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, 30 January 2007 in the Committee Room, Poole House, Nunthorpe, Middlesbrough.

Present:	Dr R Roberts (Chairman)	Dr W J Beeby	Dr J-A Birch
	Dr A R J Boggis	Dr S Burrows	Dr J T Canning
	Mr J Clarke	Dr G Daynes	Dr K Ellenger
	Dr T Gjertsen	Dr M Hazarika	Dr A Holmes
	Dr I A Lone JP MBE	Dr R McMahon	Dr T Nadah
	Dr J Nicholas	Dr D Obih	Dr J P O'Donoghue
	Dr A Ramaswamy	Dr N Siddiqui	Dr M Speight
	Dr J R Thornham	Dr R Wheeler	Dr S White
	Dr C Wilson		

In attendance: Mrs C A Knifton : LMC Manager

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The Chairman congratulated Dr Lone on being appointed an MBE in the Queen's New Year Honours List, and Dr Lone thanked the LMC for its support, and for everyone's good wishes.

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07/01/1 APOLOGIES

Apologies had been received from Dr D Donovan and Dr K Machender.

07/01/2 MINUTES OF THE MEETING HELD ON 12 DECEMBER 2006

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

07/01/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

07/01/3.1 Rurality review of Guisborough – Update
Ref Minute 06/11/17.2

Redcar & Cleveland PCT had determined the application for the review of rurality in Guisborough and had agreed that the boundary proposed by the LMC be adopted. This decision is, however, subject to appeal.

RECEIVED.

07/01/3.2 Prescriptions for dental problems
Ref Minute 06/12/6

All practices were emailed by the LMC on 26 January 2007 and given the telephone number they should issue to patients requesting appointments in relation to dental problems when they have been unable to find a dentist to treat them. Doctors do not treat dental problems, however, treatment can be given for the pain.

There may well be a new system commencing on 1 April 2007 but no details were available at the moment.

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07/01/3.3 Charities
Ref Minute 06/12/10 : 06/12/10.1 : 06/12/10.2 : 06/12/10.3

A paper had been circulated for consideration using RPI and DDRB figures to calculate increases. After discussion, it was **AGREED** that:

- the Cameron Fund be increased from £1,000 to £1,500 in December 2007 (when donation next due to be paid, no back payment to be made);
- the Royal Medical Benevolent Fund be increased from £500 to £750 in December 2007 (when donation next due to be paid, no back payment to be made);
- to be reviewed annually.

07/01/3.4 Cessation of practices booking routine ambulances for patients - Update
Ref Minute 06/12/12.1

It was reported that PCTs are now looking at a Tees-wide process and are scheduled to commission a service as from 1 April 2007. The Secretary thought it was advantageous to have a single start date but it was up to practices to decide their own date for cessation of this service. Not all practices across Teesside wished to cease booking ambulances, but as the commissioners, PCTs will provide the new service once it came on line; should practices choose to act as the intermediary that was their right..

MPCT had sent a letter to practices stating the new procedure will commence on 1 April 2007, but no patient publicity had been issued. It was not known if this letter had gone to Middlesbrough practices only. Letters to MPCT informing them of withdrawing from the service had not been acknowledged. It was commented that an earlier cessation date had been given by some practices, but no acknowledgement had been received from MPCT. It was suggested practices may wish to write or email MPCT reminding them of their chosen cessation date and that as from that date the practice would have to issue MPCT's switchboard telephone number to patients.

HPCT currently has a LES (£140/£150 p.a./per 1,000 patients) in place and is trying to dissuade practices from opting out of providing the booking service or postpone the cessation date. Not all practices would be withdrawing from the LES.

The Secretary **AGREED** to clarify the situation to practices.

07/01/3.5 Consultation for the procurement of primary medical services – Hartlepool
Ref Minute 06/12/11.3

A paper had been received from HPCT which was felt not to be a consultation document as such, having already been considered at their Board Meeting in December. Three "service models" were being proposed (following talks with local people) to cover the anticipated **additional** 4 – 6 GPs to the area (existing GPs and practices could not apply).

