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, 5 June 2007 in the Committee Room, Poole House, Nunthorpe, Middlesbrough

Present:	Dr R Roberts (Chairman)	Dr A Boggis	Dr S Burrows
	Dr J T Canning	Dr A Gash	Dr M Hazarika
	Dr A Holmes	Dr I A Lone	Dr K Machender
	Dr R McMahon	Dr J Nicholas	Dr D Obih
	Dr J O'Donoghue	Dr A Ramaswamy	Dr N Siddiqui
	Dr M Speight	Dr S White	Dr C Wilson

In attendance: Mrs C A Knifton : LMC Manager
Mr I McFarlane : LMC/PCT Liaison Officer
Dr K Nakrani : GPR, Newlands Medical Centre

07/06/1 APOLOGIES

Apologies had been received from Dr W J Beeby, Mr J Clarke, Dr G Daynes, Dr T Gjertsen, Dr T Nadah, Dr N Rowell, Dr O Sangowawa and Dr J R Thornham.

07/06/2 MINUTES OF THE MEETING HELD ON 1 May 2007

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

07/06/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

07/06/3.1 Choose & Book – Update
Ref Minutes: 07/01/4.1 : 07/01/4.2 : 07/01/4.3 : 07/03/3.5 : 07/03/10.2 : 07/05/3.4

Ian McFarlane informed members that he had spoken to a number of Practice Managers about Choose & Book and visited a practice to see first hand the problems they were encountering when attempting to use Choose & Book. He had also responded to the PCTs' letters of 1 May in which they said that "*the LMC has been consulted on the proposal for the LES and this has been welcomed in principle*". No response had been received from the PCTs to his letters. The DES for Choose &

Book (and also Access) would be continued throughout 2007/8, although not all PCTs had notified their practices.

The results of the Choice (and Access) surveys are available as from 5 June and all practices should have received this information from their PCTs.

NOTED.

07/06/3.2 Practice Based Commissioning – Update
Ref Minutes 06/06/4 : 06/02/8.3 : 06/09/7

Ian McFarlane tabled a document briefly outlining the results of a survey he had carried out, with 34 of the 87 practices having responded. One of the main concerns was cost. Support from the PCTs could be more positive and reconfiguration is causing slow progress. He had written to the Chief Executives at the four PCTs individually with the findings for each area, and would follow this up with them in the next couple of weeks.

NOTED.

07/06/4 REVIEW OF FHS CONTRACTOR SERVICES
Ref Minute 07/01/6

An update report had been received from Bob Smith, Project Director and was discussed. The intention was to move from a localised contractor services to a North East structure. Verna Reynolds and David Swainson had now retired and it was important that all PCTs understood the working of the Regulations and provided the same consistent advice and interpretation. It was noted that the Management Board did not include any representatives from Local Representative Committees and it was felt important that a User Group should be formed to allow representative committees in the area to deal with the new organisation properly and safely. There was also concern that this larger body would not have the same good working relationship with practices as the former Contractor Services had.

It was **AGREED** that the LMC would make StHA aware of their concern regarding no LRC's being represented on the Management Board, and suggest the formation of a User Group.

Discussion then went on to the review of the Performers List. The view of the GPC is emerging that whilst there is an advantage in having a national register, having a regional performers list would be more realistic and preferable to individual PCT lists.

Problems with Registrars and CRB checks/performers list was mentioned, because not all PCTs work to the same rules which was causing confusion, with some PCTs imposing "conditions" on GPs/GPRs and some not; there was no consistency.

It was **AGREED** that the LMC send a brief response on the performers list on the basis of consistency between PCTs.

07/06/5 LETTER FROM GP DEFENCE FUND re LEVY 2007

"The Board of the GPDF has resolved that the levy on LMCs for 2007 will be based on a rate of 5.4 pence per patient. This figure is based on your LMC's registered patient population as supplied to the GPDF. The amount payable by your LMC for 2007 is £30,900-00."

The 2006 levy paid by CLMC had been £28,000-00. Dr Canning declared an interest as he was Chairman of the Defence Fund. He explained that the defence fund levy had, in the past, increased generally in line with GPs earnings, although not with the step wise increase of the past few years. Although GPs had not received any funding increase this year, the levy increase was not out of line with the overall increase in GP earnings. It would mean a larger increase in years to come if an increase was not effected this year, as had happened in the past.

The revised levy for 2007 was **ACCEPTED**.

