Notes from Black Country LMCs Meeting – Monday 19th October 2009

PRESENT:
Dr.Satya Sharma – Chairman
Dr.Ajit Desai
Dr.Gurmit Mahay
Dr.Harcharan Sahni
Dr.Haris Syed
Tom Wedgbury
Carolyn Andrew

APOLOGIES:
Dr.B.Andreou
Dr.T.Horsburgh
Dr.A.Rahman
Cynthia Stanton

Satya enquired as to agenda items as none had been previously notified.
Gurmit asked to raise three issues:

(i) IUD/Implanon
(ii) Roles and Responsibilities of LMC committee members (other than LMC Officers)
(iii) EAPC Practices

Carolyn asked to briefly discuss BMA Law.
Ajit had an issue to raise in Any Other Business.
Harcharan and Tom indicated there were no particular issues from Dudley or Sandwell LMCs.

Satya suggested that the first item for discussion should be BMA Law, followed by the three items from Gurmit.

1) BMA Law
Carolyn asked whether all members present had seen the email sent out earlier that day regarding the BMA Law package of questions. Tom had not seen the message as he had been out of the office all day but other members had read it. The email notified that the BMA Law package of questions had been reinstated by Walsall LMC on behalf of the four Black Country LMCs as a result of discussion at the previous BCLMCs meeting on 20th July 2009. Attachments with the email included the acknowledgment letter and invoice from BMA Law as well as the Terms and Conditions of use. Carolyn distributed invoices to Wolverhampton, Sandwell and Dudley LMCs for their share of the cost, with a request for settlement at their earliest convenience.
Gurmit recommended that the subscription should be renewed annually as a matter of course until further notice, unless there was a substantial increase in the cost. The protection that the facility offered seemed even more important in the light of the announcement earlier that day from Dr.Keighley that GPDF were considering discontinuing the Professional Indemnity Policy and encouraging LMCs to arrange their own insurance cover. This proposal was supported by those present.

It was also agreed that where an issue arose that might result in a question being asked, this would first be discussed with Satya before contacting BMA Law. Responses from BMA Law would be shared across the four LMCs. Members were reminded that if a question was asked that BMA Law did not feel it was necessary for them to deal with then the matter would be referred back to the Liaison Officer at the GPC and no questions would be lost from the package.

2) IUD/Implanon

Gurmit informed members that there was a contraception service in Snow Hill, similar to the Hatherton Centre in Walsall. A Consultant in Public Health, who was clinically involved with the service had taken over the running of the service in the interim as the clinician in charge was off sick. A letter had been sent to all practices on 7th September 2009 stating that all clinicians would have to be properly accredited by 1st January 2010 and that if they did not have the DFFP qualification then enhanced services would not be recognised. Gurmit added that no courses or training were available between now and 1st January and that this dictat would affect many experienced and senior GPs. He asked if everyone in the StHa area was being treated in the same way?

Walsall - Haris advised that Walsall PCT have informed practices that if they were not doing the minimum number of procedures per annum then their accreditation would be removed. Ajit said that the StHA had dumped this on PCTs to provide details within two weeks and that he had had been present at an accreditation meeting recently (chaired by the PEC Chairman) where Barbara Phillips, Health Development Manager, had brought this issue and asked how to go about it. Ajit had told her that it was necessary to set up training and support first rather than removing accreditation from clinicians with virtually no notice. The StHA were heavily promoting long term reversible contraception but this would not seem a very sensible way to go about things.

Gurmit stated that there were two elements to the training – on line and practical - but neither were available at present. The on-line training had to be passed before the practical was undertaken. Haris mentioned that there should have been a course in Walsall in September but it had been cancelled due to low numbers. He thought there was another one in Birmingham on 2nd November.

Sandwell – Tom had no information but agreed to investigate and report back.

Dudley – Harcharan was aware of the issue but not of any process underway in Dudley. He also said he would check and report back.

Satya agreed that practical issues such as the process were important but also defined an underlying principle – that of "diplomatosis" which had been mentioned recently on the GPC Listserver. He stressed that GPs were generalists and it was up to them to keep special interests up to date. It would be impossible to do refresher courses in everything otherwise there would be no time to see patients. This nonsense has to be stopped before it goes any further and a solution has been proposed. GPs undergo appraisal and revalidation where their learning needs are outlined, any lack of knowledge identified and steps taken to rectify this detailed. Satya advised that the Clinical and Prescribing Sub-Committee are to write a "Focus on" document and take it to GPC and when approved it will be distributed to the wider profession.