- A new GP practice to provide additional substance misuse services
- A new GP practice (approx 4,500 patients) to provide essential services, enhanced services, with extended opening hours and improved links to children's services, learning disability services and mental health services in an area of the town that currently does not have as many GPs as required
- A new GP practice (approx 4,500 patients) to provide essential, additional and enhanced services with extended opening hours, possibly 24 hours a day and act as an urgent care centre for the town, probably based within the A&E area at Hartlepool Hospital.

Concern was expressed as to where the funding was coming from for these three new practices (the answer being it was coming out of existing funding), how this would affect existing practices, and where the 9,000 patients were coming from.

Mention was made of the Galvani and Trinity PMS practices in Middlesbrough which had been closed because they could not attract patients on to their Lists. They had both had premises, Practice Managers and a full compliment of staff, with list sizes of less than 60 and 500.

It was **AGREED** that it would be helpful if the LMC Chairman and Secretary try to meet with Chris Willis and Ali Wilson to talk about the practicalities and express the LMC's concerns. The opportunity to raise the issue with the Scrutiny Committee and the local MP Ian Wright should also be considered.

07/01/4 REFERRALS

07/01/4.1 Middlesbrough Council Health Scrutiny Panel : Choose & Book

The Secretary explained that Middlesbrough Council have been looking at Choose & Book and several organisations had been invited to attend a meeting held on 11 January 2007 to discuss the issue. Attendees were:

John Canning – Cleveland LMC
Mike Hatton - Middlesbrough PCT
Mr Banerjee – Consultant JCUH
Jill Moulton / Joanne Dewar / Kevin Ryott – ST Trust
Debbie Dobbs – General Manager, Cleveland Nuffield

A member sought clarification on the role of Scrutiny Committees. The Secretary explained that Councils have a duty to set up an Overview and Scrutiny Committee, and the Health Scrutiny Panel is designed to look at local health services, addressing areas which are changing and at re-organisation and restructuring. A previous Panel, made up of the four Councils plus a couple from outside the area, had looked at North Tees & Hartlepool Acute Services. They have the power to refer matters to the Secretary of State who can establish an Independent Review Panel. Patient & Public Information Forums will shortly be disbanded and Scrutiny Committees receive additional powers for their area. A possible next step is for government to have elected members on the health bodies.

Dr Thornham advised that the Stockton Scrutiny Panel had been very pro-active in looking at the dental services for that area and had made a large number of recommendations which had assisted NTPCT. The Panel had also assisted in having the Darzi Report re-examined. They are interested in GP services but need educating as they do not necessarily understand how the system works.

It had been agreed, at the meeting on 11 January, that the idea of an electronic booking service was a good idea; choice was an excellent concept but the software and system operation left much to be desired and was a deterrent for less IT literate GPs. Mr Banerjee said the system forced people into inappropriate clinics. Another drawback was the inability to refer patients to a consultant they particularly request to see, or a consultant with a particular speciality. It should be possible for a consultant to follow-up on a patient's treatment.

The latest information on Choose & Book is that local Trusts do not want any named consultants involved, which is not what happens in other areas where a named consultant can be chosen. This is reducing patient choice.

Mr Clarke explained that the system now meant that consultants were required to look at all referrals and return them within two days, stating whether the referral was appropriate or needed moving to another consultant, which has increased their workload.

Dr Nicholas, who was involved in Choose & Book, explained that there was a suggestion that Trusts wanted to accept all referrals through Choose & Book. If Trusts wanted support for referrals through Choose & Book they must find a way of allowing some named referrals because there is a demand for this facility.

07/01/4.2 Manual referrals be "turned off" / Local Trusts opt not to set up services with named consultant functionality

Dr Beeby was one of three GPs nominated to the JCUH Choose & Book Programme Board and would be attending a meeting next week. He was horrified that whilst only 55% of referrals were through Choose & Book, in order to comply with PCT targets, manual alternatives to the ability to use choice within the Choose & Book system were likely to be turned off by the end of March.

A doctor working on a split site for a large practice at Thornaby/Ingleby Barwick had already had paper referrals returned by JCUH which he had been told would have been accepted if Choose & Book had been used. Another member reported that although the system was used all the time at the practice, a member of staff did the actual e-bookings because the system took too long within consulting times. A fallback system must be in place for whenever the system was off-line.