07/06/6 ANNUAL CONFERENCE OF REPRESENTATIVES OF LMCs

07/06/6.1 Consider Agenda for Annual Conference

Various amendments was considered and discussed:

Page 20 : Correction to Motion 158
Both instances of "representatives" are replaced by "members of conference"

Page 8 : Rider to Motion 11:
(v) Deplores any changes to contractual arrangements which will destabilise the long term list based nature of that care

Page 10 : Amendment to Motion 36:
That "without strong local consensus that change is required" is added at the end of the final part

Page 14 : Amendment to Motion 93:
That "the LMC as representative of local GPs" replaces "local GPs".

Page 42 : :Motion 430
That motion 430 should no longer be the motion debated in this group and the star moved to 433 and that "regulations" be replaced by "Directions"

Page 42 : Rider to Motion 433
"Conference also believes that the premises directions must apply equally to contractors irrespective of their contractual arrangements".

Page 26 : Motion 239
The star be removed and placed on 240.

All were **ACCEPTED** and **AGREED** for submission to the Conference Agenda Committee.

07/06/7 CLEVELAND LOCAL MEDICAL COMMITTEE

07/06/7.1 Letter from constituent re Role of LMC in the Teesside area

"The LMC is a democratically elected body with Officers, Secretary and a Constitution. In recent years organisations such as PCTs meet with the LMC Secretary taking decisions, inform GPs that they have discussed the issue with the LMC when it is patently not the case. While I appreciate that some decisions have to be taken quickly there is an Executive Committee in place for that purpose. It would perhaps be more helpful if we were more proactive in discussing some local issues in advance of proposed changes e.g. the local LES schemes, to prepare a measured response for when the Secretary meets them."

The matter had been drawn to the LMC's attention because, on occasions, members of PCTs speak to the LMC Secretary on a subject and then write to their GPs saying the matter had been discussed/agreed by the LMC when this was not the case; PCTs appear to be taking the views of one person rather than the LMC as a whole. An Executive Committee (LMC Chairman, Vice Chairman and Secretary) was in place to discuss matters quickly when a decision was needed before an LMC meeting took place.

It was explained that in the past the LMC had met bi-monthly with an Executive Committee meeting every month. Attendance at Executive Meetings, (which then consisted of Chairman, Vice Chairman, Secretary, GP Education Rep, and one representative from each of the four PCGs) had become so sparse that it was agreed on 2 April 2000 to disband it in that format and to change to consist of Chairman, Vice Chairman and Secretary.

Now that general practice was again going through massive change, it was the LMC Secretary who had a huge wealth of knowledge and experience through his Chairmanship of the GPC Contracts & Performance Sub-Committee, Chairman of the Defence Fund, member of the GPC Pensions Sub-Committee, member of the GPC, member of the FHSA Appeals Unit, and membership of many other BMA and government committees dealing with all aspects of GP contracts. Local PCTs, GPs and even LMCs outside of the area sought advice from the CLMC Secretary. No-one else in the area had his expertise and it was felt there was a need for other members to start to gain some of this knowledge in order to have more than one source of consistent advice available. The LMC is a very strong body which GPs relate to, and GPs who do not relate to the LMC do suffer from lack of advice. This needs to be addressed.

There was also the issue of who GPs ask for advice when services are deteriorating, or advice is sought on a query or complaint; do they contact the PCT or LMC? Guidance was required. Because of the ongoing reconfiguration of PCTs it was frequently not known who to contact there.

It was pointed out that at LMC/PCT Liaison Meetings, there were normally two LMC Officers present and just occasionally an immediate decision is required to a PCT enquiry, in this instance the LES for Choose & Book. When a PCT conveys an incorrect decision to their GPs, the LMC corrects this immediately.

Dr Canning thanked members for their kind comments and said Commissioning, PBC and Choose & Book (amongst other topics) will be more closely monitored by Ian McFarlane in the future. He was quite willing to instigate the Executive Committee again, but felt that a communication strategy for GPs was required, perhaps with a weekly email bulletin containing links to pertinent topics with "red flashes" in urgent cases, rather then sending GPC documents out each time they were received. A localised GP ListServer would aid GPs when (say) a hospital doctor informs a GP that "all the other GPs prescribe this" and then the GP could put a message out on the ListServer for his colleagues to respond at the accuracy/inaccuracy of the statement.

Various ideas proffered were:

- A clearer communications strategy with GPs and practices
- Localised GP ListServer
- Separate ListServers for north and south of the river (some northern patients attend southern hospital)
- A pilot ListServer for one PCT area
- An email bulletin board with links to appropriate topics
- A CLMC web site with links to appropriate topics

The options will be considered and a report made to the next LMC meeting. It was also pointed out that it would be important to have an indemnity clause agreed by all users for whichever solution was approved in order to avoid offensive comments and inappropriate use of the ListServer/Bulletin Board.

07/06/7.2 Oral report from LMC Chairman on the future arrangements for LMC/PCT Liaison Meetings

The Chairman reported that originally there were quarterly LMC/PCT Liaison Meetings with the individual four PCTs, this had now dropped to quarterly meetings with two PCTs, for north and south of the river. Attendees at these meetings consisted of the PCT Chairman, Chief Executive, PEC Chair and usually the Finance Director, together with the LMC Secretary, Chairman (or Vice Chairman). Originally meetings took place on a Wednesday lunchtime and Wednesday evenings, with one taking place on a Tuesday lunchtime. Unfortunately, both sets of PCTs had changed their "Top 4" meeting dates and now met on Tuesday afternoons which meant she would not be able to attend any of the meetings because of work commitments. In this respect she asked members to consider her role and function as Chairman because of her inability to attend meetings.

It was suggested that other members of the LMC may wish to become involved in other things rather than just the Chairman and the honorarium would be changed accordingly, with members being paid to attend meetings.

It was **AGREED** that this matter would be discussed at the next LMC meeting on 17 July.

07/06/7.3 LMC Regulations Sub-Committee – Annual Report

The Secretary explained that the Sub-Committee consisted of the Secretary, Chairman, Vice Chairman and past Chairman if still a member of the LMC. They had not met formally in 2006/7 but had been asked twice by PCTs to arrange medicals for doctors, which had then been carried out. The medical advice received did not contain any recommendations, and so did not warrant a meeting of the Sub-Committee.

Dr Lone explained that this was an important role for the LMC as the PCT only needs to know whether the doctor is fit to practice, not fit to practice, or fit to practice but with conditions applied. PCTs need to know that this is a role the LMC undertakes on their behalf.

The consultant undertaking the medicals is aware of what needed to be included in the report which will be seen by employers.

NOTED.

07/06/8 GENERAL PRACTITIONERS COMMITTEE

07/06/8.1 Report of GPC meeting held on 17 May

The report, which had been emailed to members, was considered and discussed, including the resignation of the BMA Chairman, Jim Johnson and his prospective replacement.

07/06/9 LETTER FROM CONSTITUENT re FEES FOR MENTAL HEALTH ACT EXAMINATIONS

Discussion had been requested in relation to the low fee pertaining to Mental Health Act examinations, although it was appreciated the LMC could neither make recommendations nor negotiate on the actual amount to be charged.

Dr Canning stated that:

- Mental health examinations were not something GPs were obliged to undertake and requests by hospitals/social services can be declined
- GPs are obliged to consider a request for a visit to a patient at home who has a mental illness, in the same way as any other visit, and may refer the patient without visiting if that is appropriate
- GPs do not have to wait at the house for other members of the response team to arrive to sign the form, forms can be completed and faxed in, but pink copies are preferable. GPs are advised to keep copies available for visits (available at http://www.dh.gov.uk/prod_consum_dh/idcplg?IdcService=GET_FILE&dID=29357&Rendition=Web)
- the fee is not set by the PCT or Trust – it is set by the practice. The PCT/Trust should be notified of the practice's fee scale (if a significant change is anticipated a 3 month notice period is appropriate); it is up to the PCT to decide whether or not they will commission the work from a GP, or arrange for someone else to do

the sectioning. This applies to all collaborative arrangements with the exception of notification of infectious diseases.
- MPCT is asking at least one practice for a pre-authorisation first.

Dr Gash commented that Tees Esk & Wear Valleys NHS Trust do not often ask a GP to undertake a sectioning because GPs are very busy during the day. They tend to arrange for a Section 12 doctor to attend towards the end of the day.

07/06/10 LETTER FROM CONSTITUENT re ADVERTISING OF PRACTICES' SERVICES

A letter had been received concerning a North Tees practice recently advertising its services via a leaflet drop, with a view to increasing its list size. It had been thought NTPCT had funded this, but it was confirmed that the practice itself had done so out of practice income. A PCT cannot be seen to be favouring one practice above another. Dr Canning drew members' attention to the extract from "Good Medical Practice (2006)"

Providing and publishing information about your services:

60. If you publish information about your medical services, you must make sure the information is factual and verifiable.
61. You must not make unjustifiable claims about the quality or outcome of your services in any information you provide to patients. It must not offer guarantees of cures, nor exploit patients' vulnerability or lack of medical knowledge.
62. You must not put pressure on people to use a service, for example, by arousing ill-founded fears for their future health.

The three new practices envisaged for Hartlepool were discussed, together with the effect patients moving to them would have on existing practices. Initial investment was £500,000, thereafter funding for these patients would move with them to the new practices. It was imperative that existing practices keep patients informed of services available to them together with the importance of continuity of care. An OOH service was envisaged to be Hartlepool-wide, not just provided at certain practices. It was important that patients registering for OOH services did not find themselves unwittingly registered with another practice. Would Wynyard Road PCC lose patients if other practices offered drug dependency services?

It was **AGREED** that :

- PCTs should be informed that if advertising takes place, they must not be seen to be favouring certain practices
- Hartlepool practices need to be prepared to have a fair and open list system for accepting/declining patients
- Hartlepool practices need to be able to demonstrate they are providing a good service to existing patients and promoting continuity of care
- Hartlepool Mail should be approached regarding the advantages of general practice and promoting the benefits of continuity of care

07/06/11 GMC DRAFT CONSULTATION DOCUMENT: "CONSENT - PATIENTS AND DOCTORS MAKING DECISIONS TOGETHER"

"We are writing to invite your views on new draft guidance for doctors on issues around consent and good practice in decision-making. Our existing guidance on consent, "Seeking patients' consent: The ethical considerations" was published in 1998. In January 2006, the GMC's Standards & Ethics Committee established a Working Group to review the guidance and ensure that it reflected both the current legal position and the changing nature of the doctor-patient relationship.

The draft guidance produced by the Working Group is broader in scope than its predecessor, placing greater emphasis on how doctors and patients work together to make good decisions, and providing a framework that will apply to the range of situations that doctors face in practice. It also reflects changes in the law, including the new mental capacity legislation and case law that requires doctors to explain the range of risks associated with a proposed intervention. The consultation will run for three months from Monday, 21 May to Monday, 20 August 2007."

Dr Gash said she had read the document and attended training sessions on the new Mental Health Act changes. She thought the document was admirable and concise and should be recommended.

A member discussed "Recording decisions" Paragraph 41, which stated "*it is important that any decisions the patient makes are properly recorded*" and asked if this meant a tape recording or written record and how doctors were supposed to provide this.

Another member raised the issue of adverts inviting people to sell their home to a company in order to release capital. The questionnaire they receive, which requires GP completion, is extremely detailed and the GP was returning it to the solicitor stating that he was not competent to complete the form. Potential problems may arise for GPs who complete these forms, once the patient has died and their family realise they have no inheritance left for them and query what information the GP provided. (Dr Canning asked to be sent a copy of the questionnaire).

07/06/12 REPORTS FROM REPRESENTATIVES

The Chairman had attended a BMA Northern Regional Council meeting in Newcastle on 31 May. Discussion had taken place on forthcoming LMC Roadshows *(to be discussed later),* and MTAS.

After a long discussion on MTAS and correcting the inaccuracies given by a Newcastle BMA member at the meeting on 31 May, it was agreed to wait and see what developed.

07/06/13 REPORTS FROM MEETINGS

No reports from meeting had been received.

07/06/14 SUPPLEMENTARY AGENDA

07/06/14.1 BMA discussion document: "A rational way forward for the NHS in England"

The document had been emailed to members for comments; none were received. A White Paper will eventually be produced. The Secretary said he had some ideas for suggestions for conference, but otherwise the item was not taken any further.

07/06/14.2 Motions for LMC Conference Supplementary Agenda

Various new motions were considered:

New business - general
That conference rejects as totally unacceptable any proposal that GPs and practice staff should be under a duty to alert the authorities if they have a suspicion that a patient might carry out a violent crime.

New business – A rational way forward
That "A rational way forward for the NHS in England" fails to recognise the vital part a list based system of general practice has played, currently plays, and must continue to play in the provision of high quality healthcare to the people of the UK.

That this conference supports the concept of a constitution for the NHS as set out in "A rational way forward for the NHS in England" and agrees that a board of governors and an executive management board should be established.

That this conference believes that the management board proposed in "A rational way forward for the NHS in England" has under representation of health care professionals and, to be effective, membership must include:

(i) clinically active primary care, secondary care and public health doctors
(ii) doctors providing and receiving continuing professional development
(iii) doctors providing and receiving postgraduate professional training

That this conference believes that the proposal for "Local Health Councils" requires significant more development before implementation as there is a strong risk that such bodies would be swayed more by "want" and emotion "than by "need and evidence".

After a minor amendment, all were **ACCEPTED** and **AGREED**.