Gurmit felt that a unified approach was required across the Black Country on this issue so that advice given by LMCs to their constituents was consistent. He suggested

that a letter be drafted and circulated to the four LMCs for approval before being sent simultaneously to PCTs and StHA. The letter should detail opposition to the rigid way in which this was being enforced, request a transition period and explain that LMCs were looking for solutions.
Haris explained that the situation was different in Walsall because the PCT had originally said they would offer a Sexual Health LES and many GPs had gone to do the training in the expectation of signing up to it. Unfortunately the LES had never materialised.
Satya agreed that as there seemed to be different circumstances a blanket approach could not be taken but it would not hurt for LMCs to share information.
Harcharan and Tom were asked to report back on the situation in Dudley and Sandwell respectively.
ACTION: Harcharan Sahni/Tom Wedgbury

3) Roles and Responsibilities of LMC Members
Gurmit observed that PCT Managers were getting increasingly smarter and that PCTs in general seemed to have moved away from working closely with GPs and were now trying to distance them. GPs and PCTs used to be almost synonymous but this was not the case any more. He went on to say that members of Wolverhampton LMC get paid for attending the LMC meetings and as such they should deliver value for money. Simply turning up to a meeting was no longer enough – they should contribute, read papers thoroughly and feedback information from sub-committee meetings. Wolverhampton have set up a sub-committee to look into setting "job descriptions" for LMC members and according to responses from a message posted on the GPC Listserver the work has already been done in many other areas. This was intended to be a supportive process.
Ajit asked how much enthusiasm there was currently in Wolverhampton to become an LMC member and was there competition for posts. His opinion was that this might well put people off wanting to join the LMC. Satya said that in Wolverhampton there were two constituencies and half of their committee were elected every two years for a four year term of office. Haris informed the group that in Walsall you will see the same 20 or 30 people in all committees – PBC/LMC etc. When the last election took place in Walsall for LMC there was only 1 constituency where a ballot was required and that was his own – all other nominees were elected unopposed. Enthusiasm is the crucial ingredient and it is not really possible to change the situation at a stroke.
Harcharan advised that Dudley are in a similar position to Walsall. Satya said that payment for a position brings with it accountability but you must be careful not to put people off getting involved. This is a good idea on paper but it has to be implemented with great sensitivity. Ajit added that in Walsall accountability is covered by members having to submit a report on any meeting they have attended or they do not get paid.
On a slightly different note, Gurmit mentioned that Wolverhampton LMC were thinking of setting up an online facility for constituents to be able to give their views on a range of issues and asked for colleagues' views. Haris responded that Walsall has been using electronic means for obtaining feedback from members for some time and that the response levels varied according to the topic but it generally worked well.
Tom asked what mechanism Walsall LMC used and was told that they had set up various email distribution lists – LMC Committee members, GPs and Practice Managers. Constituents were able to respond just to the LMC Office by hitting the

"Reply" button or if they wanted to share their responses with other members as well they used "Reply to All".

4) EAPC Practices

Gurmit said that the EAPC practices were now all past one full quarter of activity in Wolverhampton and wanted to know from colleagues what had been the impact of such practices in the different LMC areas.

Sandwell – Tom said that there had been a relatively low impact so far on Sandwell practices but that the LMC were conscious of the fact that the PCT would ultimately start to drive things. Four practices had been implemented with low hundreds registered.

Walsall – Ajit spoke of a one to one meeting he had attended with the PCT Chief Executive at the beginning of September where the discussion had centred around saving money. Ajit had raised the issue of the Darzi practices, what a waste of resources they represented and how this would be an excellent place to start making savings. The same issue had been raised with Eamonn Kelly at the recent Nuts and Bolts meeting. Ajit went on to say that three of the practices had around four to six hundred patients registered and the Walk-in Centre had plenty of patients attending but were not registering any currently. Walsall PCT had advertised heavily for the EAPC practices and one of them was in close proximity to a Nurse-Led PMS that still had less than 3,000 patients after seven years.

Dudley – Harcharan advised that 2 Darzi practices were originally supposed to be implemented in Dudley but only one of them was operative so far – there was a branch surgery in the area already (Pensnett) - and this now has about 1500 patients registered (some of these were registered when it was a branch surgery). The other practice is still in the pipeline and there is a Walk-in Centre at Holly Hall run by PrimeCare which seems to be being used by some patients as an alternative to A&E.

Wolverhampton – Gurmit said that Wolverhampton had one practice that their own GPs were able to bid for and because the funding is better for the Darzi practice they have transferred some of their patients from their other practice to get the benefit of this.