Another North Tees GP said their Choose & Book system had been out of operation for some weeks and there should be a better mechanism for solving these IT problems.

A Redcar & Cleveland GP had received a batch of returned JCUH orthopaedic referrals from the Head of Acute Commissioning & Performance Management at the PCT because Choose & Book had not been used.

The Secretary said GPs can make referrals using Choose & Book, or letter when computers are not working properly or there is insufficient room availability to provide privacy when using Choose & Book, and this should be made clear to PCTs and Trusts. There had to be the ability to refer to a named consultant when a patient chose to see a particular consultant because they had been treated by them previously, or because of their good reputation, or because the patient specifically did not want to be seen by a particular consultant. When the system is down, there should be the ability to refer over the telephone.

07/01/4.3 Referrals – Choose & Book, Middlesbrough

A Middlesbrough GP had contacted the LMC office concerning a patient who had been referred to a clinic, not at the local hospital, and had received a letter back stating that "….. the Choose & Book system does not fund elaborate investigations such as CT urogram for which the patient will need to be referred to one of the NHS hospitals in the area."

It was felt that this needed to be pursued further.

07/01/5 PRESCRIBING

07/01/5.1 SHA Out Patient Department Prescribing

A formal consultation by the Strategic Health Authority on policies and procedures for providing medicines for patients attending out patient appointments had been circulated for discussion.

07/01/5.2 JCUH Out Patient Treatment recommendation form

The Secretary explained that there had been a recent change in policy by South Tees Hospitals. This purports to have been debated by the LMC, however, he had only been asked to comment on a particular form which was aimed at standardising a variety of forms used within the hospital sector, with the intention of making the form somewhat clearer and safer if it was to be used.

- There are advantages to GPs in initiating some drugs, but this should normally follow the receipt of a letter with full details of the patients needs and an explanation of the rationale for the proposed regimen
- Prescribing should be undertaken by the person responsible for the care of the patient
- GPs should not be asked to prescribe "red" drugs
- "Amber" drugs should only be prescribed by a GP with agreement and, where appropriate, monitoring arrangements, including if necessary a LES, are in place.
- A full explanation should be provided for all medication requests
- Urgent prescriptions should not be part of the scheme

Dr Wheeler declared an interest in that he was a member of the MPCT Drugs & Therapeutics Sub-Committee and a representative on STAT Drugs & Therapeutics Committee. He felt that JCUH had maliciously manipulated the SHA document, one exception had been failure in the document for the hospital to retain prescribing responsibility. Changes to prescribing had been issued through hospital management and not through the Drugs & Therapeutic Committee at the hospital. It was understood that FP10HPs had been removed from consulting rooms and staff instructed to use the new forms. Hospital consultants must prescribe "red" listed drugs; "amber" can only be prescribed by GPs when a shared protocol has been agreed; "green" drugs can be prescribed by GPs.

The hospital was citing long queues at the pharmacy, lack of dispensing staff, lack of availability of drugs being prescribed, and the cost implications of issuing the drugs. Who was advising patients on the side effects of the drugs?

Middlesbrough GPs had received these new forms, which they were filing separately, and were loathe to prescribe medication without seeing the patient and counselling them on the side effects. Signatures are often not legible, names are not known because staff tend to move around, and there should be a requirement for a GMC number to be shown beside the name for reference purposes.

Prescribing was sometimes undertaken by junior doctors; was this fully covered in training?

Mr Clarke, speaking as a representative of the Senior Medical Staff Committee, informed members that the consultants were caught in the middle between management and GPs. Many consultants did not think it was sensible to send a patient to their GP for antibiotics. The form was only meant to apply to drugs which were non-urgent, it was not for acute infection. The list of Red / Amber / Green drugs was not kept up to date.

Dr Thornham said Paul Brown's consultation document had not been seen by NTPCT nor been to their Prescribing Committee. He had also asked Mike Bramble, that if GPs were expected to pick up out patient prescribing, would that percentage of the budget (25%) be moved into primary care?

