



Birmingham
LOCAL MEDICAL COMMITTEE

***61st ANNUAL REPORT
OF THE
BIRMINGHAM LOCAL MEDICAL
COMMITTEE
AND
STATEMENTS OF ACCOUNTS
FOR THE YEAR 2010***

March 2011

REPORT OF THE BIRMINGHAM LOCAL MEDICAL COMMITTEE AND STATEMENTS OF ACCOUNTS FOR THE YEAR 2010

61st ANNUAL REPORT

This is the 4th report of the 19th Committee since the introduction of the NHS in 1948.

2010 proved to be another very busy year for Birmingham general practices and, with the introduction of the new government's health white paper in July, turned out to be a truly momentous one.

Health White Paper and GP Commissioning Consortia

The Government's Health White Paper, published in July 2010, whilst continuing the previous government's policy of increasing commercialisation and fragmentation of healthcare provision within the NHS, signified the most revolutionary managerial upheaval since the NHS's inception, heralding the abolition of PCTs and SHAs, and the introduction of GP Commissioning Consortia.

The LMC strongly signalled its intention, as the only body statutorily representative of all Birmingham's GPs, to play a guiding, advisory, supportive and facilitative role in enabling Birmingham GP practices to come together into shadow consortia with governance and leadership having democratic legitimacy for their constituent practices. The LMC set up a working group reporting to its Executive Subcommittee, and chaired by LMC vice chairman Dr Mike Downes, in order to progress all work falling out of the white paper publication and the setting up of shadow commissioning consortia. A meeting of all Birmingham GPs was convened in September, following which the LMC conducted a survey of all GPs on the Birmingham PCTs' performers' lists, in order to obtain a comprehensive view of GPs' preferred way forward. From the survey it was clear that a majority of Birmingham GPs wished to work in either a single pan-Birmingham statutory consortium or in a smaller grouping under the auspices of some form of pan-Birmingham umbrella organisation.

At the end of the year the LMC met with the chief executives of the three Birmingham PCTs and with senior officers of Birmingham City Council and drafted a joint memo to every practice indicating the desire of each organisation to work together in order to secure the optimal outcome during the formation of consortia and the transition process, and to confirm the key role which the LMC would play.

Consultation on abolition of practice boundaries

At the start of the year the government set out its intention to abolish practice boundaries and issued a consultation document on the matter. This was an issue on which all three political parties shared the same approach. The GPC published a paper which explored the potential consequences of abolishing boundaries and the enormous problems which might result. The LMC formally responded to the consultation, indicating its view that the policy be abandoned and advised all Birmingham GPs to read the consultation document and respond likewise. Unfortunately despite the change of government, the new health White Paper made it clear that this disastrous policy would be pursued regardless.

Child Protection

Following very prolonged negotiations with the city council to ensure that requests by social workers for confidential information in relation to childcare issues followed correct agreed procedures, that relevant consents were obtained whenever appropriate and that childcare reports were properly remunerated under the 'collaborative' arrangements, agreement on updated processes and documentation was finally reached between the LMC and the council. A joint memorandum addressed to all GP practices and to all social workers was sent. This explained the agreed procedures that now apply, together with all the appropriate forms, including a revised claim form for providing reports to the council under the collaborative arrangements.

Summary Care Records

Following the South Birmingham early adopter pilot, summary care records were further rolled out across BEN and HoB PCTs during the year. The LMC kept a close watching brief on the implementation of this process and were represented on both South Birmingham's and BEN's SCR project boards. The LMC maintained its fundamental objection to the 'opt-out' implied consent model and also raised its concerns over the patient

information programme for SCR roll out, which we did not believe was significantly robust, informative or fit for purpose. Our concerns were echoed nationally by the GPC and resulted in changes and improvements being implemented nationally by Connecting for Health.

A further issue of major concern in South Birmingham was caused by the failure of SCRs to be updated because of consultations taking place without the use of NHS smartcards. This led to a major risk to patient safety which the LMC flagged up both locally and nationally through the GPC and also through local and national media, ensuring that appropriate measures were promptly put in place to address the situation.

Clinical Correspondence

Throughout the year the LMC continued to deal with the issue of clinical letters from hospitals being inappropriately sent to the incorrect GP, despite national guidance from the Department of Health advising them that this was inappropriate. The LMC confirmed with the Information Commissioner's Office that hospitals who did this were breaching the Data Protection Act and advised all Birmingham trusts that it was their responsibility to put the appropriate procedures in place to ensure that letters were correctly sent to the referring doctor. Unfortunately, despite our best endeavours, and despite some limited improvement, this problem remained stubbornly intractable and we advised practices to continue to make formal complaints to hospitals and to inform the LMC should they continue to encounter difficulties.

