



100 Years of the LMC

Derbyshire INSURANCE COMMITTEE.

7/3/1913.

SIR,

I am directed by the *Derbyshire* Insurance Committee to enquire whether you are willing to continue to undertake the medical attendance and treatment of insured persons upon the terms and conditions set out in the agreement already signed by you, and, if so, to request that you will sign the attached form and return it to me on or before 15th March.

As you are probably aware, doctors on the panel will in the future be relieved of much of the clerical work which was required by the special circumstances incidental to the coming into operation of medical benefit in the first quarter of the year. There will be no re-issue of the medical ticket; and no repetition will be necessary of the clerical work entailed by the preparation of the schedules of acceptance. The Committee will furnish each doctor with a list of the insured persons for whose treatment he is responsible; and such lists, once compiled from the schedules of acceptance and by the allocation of the residue, will be permanent, subject, of course, to any transfer of insured persons from one list to another. These arrangements will enable a simple card system of records to be substituted for the Day-book.

The conditions of service will be modified accordingly, and it will be understood that your acceptance of the present terms and conditions will not preclude a subsequent revision of the arrangements as a result of any settlement which may hereafter be arrived at by mutual agreement.

If a practitioner desires to withdraw from the panel at the end of the current or any subsequent medical year, he can do so by giving the notice required by Regulation 21.

I am, SIR,

Your obedient Servant,

A. J. Bash

Clerk of the Committee.

To the

INSURANCE COMMITTEE.

I HEREBY AGREE that the agreement signed by me and made with the Insurance Committee in the month of _____, 191 , by which I undertook to provide medical treatment for insured persons under the National Insurance Act, 1911, shall, with the modifications referred to below, continue in force after April 14th, 1913, subject only to the right of the Committee to vary the terms of the agreement in accordance with the Regulations of the Insurance Commissioners as from the commencement of any subsequent medical year by giving notice to me not later than two calendar months before the date fixed by the Committee for the revision of the medical list, and to my right to determine the agreement and withdraw from the panel at the end of the current or any subsequent medical year by giving notice to the Committee not later than one calendar month before the said date of revision.

I further agree that the method of remuneration contained in the said agreement for the period to the 14th April, 1913, shall remain in force during the continuance of the said agreement, subject to the right of the Committee to vary the terms as aforesaid, and that I will accept for the purposes of the said agreement, and as a substitute for the form contained in the Second Schedule thereto, the form set out in the Schedule hereto.

Signature of Practitioner.....

Date.....

SCHEDULE.

(OBERSE).

Mth.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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AGE.	SEX.										OCCUPATION.																				
Quarter Ending.											Illnesses.										Attendances.										
31 March																															
30 June																															
30 Sept.																															
25 Dec.																															

(REVERSE).

Surname.	
Christian Names or Initials.	
Address.	
Doctor's Signature.	
INSURANCE COMMITTEE.	
INSURANCE COMMITTEE.	
Panel Area.	
Doctor's Signature	
Date	191 .

MINUTES OF MEETING OF DERBYSHIRE LOCAL MEDICAL & PANEL COMMITTEES
held at the Midland Hotel, Derby, on 10th March 1921 at 2-30 p.m.

Present: Dr. Tobin (in the Chair) and Drs. West-Jones, Macdonald, Parkhill, Edleston, Bowden, Allen, Ryan, Evand, Bloomer, Corkery, McCrea, Fletcher, Green, Saville, Eames, Moir, and Sims.

Letters of regret for inability to attend received from Drs. Court, Marriott, Wilson, Sawdon, McGinnis, and McOscar.

MINUTES of Meeting held 27th January 1921 were confirmed.

Mr. Cash, Clerk to the Insurance Committee attended in order to confer with the Committee upon various matters.

MILEAGE 1920. Mr. Cash, explained amendments to Scheme and discussed certain districts difficult of access with a view to inclusion in the Scheme. The list of special places in the ordinary Scheme were read over and discussed.

