yet to be clarified.

The chair of COGPED is seeking clarification and thence appropriate authority from the DoH as a matter of urgency."

Response from GPC
The trainers should be getting the money for 2006/07, as the DH have recently said they should . The problem at the moment is that deaneries have not been given any funding to pay this. We've therefore raised this with the DH and in our DDRB evidence. Our aim is to get this resolved ASAP.

The Secretary said that he had been reliably informed that in some areas this payment has been made.

06/12/11.6 Authorisation to sign cheques

Currently Mrs Knifton had authorisation to sign cheques under her own signature for up to £100 with a second signature being required for amounts above that figure. It was **AGREED** that this be increased to £250 with a second signature being required for amounts above that figure. The second signatories being the LMC Chairman, Vice Chairman and Secretary.

06/12/12 ANY OTHER NOTIFIED BUSINESS

06/12/12.1 Cessation of practices booking routine ambulances for patients

The Secretary confirmed that a standard letter had been emailed to Practice Managers in North Tees, Middlesbrough and Redcar & Cleveland on 23 November, and to Hartlepool Practice Managers on 1 December, followed by a hard copy letter to all Practice Managers on 1 December in the weekly red bags. It was now up to practices to decide whether they wanted to continue booking routine ambulances, or ceasing the service.

It was **NOTED** that although a letter had been sent to all four PCTs on 19 September and an email reminder sent on 3 November, no responses had been received.

06/12/13 RECEIVE ITEMS

06/12/13.1 Medical List

Applications:

Effective Date	**Name**	**Partnership**	**Practice Area**
11.12.2006	Dr C C Alhan	Dr Adebayo & Partner	MPCT
Partner.			
01.12.2006	Dr A W Cole	Dr Hargate & Partners	MPCT
Change status from SGP to Partner.			
01.12.06	Dr S Pradeep	Dr Brash & Partners	HPCT
Salaried GP.			

Resignations:

Effective Date	**Name**	**Partnership**	**Practice Area**
30.11.2006	Dr S Palczynski	Dr Palczynski & Partners	MPCT
Retiring on 30.11.2006. Returning half time on 2.12.2006.			
03.12.06	Dr B K Lal	Dr Tahmassebi & Partners	R&C PCT
Retirement.			

RECEIVED.

06/12/13.2 Report from GPC

Summary of GPC meeting held on 16 November was emailed to all GPs and Practice Managers on 21 November 2006. The GPC next meet on 21 December 2006.

RECEIVED.

06/12/13.3 Report the receipt of:

GPC News M4 – Friday, 17 November 2006 (*available at www.bma.org.uk*)
Hartlepool PCT Annual Report 2005/2006
Sunderland LMC minutes of meeting held on 17 October 2006

RECEIVED.

06/12/13.4 Date and time of next meeting

Tuesday, 30 January 2007, at 7.30 p.m. in the Committee Room, Poole House, Stokesley Road.

RECEIVED.

Part B : Confidential Minute

06/12/14 Roles & Responsibilities of LMC Officers and Members
Ref Minute: 06/12/3.1

Concern was expressed at the way the LMC actually functioned, whether it was via an individual (Secretary), Chairman, Executive Committee, or the LMC. When PCTs contacted the LMC, they were contacting the Secretary for a response not the Committee; was this appropriate when looking at formalising the Roles and Responsibilities of LMC Officers in the decision making processes?

The Secretary explained that the Executive Committee had previously consisted of the Chairman, Vice Chairman, Secretary, one GP member (with a deputy) from each PCT area plus Dr Thornham as Associate Director of GP Education. Attendance had proved difficult with Hartlepool frequently not being represented, and sometimes the meeting had not been quorate (requiring four members to be present). There had been difficulty in sustaining full membership of the Executive Committee. As a result, the present Executive Committee comprised the Chairman, Vice Chairman and Secretary.
(*Post meeting note: This had been agreed at the LMC meeting held on 5 April 2000 and the Constitution amended to reflect this decision. All LMC Members had been sent a copy of the Constitution and Standing Orders in a letter confirming their election for the 2006/2009 period*).

The role of the Executive Committee had been to deal with business which occurred between LMC meetings (in order to reduce the need for a greater number of LMC meetings), and to make recommendations to the LMC on policy decisions.
(*Post meeting note: The Executive Committee had not met since April 2002*).

Ideas for promoting the profile of the LMC included:

- Write to new members explaining role of the LMC
- Locums and GPs who are not partners will not fully understand what LMC is
- Make contact with vocational training scheme in order to speak to registrars and those doctors in training about the role of the LMC in general practice
- Doctors nowadays tend to write to the PCT rather than the LMC
- Practices should be made aware that the LMC can act as advocate or intermediary in disputes with the PCT
- In matters appertaining to commissioning, practices should contact the PCT rather than the LMC because when these decisions had been made by a group of PBC people it was difficult for the LMC to become involved
- Larger LMCs are running training events to cover items of interest (partnership agreements, law, tendering, APMS) and bringing in accountants to discuss VAT, pensions, etc, at which practices can be represented. This has been on the basis that a firm of solicitors or accountants charge a fee for attending, which is re-charged to practices and sponsorship also used. These events could be run for Registrars in order that they learn more practical things about the business. It would allow the LMC to promote itself.

The Secretary **AGREED** to bring some ideas to the next LMC meeting in January.

There being no further business to discuss, the meeting closed at 8.55 p.m.

Date: ***Chairman:***