

MINUTES OF THE MEETING HELD ON TUESDAY 28 FEBRUARY
2006 AT 7.30 PM IN LECTURE THEATRE A, PINWOOD HOUSE,
STEPPING HILL HOSPITAL

PRESENT

Dr Ranjit Gill – Chairman	Dr N Hussain
Dr David Gilbert – Treasurer	Dr A Patel
Mr Paul Stevens- Executive Officer	Dr R Patel
Dr H Azmy	Dr R Seabrook
Dr D Bostock	Dr Y D Sharma
Dr G Carter	Dr T Miller – By Invitation
Dr A Ghafoor	Mrs V Cording – In Attendance
Dr A Gilman	

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

The Chairman welcomed Dr Tom Miller to the meeting. Dr Miller is a GP Registrar and his interests include medical politics. It was hoped that Dr Miller might be interested in joining the LMC at a future date.

1. APOLOGIES FOR ABSENCE

Received from Dr P Carne, Dr C Crook, Dr C Day, Dr G Parker and Dr N Thomas.

2. MINUTES OF LAST MEETING

The Minutes of the previous meeting on Tuesday 13 December 2005 were confirmed as a correct record and signed by the Chairman.

3. MATTERS ARISING

None.

4. LMC COMMITTEE AND EXECUTIVE COMMITTEE MEMBERSHIP

Mr Stevens reported that there was a vacancy on the LMC Executive Committee of Honorary Secretary due to the resignation of Dr Keith Wells before Christmas.

Also, it was reported that as Dr Ranjit Gill has been appointed as Chairman of the Practice Based Commissioning Group it was felt appropriate that he resigned from the Chairmanship of the LMC.

It was agreed that Dr Gill would stand down from the Chair once his successor had been appointed.

Mr Stevens said that Dr David Gilbert would be happy to stand for Chairman if there were no other candidates.

Dr Ghafoor said that in view of the fact that there were a few members of the LMC absent from tonight's meeting it would be more appropriate to send out an election form requesting any other candidates for the position of Chairman. The Committee agreed and Mrs Cording would make the necessary arrangements before the next meeting.

Mr Stevens said that Dr Gill was keen to remain on the executive committee and would stand for the position of Honorary Secretary. It was agreed by the Committee that all members of the Committee should be given the opportunity to stand for this post. Again, arrangements would be put into place before the next meeting.

It was agreed that the Annual General Meeting proposed for March be deferred until April's meeting to allow the Executive Committee of the LMC to be reformed.

Mr Stevens outlined the roles of the Executive Officers and gave an overview of their job description.

Mr Stevens then reported on the Committee Membership. There had been a recent election in the West, East and Central. Whilst Dr Parker was away on holiday at present, all other members due for re-election had expressed their wish to serve for a further term and had been duly re-elected. Dr Parker would be contacted upon his return.

Mr Stevens said that there still a vacancy in Stockport Central, Stockport North and Stockport West. Mr Stevens urged Committee Members to make contact with their constituents to see if these vacancies could be filled.

Mr Stevens circulated a copy of the roles and responsibilities of LMC Members. Mrs Cording would circulate a copy to those LMC members who were absent from the meeting with the Minutes.

A long discussion followed, during which the Chairman outlined his reasons for stepping down as Chairman. The Chairman detailed the various Committees, upon which the Chairman and from time to time other members of the Executive Committee of the LMC sat, including the Doctors' Performance Panel. The Committee agreed that it was very important that someone should be attending these meetings.

The Chairman also spoke about the ongoing LMC/PCT monthly meetings and gave details of important topics discussed at these meetings. The duration of such meetings was typically a couple of hours with considerable discussion on all matters affecting general practice.

He also said that there was a full-day Conference on IT tomorrow. He said that 3 LMC Committee Members were on the Board of the PBC. Also 3 LMC Committee Members were on the PEC Committee. He emphasised that LMC's are there to represent the General Practitioner.

Dr Gilman raised the subject of IT and felt that this was a role for the LMC. He said that if practices come to the LMC for help then we should take an active role in IT. The Chairman said that work was ongoing to look at developing an SLA for IT.