Satya cautioned colleagues to be wary of PCTs giving list sizes of retiring single-handers to Darzi practices, as this had already happened in some areas. He also felt that LMCs should centre their objections to Darzi practices on the inequity of funding and quality of service delivery and should avoid discussing the doctors who worked in them as they might have to represent them further down the line.

5) Any Other Business

<u>Out-of Hours</u>

Ajit asked colleagues what was the situation with out-of-hours in their areas.
Gurmit said that Wolverhampton had re-advertised as the tender was coming to an end. Tom advised that Sandwell would be re-tendering next year.
Harcharan said that Dudley would be re-tendering the following year and that PrimeCare had the contract currently.
Ajit informed the group that he had heard unofficially that the company already providing the service in Walsall may have been granted an extension.

<u>Swine Flu</u>

Satya asked to take a few moments to discuss swine flu and said that on the day of the GPC meeting last Thursday two letters had arrived from Department of Health and

Peter Holden had to leave the meeting to discuss them. There had been some areas of discomfort, a lack of clarity for example about payment to GPs when the vaccine is given by District Nurses to housebound patients. GPC wanted this put in writing that GPs would be paid for vaccine administered to the housebound as the £5.25 is an arrangement fee.
Another contentious issue was that of PGDs and the need for them (or not) in the administration of the swine flu vaccine. Satya spoke of advice that had been obtained previously about PGDs and this was that they were not required for registered patients but that the use of a PGD could protect the GP if immunising someone else's patients. Practices were welcome to have a PGD if they wanted to but they were not required for registered patients. Satya had expressed this view at the Wolverhampton LMC meeting and had not received any opposition but at the recent Walsall LMC meeting he had been contradicted by the Swine Flu Vaccine Co-ordinator at PCT.
Gurmit asked whether an extra layer of insurance was required for the Practice Nurse or HCA. Haris responded that Practice Nurses were covered by their professional organisation but it was advisable for practices to have vicarious liability cover or equivalent.
Harcharan agreed that employers must have liability cover but if there was a problem with the product then the manufacturer would be liable. Carolyn added that Sam Ramaiah had stated at the Walsall LMC meeting that liability will rest with the company as normal but if health professionals do not observe the rules of administration and side effects ensue then liability will rest with them.
Satya observed that things had moved on a bit further since then and said that there were three elements to this:

(i) If there was a problem in the practice then liability rests with the practice
(ii) If there was a problem with the product liability rests with the manufacturer
(iii) Where no fault is identifiable damages will be paid from government funds via the no fault compensation programme for unavoidable injuries

Satya stated that no extra insurance cover was required by practices as the vaccine was the same as for the seasonal flu campaign conducted over many years.

Satya moved on to deal with the protocol from Department of Health which contained the advice that HCAs cannot be delegated responsibility for administering swine flu vaccine. This stems from the differences in the way that the vaccine is administered – fixed needles, mixing, cold chain etc. For these reasons DoH is saying that responsibility should not be delegated to HCAs but Satya advised that DoH cannot dictate to GP practices, if they are willing to take responsibility it is their decision. GPs can delegate to HCAs to assist in the process by drawing up the vaccine, making computer entries etc so long as they do not actually administer the vaccine.
Harcharan pointed out that surely drawing up the vaccine is a part of the procedure and Satya advised that GPs could do whatever they were comfortable with. The Medical Defence organisations had met with GPC and said that it was acceptable for GPs to delegate.

Satya pointed out the recent advice on the dosage of the vaccine:
Pandemrix
All children aged from 6 months to under 10 years

- two half doses (0.25ml each) given with a minimum of three weeks between doses

For individuals aged from 10 years to less than 60 years

- one dose (0.5ml)

For individuals aged 60 years and over

- one dose (0.5ml) – advice reviewed when more data becomes available

For immunocompromised individuals aged 10 years and over

- two doses (0.5ml each) given with a minimum of three weeks between doses

Celvepan

For children from 6 months of age and adults

- two doses (0.5ml each) given with a minimum of three weeks between doses

6) Date of Next Meeting

Monday 15th February 2010
7.30pm for 8pm at Golden Moments Restaurant, Ablewell Street, Walsall

A discussion took place around the venue for the meeting and it was resolved to hold the February meeting at Golden Moments but to discuss it further. Members are requested to bring suggestions to the next meeting if an alternative venue is required. Also members are asked to please respond to future meeting notifications promptly, confirming attendance or giving apologies as appropriate as this will help the Chairman to determine whether numbers will be sufficient to go ahead or enable him to give adequate prior notice of cancellation.