The Secretary explained that GPs may only use an FP10 when they are treating a patient under the contract they have with the PCT. If GPs do not have clinical responsibility it is a potential breach of contract to use an FP10 in these circumstances. GPs should only prescribe drugs they feel comfortable and competent prescribing.

Some patients were leaving the hospital and going straight to their surgery requesting a prescription be written immediately, when the form indicated "this medication is not urgent". It was felt that "two weeks" should be featured more prominently on the form, with the Trust getting the forms to GPs within 48 hours. The form is not to be used for urgent drugs, only those that are not needed for two weeks. A class of drug should be suggested rather than a particular drug.

It was pointed out that, although North Tees and Hartlepool GPs use JCUH when using the Choose & Book system, they have not been informed about the use of these new forms.

Dr Wheeler reported that concerns expressed would be taken to the STAT Drugs & Therapeutics Committee meeting the following day.

07/01/5.3 JCUH In-Patient Discharge Prescribing

A Middlesbrough GP had a patient attend surgery requesting post-op pain relief because it had not been prescribed by the hospital upon discharge.

- This should not be occurring and will be pursued if more reports are received.

Another Middlesbrough GP reported they had a patient with complex needs who is regularly discharged with no medication, having entered the hospital with a full supply. Same patient had to telephone partner at 3.00 a.m. to request a colostomy bag be brought into hospital.

- To be reported to PCT as a SUI.

07/01/6 REVIEW OF FHS CONTRACTOR SERVICES

Dr Canning explained that Contractor Services was currently run very efficiently by Verna Reynolds and her staff, based at Poole House. Verna had run the department for a number of years and was very aware of legislation and procedures, but she would

be retiring soon and that expertise would be lost. There had been issues recently over lack of adequate staffing to cover maternity leave, part time workers and sickness.

There was a project team currently looking at providing these services on an SHA basis and Dr Canning was meeting Bob Smith, the Project Director, on Wednesday afternoon to discuss proposed changes. There was concern that whoever was appointed to run the department would not have the knowledge and experience to accurately carry out the job, though the same thing was happening in other regions.

07/01/7 CHILDREN AND YOUNG PEOPLE:
GMC CONSULTATION ON GUIDANCE FOR DOCTORS
(Document available on www.gmc-uk.org/children)

No comments were received. The deadline for consultation purposes was 23 February 2007.

07/01/8 LMC CONFERENCE, JUNE 2007 : TOPICS FOR THEMED DEBATE

Topics for themed debates	**Choice of preference**
Contestability in NHS services – GPs as providers	
GPs with special interests	
Patient involvement in general practice	
Non-medical prescribing	*
Future of IT in general practice	
Commissioning in general practice	
The future of general practice training	*
The future of medical regulation and the role of RCGP	
The future of the independent contractor	*
Engaging in Community Health Partnerships	
Any other suggestions	

Deadline for responses was Friday, 2 February.

07/01/9 FUTURE DISTRIBUTION OF LMC MINUTES *(email only)*

A suggestion from a GP had been for the LMC Minutes to be distributed by email rather than posted, to assist him when he was searching for any articles.

Various options were discussed:

To continue as at present with one paper copy to each GP
To be sent by email only
To be sent by email with one paper copy still going to each GP
To be sent by email with one paper copy going to each practice
To be photocopied two pages to each side and double sided
To be posted on website, once this was up and running

It was voiced that a large number of doctors (a) do not use their email; and (b) do not open documents sent by email because some appear so large is slows the machine down or document cannot be opened.

It was **AGREED** to continue as at present and reconsider once website is on line

A member commented that his Agenda had an address label on it marked "Private & Confidential" and queried whether the Agenda and Minutes were documents which should be in the public domain because it had been opened prior to arriving on his desk. Dr Canning explained that the address label on the Agenda front page was the same as that on the envelope, in the hope that this would dissuade staff from opening the envelope and the Agenda papers going missing. The minutes had not shown "private and confidential" on them for some considerable time as they were in the public domain being circulated to the GPC and PCT Chief Executive.

07/01/10 REPORTS FROM REPRESENTATIVES

There were no reports received from representatives.

07/01/11 REPORTS FROM MEETINGS

There were no reports from meetings.

07/01/12 SUPPLEMENTARY AGENDA

07/01/12.1 IRP recommendations for health services in North Tees and Hartlepool
Ref Minutes 06/12/11.1 : 06/09/19.2 : 06/02/8.5 : 05/11/5 & 05/07/11.1

It was felt this was an appropriate solution to a difficult problem.

Dr Thornham advised that he had attended a meeting that day with the Trust, and clinicians were really pleased they would be getting a new hospital, looking at a timescale of 6-10 years. The vision is for only those services that need to be in a new hospital will be on the site, with everything else in the community. This will mean a new hospital development as well as development in the primary and community sectors. Ian Wright, MP for Hartlepool had tried his best to save Hartlepool Hospital.

With the perceived shift from secondary to primary care, would there be consideration for extra space within primary care for out patients?

07/01/12.2 Letter to profession from Dr H Meldrum, Chairman, GPC
The Value of UK General Practice: The Facts

A letter and fact sheet currently being sent to all GPs by the Chairman of the GPC, was tabled. GPs were getting a lot of very bad press in relation to their perceived earnings since the start of the new contract, together with the fact that they no longer provided OOH cover. There was concern that this bad publicity could affect

doctor/patient relations. The press were being given mis-information by the DoH and the GPC was doing its best to counteract their claims.

07/01/12.3 VAT press releases

Revenue & Customs had announced the implementation of changes to the exemption from VAT for medical services as from 1 May 2007. Any doctor with income (not profit) of above £61,000 p.a. from VAT-able activity must register for VAT purposes. All registered doctors must charge VAT even if their income from new VAT-able activity is less than £61,000 p.a. (dispensing doctors please note).

Services most affected by the changes are :

- Witness testimony/reports for litigation, compensation or benefit purposes;
- Reports/medicals for the purpose of providing certain fitness certificates; and
- Some occupational health services

Doctors who are already VAT registered, e.g. as a result of dispensing changes which took effect on 1 April 2006, will need to ensure that they account for VAT as appropriate on any affected services.

07/01/13 ANY OTHER NOTIFIED BUSINESS

07/01/13.1 Practices experiencing IT difficulties

Practices were increasingly having problems in obtaining IT equipment from PCTs to enable fit for purpose IT systems to be maintained. One local practice had already made two appeals to the FHSA Appeals Unit.

It was **AGREED** that all practices would be emailed to ascertain problems they were experiencing with their IT equipment and obtaining assistance from their PCT.

07/01/14 RECEIVE ITEMS

07/01/14.1 Medical List

Applications:

Effective Date	Name	Partnership	Practice Area
01.01.2007 *Salaried GP.*	Dr J G Murphy	Dr Tahmassebi & Partners	RCPCT
01.01.2007 *Salaried GP.*	Dr S A Rashid	Dr Tahmassebi & Partners	RCPCT

Resignations:

Effective Date	Name	Partnership	Practice Area
31.01.2007 *Salaried GP.*	Dr P Krishnamoorthy	Dr Geoghegan & Partners	NTPCT

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07/01/14.2 Report from GPC

Summary of GPC meeting held on 21 December 2006 was emailed to all GPs and Practice Managers on 4 January 2007. The GPC next meet on 15 February 2007.

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07/01/14.3 Report the receipt of:

GPC News M5 – Friday, 22 December 2006 (*available at www.bma.org.uk*)
Sunderland LMC's minutes of meeting held on 21 November 2006
Sunderland LMC minutes of meeting held on 19 December 2006
Durham LMC's minutes of meeting held on 5 December 2006

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07/01/14.4 Date and time of next meeting

Tuesday, 20 March 2007, at 7.30 p.m. in the Committee Room, Poole House, Stokesley Road.

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ITEM FOR DISCUSSION UNDER PART B GPs ONLY

07/01/15 Promoting the profile of the LMC
Ref Minute 06/12/14 & 06/12/3.1

The Secretary asked that the matter be deferred to the next meeting. His laptop containing his draft proposals had been stolen. He would endeavour to email the paper to GP members before the next LMC meeting on 20 March.

There being no further business to discuss, the meeting closed at 9.15 p.m.

Date: ***Chairman:***