Procedures Of 'Limited Clinical Value'

During the course of the year South Birmingham PCT attempted to introduce a policy banning GPs from referring patients to specialists for 'procedures of limited clinical value'. The LMC protested in the strongest possible terms about the policy, pointing out that referrals by GPs to consultants are generally for a specialist opinion, not for a specific procedure to be carried out, and that implementation of the policy could put GPs in breach of GMC guidance by failure to refer. The LMC's intervention led to this misguided policy being abandoned.

In addition BEN PCT developed a policy which required consultants to seek the approval for funding from general practitioners prior to carrying out certain procedures. Again the LMC felt that this policy was wholly inappropriate and made its views on this matter known to the PCT who agreed that the policy and its implementation needed to be revised.

Inappropriate requests for proof of patient address

Following the SCR patient information programme, practices, as anticipated, received a significant increase in FP69 forms. The Shared Services Agency inappropriately requested that practices who received these FP69 forms in respect of patients whom they wished to keep registered at the same address should photocopy proof of the patient's address by means of, for example, bank statements or utility bills, and furthermore, keep this proof within the patient's medical records. The LMC protested in the strongest possible terms against this totally inappropriate policy. Not only was demanding proof of address prior to registering patients a breach of the GP contract regulations, but it was also highly discriminatory against the most vulnerable patients, who were less likely to be able to provide bank statements or utility bills. The LMC took the advice of the BMA General Practitioners' Committee Contract and Regulation subcommittee as well as of the GPC's lawyer and their opinion on this issue concurred entirely with that of the LMC. The LMC therefore requested that the SSA immediately withdraw the policy and inform practices accordingly. The SSA agreed to this and issued revised guidance to practices.

Disabled parking badges

Despite the fact that the Birmingham PCTs were no longer funding GP medical reports for 'Blue Badges' and that the council had put its own medical assessment procedures in place, the LMC still continued to receive complaints from GPs that council employees were requesting applicants to obtain medical reports at their own expense from GPs. The LMC wrote to the council requesting that they remind their officials of the current procedures and of the relevant legislation. If council employees were informing patients to obtain GP medical reports, the council would be in breach of section 47 (1 & 2) of the NHS & Community Care act 1990 and Section 21 of the Chronically Sick and Disabled Persons act 1970. Unfortunately a satisfactory response was not obtained from the council and therefore the LMC brought the matter to the attention of the chair of the council's Health Overview and Scrutiny Committee. We can only hope that this will result in a resolution to this on-going problem in 2011.

Violent Patients Scheme

It came to the attention of the LMC that practices were being misinformed by the SSA in respect of immediate removal of violent patients. Forms produced by the SSA insisted that practices obtain a crime number in order to immediately remove patients under the scheme. The need to obtain a crime number was over and above the stipulation of the appropriate GP contract regulations. It was clear that in certain situations, where the police did not need to take any further action, all that was required was to obtain a log number confirming that the incident had been reported to the police, not a crime number. The intervention of the LMC resulted in the matter being clarified to all parties and a revised, more appropriate form being issued.

Cervical cytology at Heart of England Foundation Trust

On-going problems were reported to the LMC because smears received at Heart of England laboratories sometimes either had minor clerical errors on the smear request forms or because box 20 on the forms (“cervix visualised”) had not been completed. This led to incidents of delays in smears being reported, to some smears having to be rejected and to women then having to be recalled for repeat smears. There appeared to be considerable misunderstanding about the nature of the problems and the actions being taken by laboratories, which were following national guidance. The LMC entered into discussion with HOEFT in order to clarify the exact nature of these problems and then issued appropriate advice to practices in order to ensure that all proper processes were carried out and the risk of any future problems were minimised.

Pharmaceutical needs assessments

During the year the three Birmingham PCTs were charged with the statutory duty to produce a pharmaceutical needs assessment. Both South Birmingham PCT and BEN PCT invited LMC representation on to their PNA working groups.