MILEAGE 1919. Mr. Cash stated that the Ministry asked that a resolution should be adopted by the Panel Committee indicating that in the opinion of the Panel Committee, the distribution which had been made of all moneys prior to 1920 had resulted in an equitable share of the Fund being received by each practitioner concerned. Mr. Cash also asked that the resolution include that the number of Units payable in respect of insured persons resident in the various parts of the area is claimed to be part of the Mileage Scheme.

Resolution proposed Dr. Fletcher seconded Dr Bloomer and carried

ALLOCATION. Mr. Cash explained the position. Dr. Macdonald moved that the Panel Committee request that the Allocation

quantities and cost whereof were in excess of what was reasonably necessary for the adequate treatment of the persons for whom they were given.

The Committee therefore recommend that the doctor be surcharged £10.0.0.

SCRUTINY OF PRESCRIPTIONS First Quarter of 1920.

Prescriptions issued by Dr C.

Dr C was present and submitted explanation.

Certain expensive items were examined.

(a) Emuls. ol. Morr. at cost of £2. 17. 7.

Dr C said these were for cases of threatened Tuberculosis.

He explained that in respect of two scripts for the same quantity (40 oz. at cost 139.9 each) for same patient, he had ordered one by telephone and confirmed by two written scripts.

(b) Elix. Acetomorph et Terp.

4 oz. and 6 oz. 23 scripts at cost of 2. 9. 0.

(c) Paraffin Liq. 16 oz. 2 do 4. 8.

(d) Polypharmacy.

Instances of 8 oz mists. with 6,7,8 and 9 ingredients and 1 of 12 oz. with 5 ingredients at cost of 14. 8.

(e) Cocain Hydrochlor 30 gr.)
do and Sol. adren. 20 and 30 gr.) at cost 14. 10.

DOCTOR'S NAME.

ADDRESS OF SURGERY.

T

225	Taylor, Dr. W. K.	...	"Karamea," Whittington Moor, near Chesterfield.
226	Thompson, Dr. C.	...	361, Rosliston Road, Stapenhill, Burton-on-Trent.
227	Thompson, Dr. E. J.	...	Measham, near Atherstone.
228	Thomson, Dr. G.	...	Codnor, Derbyshire.
229	Thorne, Dr. C. A.	...	The Glen, Dore, near Sheffield.
230	Titcombe, Dr. R. H.	...	"Scarthbarry," Disley, Cheshire.
231	Tobin, Dr. J. J.	...	Galtee House, Ilkeston.
232	Tonks, Dr. J. W.	...	Staveley.
233	Tredinnick, Dr. A. S.	...	Melbourne, Derby.
234	Turton, Dr. W. H.	...	Barlborough House, Heanor, Derbyshire.
234a	Turpin, Dr. D. W. M.	...	1180, London Road, Alvaston.

V

235	Varton, Dr. C. S.	...	Station Road, Sandiacre, near Nottingham.
236	Vertannes, Dr. P.	...	49A, Bath Street, Ilkeston.
237	Verver, Dr. B. T.	...	Selston, Notts.

W

238	Wade, Dr. N.	...	Intake, Sheffield.
239	Waddell, Dr. T.	...	25, Victoria Street, Glossop.
240	Waldmeier, Dr. F. J.	...	81, Salter Gate, Chesterfield.
241	Walker, Dr. A.	...	16, High Street West, Glossop.
242	Walker, Dr. A. P.	...	Hadfield, Manchester.
243	Walker, Dr. L. F.	...	Market Street, Ilkeston.
244	Wallis, Dr. A. R.	...	63, Carlton Road, Worksop.
245	Warters, Dr. W. A.	...	Greenhill House, Riddings, Alfreton.
246	Whelan, Dr. J. J.	...	78, Hadfield Road, Hadfield, Manchester.
247	White, Dr. W.	...	Hadfield, Manchester.
248	Whitehead, Dr. A.	...	Waterloo House, New Mills, near Stockport.
249	Wilkins, Dr. C. R.	...	Uttoxeter, Staffs.
250	Wilkinson, Dr. A. R.	...	Crossfield House, Chatsworth Road, Chesterfield.
251	Williams, