CONFIDENTIAL

General Practitioners Committee West Midlands

Minutes of the Second Meeting 2009-2010

Held on Thursday 26th November 2009 at 1.30pm.

In the Meeting Room, British Medical Association

Present:

Dr D Dickson Chairman, GPCWM/South Staffs LMC (in the Chair)
Dr GJ Ingrams Secretary, GPCWM/GPC
Dr P Golik Treasurer, GPCWM/North Staffordshire LMC
Dr S Parkinson Worcestershire LMC
Mrs M Hallahan Worcestershire LMC
Dr R Morley GPC
Dr M McCarthy GPC
Dr E M Nolan Shropshire LMC
Dr C Zuckerman Birmingham LMC
Mrs M Ritchie Birmingham LMC
Ms M Edwards Coventry LMC
Dr M Sterry Solihull LMC
Dr T Horsburgh Dudley LMC
Dr G Mahay Wolverhampton LMC
Dr H Syed Walsall LMC
Mr A Roberts Regional Services Co-ordinator BMA
Mrs J Lahive Industrial Relations Officer BMA
Mr M Tolley Employment Adviser, BMA

02.01 Apologies

Mr M Isom GPC
Dr R Dales Herefordshire LMC
Dr F Wilson GPC
Dr K Mohanna Midlands Faculty, RCGP
Dr M Wilkinson RDGPE, NHS West Midlands
Dr J Macpherson Deputy Chairman GPCWM/ Coventry LMC
02.02 Minutes of meeting held on 30th July 2009

The minutes of the first meeting of 2009-2010 held on 30th July 2009 were confirmed as correct.

02.03 Matters Arising:

Dr Zuckerman referred to item 1.09 of previous minutes and the failure of GPC to respond to requests for legal advice in a timely manner and noted that no response had been forthcoming from GPC

Dr Morley confirmed that the matter had been brought up at GPC with discussion focusing upon the amount of local support. It was agreed that the matter requires attention

Dr Golik presented the viewpoint that the level of service provision is nothing short of appalling and confirmed that he had recently waited 8-weeks to receive advice

Dr Zuckerman expressed concern at recent responses from GPC in which he considered the responses were provided in an unfriendly way

Dr Morley put forward the view that concerns existed within BMA in relation to who pays for legal services. Dr Morley also confirmed that “council” had agreed to expand upon numbers of GPC staff but to date there was no visible increase

Action: 1) The committee is to maintain a watching brief with the consensus of opinion being that the service level does not satisfy demand and that an external service provider should be appointed to address the issue. 2) The secretary is take up these matters with GPC

In response to a question from Dr Zuckerman Dr Ingrams confirmed that no response had been received from the SHA in respect to the invitation to the Chairman to attend Nuts and Bolts XII or in response to the request for a meeting between the SHA and GPCWM

Action: The secretary to continue to attempt to engage with Ian Cummings in order to open communication with the SHA

02.04 Continuing Business

02.04.1 Darzi health centres and general practices

The committee remains concerned over the impact of walk-in centres and the continuity of patient care and referrals.

Dr Dickson confirmed that the centres in South Staffs are functioning however concerns are being raised locally by GPs about the service. Efforts have been made to contact local centres to establish whether the levy has been paid; without reply

Dr Golik commented that the centres do not satisfy the description of “walk-in centres” as patients need to register with the centre and this creates administration problems as the patients have a tendency to register and then move on
Dr Parkinson outlined that there are mutterings relating to the closure of the centre in Worcester which has only 300 patients.

Dr Morley reported that in South Birmingham patients are asked questions relating to their attendance and the responses provided are based on the patient’s expectation of the “right answer” rather than factual responses.

Dr Syed reported good communication with local centres but reported that only 100 on list and this should be 400

Dr Sterry reported that in Solihull the local centre has only 120 registered patients from a potential of 7,000

**Action:** Secretary to write to LMC’s with a view to establishing the level of usage for the Darzi centres, whether the LMC levy is being paid and to understand the cost of the service

**02.04.2 Hospital letters to senior partners**

The committee remains concerned at the underlying issues relative to patient safety as letters addressed to senior partners in a practice may be held up by holiday or other leave arrangements, and confidentiality as personal information is being sent to a GP not involved in the patient’s care.

The committee also expressed concern that addressing hospital letters to a senior partner places, in some instances, an excessive and unnecessary work load on the recipient.

Dr Ingrams expressed concern that letters are addressed to the senior partner and not the individual GP and further commented that there is in place a lazy adoption of the rules which needs to be urgently addressed and suggested that the matter be referred to GPC. Additionally Dr Ingrams put to committee the view that writing to the senior partner and not the patient’s GP breaches the Data Protection Act and further the DOH have advised that addressing letters to senior partners breaches GMC guidance.

Dr Morley considered that the matter is insoluble and proposed that a formal complaint should be made to the chief executive of the hospital in respect to every letter that is incorrectly addressed. Dr Morley further proposed that if the commissioning route was adopted with the level of complaint being matched to a KPI from which hospitals were paid this would result in the problem being addressed. Dr Morley also highlighted that secretarial staff should be trained to review the letters and to ensure they were addressed to the appropriate GP rather than the senior partner.

Dr Zuckerman suggested that complaints to the medical director would force the appropriate level of action

**Action:** The Secretary to raise the issue once more with the GPC and to formally report the issue to the Information Commissioner’s Office.
Dr Dickson commented that many PCTs have refused to hear appeals unless the confidence level is 8% or greater, when in fact this should be greater than 7.0%.

Dr Parkinson confirmed that in Worcestershire there have been three successful appeals with a further three appeals being turned down.

Dr Morley questioned why PCT’s have set the confidence level at 8% and Dr Ingrams confirmed that all PCTs have now rescinded this figure. Dr Syed confirmed that in Walsall there had been one successful appeal.

Dr Dickson outlined that in South Staffs the QOF preference had led to a practice losing £40-£50k.

Dr Zuckerman confirmed that Birmingham LMC had been invited by the PCT to discuss this matter with local university practices.

Dr Golik and Dr McCarthy both confirmed that they had had no contact from university practices in their areas.

Dr Ingrams confirmed that in some areas there was a reluctance to “rock the boat”.

Dr Dickson proposed that it was important that the concerns of the committee were noted.

**Action:** Dr Ingrams to write to LMCs with a view to establish the current situation in each area with a view to determining the impact on medical general practice.

**02.04.04 Nuts and Bolts XII**

The secretary confirmed that a summary of Nuts and Bolts XII had been provided to all concerned via a circular.

Dr Golik as Treasurer reported that the costs of the Nuts and Bolts XII were higher than budgeted due the attendance costs.

The committee expressed a vote of thanks to Dr Ingrams for his organisation and arrangements which contributed significantly to a successful event.

**02.05 New business items**

**02.05.1 LMC/Negs Meeting (W/C 15th and 22nd March 2010)**

It was proposed that the meeting be held on the morning of 25th March 2010 at 10-am in advance of the afternoon GPCWM committee meeting.

**Action:** M Tolley to establish the availability of the meeting room for the event and to confirm to secretary.
02.05.2 GPDF Professional Indemnity Insurance Policy

Dr Dickson expressed the view that the proposed changes will lead to an increase in the workload of LMCs.

Dr Parkinson expressed concern that the proposed changes to securing the indemnity insurance were communicated at the end of a newsletter.

Dr Zuckerman expressed concern that the GPDF has no real relationship with its stakeholders and adopts a patronising attitude. There had been no response by some LMCs to an annual questionnaire and £700k had been refunded which could be used to buy new policies. Dr Zuckerman had written to Brian Keighley and read out a letter received in response that the GPDF had retained its own indemnity cover but had excluded LMCs. In 2008 the premium was £23k and in fact this was reducing.

Dr Ingrams confirmed that the costs of the premium for the West Midlands alone was expected to be £10k rising to £100k nationwide.

Dr Zuckerman confirmed that the premiums were increasing due to the higher risks involved and confirmed that this may be discussed in the meeting scheduled for 2 December 2009.

Dr Parkinson suggested that it may become necessary to revisit the constitution of GPDF.

Dr Morley expressed concern that there has been no sight of the minutes of meetings, constitution or articles of association in respect to GPDF meetings which has five listed directors elected from GPC.

Dr Parkinson and Dr Dickson both outlined that a letter of complaint should be provided outlining the concerns in respect to extra workload and costs and this should be published to the relevant List Server.

**Action:** Dr Ingrams to write to GPDF requesting sight of the articles of association and to express concern in respect to the costs that are associated with this matter via the LMC Listserver.

02.05.3 Date of AGM

It was proposed that the annual general meeting and dinner of the GPCWM be held on Wednesday 19th May 2010 meeting from 17:30 for 18:00 start.

**Action:** M Tolley to establish the availability of the Library within BMI for the event and to confirm to secretary.

02.05.04 Micromanagement of General Practice (Scorecards, renegotiating PMS Contracts etc)

Dr Ingrams outlined that in Coventry the draft scorecard that is being introduced all criterion considered equal as no weighting factor has been applied, and some indicators are outwith the control of the practice.
Dr McCarthy reported that in Shropshire the scorecards issue had quietened as a result of swine-flu.

Dr Mahay commented that in Walsall balanced score cards now included aspirational elements and there had been no negative feedback.

Dr Golik confirmed that in Stoke data was being collected but it was felt that the data itself was meaningless and was open to manipulation.

Dr Ingrams stated that ticking the boxes does not relate to the quality of patient services.

Dr Parkinson advised the committee that in Worcestershire the 5% random reviews by external assessors were of such poor quality that it was necessary to re-assess a number of practices. It was also considered that the review in Worcestershire, by Sandwell PCT was potentially unlawful as patient confidentiality was not being respected and therefore breached guidelines from the DOH.

Dr Zuckerman reported similar concerns in Birmingham and proposed that a formal complaint be made in this respect.

Dr Ingrams confirmed that in Warwick all 5% random reviews were also of such poor quality that it was necessary for the reviews to be redone.

**Action:** Secretary to write to Patricia Barnett to outline concerns of the GPCWM in respect to the breaches of patient confidentiality and to the unlawful breaches of the DOH Code of Practice.

**02.05.05** SHA Wide Smoking Cessation LES

Dr Parkinson outlined that Worcester PCT agreed the scheme which was not accepted by the LMC despite lobbying which got nowhere and expressed concern at the manner in which this dealt locally whereby the SHA sent a 196-page contract to the PCT.

Dr Morley suggested that the scheme was engineered to encourage private companies to become involved and on this basis no one was willing to become involved in the scheme.

Dr Parkinson commented that the costs of the scheme were not viable and considered it relevant to point out to the SHA that the scheme is currently meaningless and in future the SHA must involve GP’s in reviews of primary care services.

**Action:** Secretary to write to the SHA to express the concerns of the GPCWM in respect to the manner in which the scheme is being implemented.

**02.06** Correspondence:

There were no items of correspondence brought to the attention of committee.

**02.07** Chairman’s business:

The chairman had no items to bring to the attention of committee.
02.08 Treasurers report.

P Golik reported that the LMC levy had not been received from Walsall, Coventry and Sandwell.

02.09 Any other business

Dr Mahay outlined that in Wolverhampton the finance director has incorrectly applied the 1.74% enhanced services payments and this was considered by Dr Morley to be breaching the Statement Financial Entitlement (SFE)

Mr Roberts confirmed that notes of the SHA board meeting in respect to the reconfiguration of the three Birmingham PCTs would be made available via the GPCWM Listserver

Dr Zuckerman outlined that the LMC is looking for GP Practices to participate in a pilot scheme relating to electronic subscribing to which Dr Ingrams commented that the only pilot in operation had closed the previous week because of the number of errors but confirmed the view that the pilot scheme should be supported as it will prove to be beneficial in the long term.

Action: None

02.10 Themed Part: Proposed changes to GP Registrars’ Contracts

Mike Beattie of NHS Employers gave a detailed presentation in respect to the possible changes to GP Registrars’ contracts and responded to questions presented by committee members

Action: Secretary to make Mr Beattie’s presentation available to GPCWM listserver

01.11 Press Relations

The committee agreed to continue to provide information to local press and proposed that current topics of interest would include issues relating to repeat prescriptions for Care Homes and the Care Quality Commission

01.12 Date of next meetings

28th January 2010.  3rd General meeting

25th March 2010.  LMC/Negs Meeting (date to be confirmed)

25th March 2010.  4th General meeting

19th May 2010.  19th AGM and annual dinner (date to be confirmed)