Ben PCT data-sharing agreement

During the course of the year BEN PCT produced a data sharing agreement for practices participating in its “Birmingham Own Health”, vascular screening and risk stratification projects. Whilst participation in none of these projects was compulsory, as many practices did want to take part in them, the LMC had considerable input into the production of the data sharing agreement and sought national authoritative advice on this. This led to many changes and improvements in the agreement so that the LMC could be confident that it was as robust and fit for purpose as possible. The involvement of the LMC led to confusion and misunderstanding in some quarters as to the LMC’s view of these projects and of the agreement. The LMC therefore issued confirmation to practices that it had neither endorsed nor supported any data extraction project, particularly any involving commercial third parties, nor had it suggested that any practice should sign up to them. The role of the LMC had merely been to ensure that practices which chose to participate, and their patients, were protected as fully as possible.

Decommissioning of Mental Health Services

At the end of the year it became clear that the PCTs were intent on de-commissioning the current ‘Primary Care’ mental health care service and the associated psychological therapies services in order to substitute it with a much cheaper service. Practice-attached mental health workers were served with notices of risk of redundancy and practices were advised that no new patients should be referred for psychological therapy as they would not be seen before the end of the financial year. The LMC expressed its concern to the PCTs and the mental health trust at this totally unacceptable situation and this resulted in a categorical statement that patients could continue to be referred for psychological therapies whilst a replacement service was designed, commissioned and put in place.

LMC Annual Conference and GPC

Birmingham LMC sent seven representatives to the annual national LMC conference in June.

The following motion was agreed at the LMC’s AGM held on the 1st April 2010 and submitted to the conference:

That conference believes that in respect of the government’s consultation on abolishing practice boundaries;

- 1) the proposals are totally unworkable, ill thought-through, threaten the delivery of safe and high-quality care to our patients and risk destroying the world’s best GP service; and

- 2) that the GPC should mount an appropriate and adequate public information campaign to fully raise awareness of these dangers.

As well as the seven LMC representatives to conference, LMC treasurer Dr Fay Wilson and LMC executive secretary Dr Robert Morley both attended in their continued capacity as members of the GPC.

LMC office and levies

Despite an enormous workload as detailed above, the LMC office, led by business manager Margaret Ritchie, continued to run an efficient and tight ship, ensuring that constituents' statutory/administrative levies were kept at a very reasonable 28 pence per patient, which we hope you feel continues to represent excellent value for your money. The LMC office's work was also supported by Wendy Loveridge, facilitator of the LMC's Birmingham Practice Managers' Association, who continued to advise practice managers and to hold relevant educational events.

One area of sad news is that the LMC's personal and administrative assistant, Charmaine Masoou, left in the autumn for pastures new. We are all very grateful to Charmaine for her excellent and very hard work over the last few years assisting us and our constituents and we wish her all the best in her future career.

Happily, our recruitment process resulted in the excellent appointment of Julie Close as Charmaine's replacement and we look forward to working with her in the future.

Obituaries

It is with great sadness that we report the passing of two former LMC members during the year.

Dr Michael Mills

Dr Mills was in single-handed practice in Kingstanding for most of his professional life and was held in the highest regard by patients and colleagues alike. He was a member of the LMC from 1957 until 1998 and its Chairman from 1982 until 1986. His family afforded the LMC the great privilege of requesting that the Medical Secretary, a close friend and colleague, deliver his eulogy at his funeral in May.

Dr Kandasami Venkat

Dr Venkat had also been in single-handed practice in Edgbaston for nearly thirty years up to his retirement in 2005. He had been a member of the LMC from 1978 until 1980 and had been a loyal servant to his patients and champion of the profession.

Both doctors will be sadly missed.

In conclusion

In addition to the wealth of work mentioned above, once again throughout the year the LMC, under the leadership of its longstanding medical secretary Dr Charles Zuckerman MBE, continued to provide pastoral support, advice, help and guidance to many and varied GP constituents. Despite all the upheavals and changes in the NHS, the LMC will continue as always to be here to help and advise whenever required in the future. Once again we would like to extend our sincere thanks to all members of Birmingham LMC, to our office staff, to the chairmen, boards, directors, PEC members and officers of the Birmingham PCTs and the shared services agency, and to the emerging leaders of Birmingham's developing shadow GP Commissioning Consortia. Finally, thank you once again to all our constituents for your on-going support of the LMC and for the fantastic work you do year after year caring for your patients.

Dr Aamir Syed, Chairman

Dr Charles Zuckerman, Medical Secretary

Dr Robert Morley, Executive Secretary