



GENERAL PRACTITIONERS COMMITTEE WEST MIDLANDS

FORMERLY: WEST MIDLANDS REGIONAL LOCAL MEDICAL COMMITTEE

www.gpcwm.co.uk

36 Harborne Road
Edgbaston
Birmingham
B15 3DP

Secretary: Dr Grant Ingrams
Telephone: 08445769951 (Surgery)
07973630838 (Mobile)
Email: gji@nhs.net

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**General Practitioners Committee West Midlands
Minutes of the Third Meeting 2009-2010
Held on Thursday 28th January 2010
In the Meeting room, British Medical Association**

PRESENT:

Dr D Dickson	Chairman GPCWM/South Staffs LMC (in the Chair)
Dr G Ingrams	Secretary GPCWM/GPC
Dr P Golik	Treasurer, GPCWM/North Staffordshire LMC
Dr S Parkinson	Worcestershire LMC
Dr R Morley	GPC
Dr M McCarthy	GPC
Dr E M Nolan	Shropshire LMC
Dr C Zuckerman	Birmingham LMC
Dr J MacPherson	Coventry LMC
Ms M Edwards	Secretary Coventry LMC
Mr T Horsburgh	Dudley LMC
Dr A Blackman	Dudley LMC
Dr F Wilson	GPC
Dr S Sharma	GPC
Dr S Mahay	Wolverhampton LMC
Mrs C Andrew	Walsall LMC
Dr P Scott	Solihull LMC
Mr A Roberts	Regional Coordinator, BMA
Mr S Dent	Industrial Relations Officer, BMA
Mr M Tolley	Employment Adviser, BMA

03.01 Apologies:

Apologies received from:

Mr M Isom	GPC
Dr M Wilkinson	RDGPE, NHS West Midlands
Dr H Syed	Walsall LMC
Dr A Kennedy	Warwickshire LMC
Dr R Dales	Herefordshire LMC
Mrs M Ritchie	Secretary Birmingham LMC
Mrs M Hallahan	Executive Officer Worcestershire LMC
Dr C Walker	Wolverhampton LMC
Dr K Mohanna	Midlands Faculty, RCGP

03.02 Minutes of the meeting held on 26th November 2009

The minutes of the second meeting of 2009-2010, held on 26th November 2009, were confirmed as correct with two typing errors pointed out by Dr Morley in section 02.09, where the comments attributed to Dr Mahay referred to Walsall not Wolverhampton, and the comments attributed to Dr Zuckerman referred to prescribing not subscribing.

03.03 Matters ArisingGPC Legal Advice

The GPCWM remain concerned at the failure of GPC to respond to requests for legal advice in a timely manner.

The secretary advised that he had already formally raised this with the GPC, but would need specific examples before raising it once more.

A recent complaint from North Staffordshire LMC had been investigated by the GPC secretariat. It was noted that the delay had not been due to gaining appropriate legal advice, but lay with the secretariat dealing with the issue. An apology had been received by the GPCWM for this issue.

Dr Zuckerman put forward a view that, having written to GPC previously, as an unhappy customer, a motion should be prepared for conference and let conference judge the outcome. Dr Wilson commented that conference was not the relevant destination and that any correspondence should be addressed to the relevant staff within GPC.

The GPCWM is interested to establish how GPC prioritise the work and is concerned that some queries seem to take up to four weeks to receive a response. In view of the expectation that the workload will increase it was considered that the GPCWM should seek to put in place a service level agreement with GPC.

The GPCWM is also concerned that the BMA Legal Department, as a department which promotes its services, has insufficient capacity to meet the demands of LMCs.

Action Point:

The secretary to write to members asking for details of queries raised with GPC requesting legal advice.

Action Point:

The secretary to raise the issues with the West Midlands contact within the secretariat.

Contact with SHA

The secretary confirmed that no reply had been received from the SHA in respect of a meeting to discuss future business and will consider inviting Mr Ian Cumming to the AGM.

SHA Wide Smoking Cessation LES

The secretary confirmed that he had written to the SHA on behalf of the GPCWM to express concern at the manner in which the scheme was being implemented but to date had received no reply.

03.04 Continuing business

03.04.1 Darzi health centres and general practices

The Committee is concerned that Darzi centres are over-financed and do not have sufficient patients to justify costs.

Action Point:

The secretary to write to LMCs recommending they consider the usage and cost per patient of Darzi centres compared with established general practices.

03.04.2 Hospital Letters to Senior Partners

The secretary confirmed that a complaint has been made on behalf of the Committee to the Information Commissioners Office, in respect of the potential breach of Data Protection Act. The secretary reported that the Information Commissioner has contacted hospitals listed but a response to the complaint was awaited from the Information Commissioners Office.

Action Point:

The secretary to maintain a course of correspondence to the Information Commissioners Office to raise new concerns, and in order to request a direct response to the complaint that has been made.

03.04.3 GPDF Professional Indemnity Insurance Policy

The secretary confirmed that the articles of association for the GPDF had been received, and had been distributed to members via the GPCWM listserver.

