

**MINUTES OF THE MEETING HELD ON TUESDAY 27 JUNE
2006 AT 7.30 PM AT PINWOOD EDUCATION CENTRE,
STEPPING HILL HOSPITAL**

PRESENT:

Dr D Gilbert – Chairman
Dr A Ghafoor – Executive Committee
Mr P Stevens – Executive Officer
Dr H Azmy
Dr C Crook
Dr C Day
Dr A Gilman
Dr N Hussain
Dr Y D Sharma
Dr N Thomas
Mrs V Cording – In Attendance

The Chairman thanked Emma from Pfizer for their kind sponsorship of the meeting.

1. APOLOGIES FOR ABSENCE

Received from Dr R S Gill, Dr G Carter and Dr A Patel.

2. MATTERS ARISING

None.

3. ANNUAL CONFERENCE

The Chairman said that Dr Gill, Dr Ghafoor, Mr Stevens and himself attended the LMC Conference in London on 15th and 16th June 2006.

The Chairman briefly reported on Dr Hamish Meldrum's opening speech. Dr Meldrum said that despite claims that GPs have been overpaid by £300M, our own Health Policy and Economic Research unit calculates that the better than expected performance on the QOF amounted to a more modest £140m. Much of the other costs resulted from the greater than anticipated amount PCTs had to spend to reprovide out of hours care.

He assured delegates that he does not intend to see the hard-fought and fully-deserved gains that we have achieved for the profession eroded. He believed that the bottom line for the coming year must be an inflationary increase on the present contract with any new work properly funded and no back-tracking on the MPIG or pensions.

MPIG was the result of the government's failure to put sufficient resources into the global sum – the basic funding for looking after our patients. Many of the problems of the new contract – closed lists, the underfunding of rapidly-growing practices – have been a direct result of that failure. He said that the Government can solve it and pay for it.

He commented that the government had won the prize for the fastest about turn in the history of the health service. They came into power in 1997 with approximately 100 district health authorities, less than a dozen regional health authorities, fundholding, and a commitment to keep the private sector out of the NHS. They then, created five hundred Primary Care Groups, twenty plus SHAs, and abolished fund holding in order to save the NHS. Dr Meldrum then asked where we were now following record investment in the NHS. Approximately 100 PCTs, less than a dozen SHA, practice-based commissioning (not fundholding, of course) the prospect of the private sector running rife in the NHS and PCTs with record deficits.

Dr Meldrum spoke about practice based commissioning and said that in many areas there are just too many barriers to the effective participation of practices. There is an inflexible system of Payment by Results, lack of PCT co-operation or an insistence that practices take on so-called referral management schemes that are basically rationing by any other name.

He then spoke about Choose and Book, agreed it might be acceptable in principle but had encountered too many delays, too many problems along with last month's admission that the whole Connecting for Health programme may now cost upward of £20 billion.

On the local front the Committee felt that Choose and Book implementation in Stockport had been poor. It was that the committee should write to the PCT demanding that the PCT invest in appropriate training for practices and improve communications regarding the progress of Choose and Book.

Dr Meldrum then turned his attention to the threat of the private sector in general practice, particularly in terms of why he believed general practice was well-equipped to cope with that threat. He highlighted United Healthcare's attempts to take over two practices in Derbyshire and the more recent contract awarded to Care UK in Barking and Havering as examples of the onward march of the private sector. Dr Thomas also mentioned that in Northwich the private sector was making advances in the dentistry with polish dentists providing NHS care.

With regard to pensions Dr Meldrum stated that the deal on pensions was a major factor that encouraged the profession to vote for the new contract. Failure to deliver on pensions will not only be seen as a renegeing on the original deal but is likely to cause the profession to question any further co-operation with key government policies. He also warned the government that GPC would use every economic legal and political weapon at its disposal to defend the new contract pension agreement.

Lord Warner spoke broadly about Government health priorities, including mechanisms to ensure the 48 hour target is measured accurately. He said that there

would be a big push to extend working hours and increase the number of walk-in centres.

Dr Thomas said that issues for the GPC to consider over the next few months included negotiating an inflationary pay rise which GPs have not had one for two years. It was also agreed that LMC's must be proactive for those GPs who are due to retire soon.

Dr Ghafoor said that he attended a conference on Future Proof which was held the day before the main Conference.

He said that the conference was very interesting and the main points were that small practices could retain their independence but should either buddy up with a bigger practice or double up because it would prove increasingly difficult for smaller practices to survive on their own.

4. PRACTICE BASED COMMISSIONING

There was a discussion on a referral management scheme where there were 2 rates for the same job. Some practices were being given £2 per patient and others were being paid £1 per patient. The LMC agreed that it was inappropriate for practices to receive different rates of pay to effectively do the same work, and whilst understanding of the scheme could not fully support it on this basis.

5. PREMISES

Mr Stevens said that 2 of the 5 first phase sites, Woodley and Heald Green, were making good progress and close to financial close, The St Thomas' development was not too far behind, however the remaining projects at Romiley and Hazel Grove had encountered significant planning difficulties.

Dr Sharma said that he was experiencing difficulties regarding the value for Notional Rent purposes of his surgery. He had engaged the services of an independent valuer to negotiate with the district valuer but discussions had apparently been blocked by the PCT. He was asked to submit details to the Executive Committee who would then investigate the matter.

6. ANY OTHER BUSINESS

The Chairman was pleased to report that a meeting had been held on the 14 June 2006 with the PCT and the LMC on the subject of Minor Surgery and the matter now appears to have been resolved amicably.

The Chairman commented that Stockport PCT was looking to withdraw the annual £3,000 payment to practices who have achieved the Investors in People Award. The payments would cease from 1 April 2007.

The committee agreed that General Practice should continue to receive this funding and that all practices should be written to ask them if they would seek accreditation if some funding was made available. It was agreed to discuss options in this respect with the PCT.

Stockport LMC has become aware that Stockport has offered to undertake CRB checks for practice staff for a fee of £50.00 per application although the actual fee charged is only £36.00 (a service charge of 39%!). Stockport LMC expressed its disappointment at the charge levied by the PCT.

Dr Gilman asked whether the caterers could leave fruit juice and coffee for the Committee members during meetings.

It was agreed that an article on utilizing monies held by the PCT in respect of past year's prescribing incentive schemes should be included in the next newsletter.

7. DATE OF NEXT MEETING

This will be held on Tuesday 18 July 2006 at 7.30 pm in Lecture Theatre A , Pinewood Education Centre, Stepping Hill Hospital. A hot buffet supper will be available from 7.00 pm in the Common Room Servery.