07/06/14.3 CLMC Statement of Accounts as at 31 March 2007

The Statement of Accounts had been tabled and showed that the situation remained relatively healthy with the possibility that there may be no need for a levy increase this year.

The accounts were **ACCEPTED** and would be signed and returned to the auditor for finalisation.

07/06/14.4 GPC summary of "Commissioning framework for health and well-being"

The document had been emailed to members for comment. No comments were received.

NOTED.

07/06/14.5 GPwSI Directions and Guidance

The Directions had been published in the middle of May and were relatively lengthy. One of the key aims of the document was to make sure that this was GPs with a special interest rather than a specialist without a CCST. A request was made for guidance on what "GPwSI" actually meant. Dr Canning said GPwSI related to doctors who provided an enhanced service to other GPs patients as well as their own.

Members **AGREED** that the LMC Secretary could pursue this matter with PCTs to ensure they are following the Guidance.

Post meeting note: The definition in the guidance is: A GP with a Special Interest supplements their core generalist role by delivering an additional high quality service to meet the needs of patients. Working principally in the community, they deliver a clinical service beyond the scope of their core professional role or may undertake advanced interventions not normally undertaken by their peers. They will have demonstrated appropriate skills and competencies to deliver those services without direct supervision.

07/06/14.6 Letter from NHS Choices, London re NHS Choices information service

"I am pleased to introduce the new **NHS Choices** information service to you and your clinical colleagues. Going live this summer and accessed via a website, this initiative aims to make authoritative and high quality health information very much simpler for patients, the public and health professionals to use. For the first time information from all NHS associated websites will be accessed from one website address. These include nhs.uk, NHS Direct, the Healthcare Commission, the National Electronic Library for Health, the Information Centre and links to other health and social care organisations.

NHS Choices will break new ground using interactive and multi-media technology to reach the vast majority of patients, not just those who are most internet-aware. In due course NHS Choices will offer GPs a powerful tool for developing their practice, including a bespoke web page with information written by the practice.

When **NHS Choices** is launched in June, you will see the first version of what can become one of the most useful health websites in the world. But its full potential can only be realised if the site continues to develop with input and feedback from clinicians.

If you would like to find out more about getting involved in **NHS Choices**, please email clinicians@nhschoices.nhs.uk."

The Secretary asked members to consider the document and let him have any comments.

07/06/14.7 Need for local meeting with a GPC negotiator

The Secretary explained that the GPC hold 6-monthly local LMC Roadshows with a GPC negotiator, which LMC Officers are invited to attend, with the nearest venues being Newcastle and Leeds. Consideration was being given to opening these meetings to allow GPs to attend, and whether they should be held at more convenient locations or times. After a brief discussion, despite comments having previously been received suggesting the meeting be at a more local venue and open to all GPs, members **AGREED** the meeting should remain for LMC Officers, at the current venues.

07/06/15 ANY OTHER NOTIFIED BUSINESS

No other business had been notified.

07/06/16 RECEIVE ITEMS

07/06/16.1 Medical List

Applications:

Effective Date	Name	Partnership	Practice Area
2.07.2007 *Salaried GP.*	Dr R K Khapra	Dr Nath & Partners	MPCT
01.07.07 *Partner.*	Dr P de Johgh	Dr Awad & Partner	HPCT

Resignations:

Effective Date	Name	Partnership	Practice Area
31.05.2007 *Resignation.*	Dr S A Mamujee	Dr Bhattacharyya & Partners	R&C PCT
30.09.2006 *Resignation.*	Dr R Khatun *Salaried GP.*	Dr Neoh & Partners	NTPCT

RECEIVED.

07/07/16.2 Change of Surname

Dr M J Brownlee (Dr Lakeman & Partners, 167A Borough Road, Middlesbrough) has reverted to using her maiden name. She will now practice in the name of Dr M J Hough.

RECEIVED.

07/07/16.3 New fax number

With effect from 1 May 2007, Dr Chappelow & Partners, Prospect Surgery, 20 Cleveland Square, Middlesbrough has a new fax number: 0844 477 3988.

RECEIVED.

07/07/16.4 Report the receipt of:

Sunderland LMC's minutes of meeting held on 20 March 2007
Sunderland LMC's minutes of meeting held on 17 April 2007
GPC News M9 – Friday, 18 May 2007 (*available at www.bma.org.uk*)

RECEIVED.

07/07/16.5 Date and time of next meeting

Tuesday, 17 July 2007, at 7.30 p.m. in the Committee Room, Poole House, Stokesley Road

RECEIVED.

There being no further business to discuss, the meeting closed at 9.20 p.m.

Date: ***Chairman:***