03.04.4 QOF 5% Random Fraud Reviews

The secretary confirmed that the Committee still has concerns in respect of the competency of the auditors who undertake the QOF reviews, and is to take this up with the SHA.

Of particular concern are rules relating to responsibility in relation to data protection and the role of the practice as a data controller.

03.05 New Business Items

03.05.1 Swine Flu Vaccinations (under 5 years old)

The secretary confirmed LES in Coventry have not started, but in Foleshill, the Darzi practice was offering the service. Dr Macpherson confirmed that in Coventry it was being proposed to use "bank nurses" to offer the service.

Ms Andrews explained that Walsall LMC had signed up and the chair expressed a viewpoint that Walsall LMC had "caved in", however Ms Andrews confirmed that Walsall LMC considered that a good deal had been achieved at £5.25 per head.

Dr Syed confirmed that in Wolverhampton, 92% of practices had signed up within 24 hours.

Dr Wilson confirmed that the process is not being performance managed, and that the authorities do not want it to happen. If GPs want to work for nothing, that is a decision for them.

Dr Morley requested that the BMA and GPC should look outside of general practice to see if the costs of other providers compare with the £5.25 for GP practices.

The chair proposed the provision of a message to GPC requesting feedback and if the deal is considered to be rotten, to publicly say so.

Dr Parkinson put forward the view that this was another example of general practice having to bite the bullet to avoid poor media representation and feedback along with poor patient reviews. He further suggested that the negotiators should have been able to have negotiated a more favourable deal.

The secretary compared the approach of the SHA in the East Midlands where the SHA had been very helpful whereas in the West Midlands, the SHA had been very unhelpful.

It was proposed that LMCs should write to the SHA to show concern at the lack of support in this matter.

The chair suggested that a press release be made to outline the adverse effects on general practice of the poor deal.

Dr Macpherson and Dr Parkinson both expressed concern at this suggestion and suggested that such a release would not be appropriate.

Action Point:

It was proposed that the secretary should write to the SHA to show concern at the lack of support in this matter.

03.06 Correspondence

The secretary confirmed that there were no items of correspondence to be brought to the attention of the Committee which were not considered elsewhere on the agenda.

03.07 Chairman's Business

The chairman had no items to bring to the attention of the Committee.

03.08 Treasurer's Report

The treasurer reported that the LMC levy had not been received from Coventry and Sandwell.

03.09 Any Other Business

Mr J Parkes of MTRAC (Midlands Therapeutics Review & Advisory Committee) attended the meeting to report that the SHA were supporting the proposal to remove PCT funding for the service.

Mr Parkes was seeking the support of the Committee, as a founding body and sponsor of MTRAC, to resist this movement.

A number of members commented on the fact that MTRAC is an invaluable resource which is timely and up to date, and is often quoted. Every effort should be made to maintain the service.

Action Point:

The Committee proposed that all LMCs should contact their PCTs, and also the SHA, to register their concern at the potential loss of such a valuable resource, and importantly to point out the adverse effects on the quality and cost of prescribing.

03.10 Themed Part : The Future of General Practice

The secretary introduced the themed element of the meeting by outlining the cost pressures being faced in the West Midlands with a reduction in budget of £2bn.

This requires forward planning and a rethink of resources, as there is a cost pressure requirement to save 1% of the budget year on year. Such a reduction will bring with it a requirement to measure the performance of general practice and to identify the poor performers.

The secretary and chairman called on LMCs to advise, support, and protect constituents whose quality of performance is considered to be poor by PCTs.

Dr Parkinson put forward the view that the underperformers are generally under-resourced.

The secretary confirmed that the information available to the Committee showed no correlation of the figures, and expressed concern at how the information is prepared and then analysed.

Mr Horsburgh commented that, to bring about improvements, the poor performers needed to strengthen practice management. Mr Horsburgh also proposed that a minimum standard benchmark figure was required and should be introduced.

Dr Wilson confirmed that it is unclear what a reasonable standard is and was uncertain how they are set as the standards are not necessarily driven by PCT requirements. It is therefore essential to see the problems ahead and to provide the basics. Dr Wilson proposed that it was essential to stop inventing the wheel and to introduce meaningful KPIs.

Dr Morley confirmed that it was essential that a professional model be introduced as it was hard not to align with the PCT when a practice is underperforming.

Dr Mahay was unclear as to whether the quality performance was measured against clinical standards or management of practice.

Dr Nolan put forward the view that it is essential that the correct level of funding is made available as Shropshire appears to be significantly under-funded.

The secretary confirmed his view that some PCTs change their position and formulas to suit their needs, and often find cash to support their objectives.

Dr Syed suggested that PCTs would be best served by directing their efforts at hospitals rather than GPs, and further suggested that this would assist PCTs in achieving their targets.

Action Point:

It was proposed that LMCs should consider providing advice to all practices in respect of quality standards and the minimum performance standards.

LMCs to support the PCTs who are supporting the practices whose performances are considered to be poor.

03.11 Press Relations

There were no discussions relating to press relations during the meeting.

03.12 Date of Next Meetings

25 th March 2010	LMC/Negotiators Meeting
25 th March 2010	4 th General Meeting
19 th May 2010	19 th AGM and Annual Dinner