Dr Gilman said that he would be prepared to become involved in establishing an IT sub-committee.

5. VOLUNTARY LEVY

Mr Stevens reported that since the last meeting the outstanding amount of levy had reduced from over £20,000 to £9,000 leaving only five practices who had not paid their outstanding levy from the year 2004/5. Two practices have paid since the meeting and one other had previously made arrangements to pay in instalments. The two remaining outstanding practices were Dr Mathewson and Bramhall Health Centre.

Following a long conversation on the subject it was agreed that Dr Ghafour would speak to Dr Mathewson and Dr Bostock would speak to Dr Ali at Bramhall Health Centre.

The Committee agreed that the names of those practices that were still outstanding after the next committee meeting should be published in the next Newsletter.

6. STOCKPORT PRACTICE BASED COMMISSIONING GROUP

The Chairman said that an invitation had been sent to all practices to attend a meeting and asking for GPs input in shaping PBC in Stockport.

It was mentioned that the PCTs overall budgets have been cut by £12m as a consequence of a policy change by the Department of Health; a recurrent £6m goes next year (from April 2006) and a further £6m recurrent the year after (April 2007). This will lead to a reduction in the level of all PBC budgets.

The Chairman outlined two possible ways forward either, his preferred option, all practices working together within PBC, in which case there would be a need to streamline services immediately, developing and adhering to our own care pathways to ensure patients are tightly managed, and ensure only appropriate patients are admitted to a national tariff price service, such as hospital.

He stressed that all PBC practices will need to work together and follow evidence based guidelines in managing patients both for acute and elective care.

We need to improve and create services such as the ICAT's services (which aim to ensure that only appropriately referred elective patients are seen at hospital), active case management (to intensively manage patients with multiple morbidities at high risk of emergency hospital admission) and new A & E front ended services (to ensure

only patients needing hospital care are seen in casualty, all others being managed by a primary care based service).

In the immediate future, (6 to 12 months) these services will be hosted by the PCT whilst decisions are made on a future permanent structure for them.

Dedicated management will be set up by the PCT and PBC Board to lead this change to ensure that the services develop swiftly and practices are helped to implement changes.

If practices are successful, then we are assured of a future in which PBC are the leaders in commissioning and managing care. This means a new and separate relationship with the PCT and more autonomy and independence in decision making, risk management and financial freedoms.

The alternative option would be to do nothing and wait for a National Turn – Around team to be parachuted into Stockport with the sole aim to maintain financial balance. The Chairman commented that in this scenario we could be sure that a variety of services will have to be cut to maintain financial balance, including cuts in practice budgets by perhaps 10% (PMS contracts could be at risk as well as Enhanced Service monies), cuts in primary care service developments, such as premises, cuts in community services by perhaps 10%, and reductions in IT spending.

7. AGENDA FOR CHANGE AND PRACTICE STAFF

Guidance for GPs on this subject had been circulated to Committee Members. Mr Stevens said that although it is not compulsory there are many benefits associated with the scheme. Dr Patel said that it was possible to get specialist advice from the BMA for a fee. Mr Stevens said that he would investigate the matter. The Committee also agreed that practices should review their partnership agreements. Ann Fairhurst, George Davies & Co, Fountain Court, 68 Fountain Street, Manchester M2 2FE (0161 236 8992) was suggested by a number of members as a solicitor who had dealt specifically with General Practice matters. It was also suggested that maybe the LMC could negotiate a special rate for practices.

8. ANY OTHER BUSINESS

The Chairman mentioned that the LMC Conference is taking place again in June and he asked Committee Members to write down some motions for the Conference.

It was agreed to invite Dr Keith Wells to the next meeting.

9. DATE OF NEXT MEETING

This will be held on Tuesday 21 March 2006 in the **CONFERENCE ROOM, STOCKPORT PRIMARY CARE TRUST, 9TH FLOOR, REGENT HOUSE, HEATON LANE, STOCKPORT SK4 1BS AT 7.30 PM.**

A hot buffet supper will be available from 7.00 pm.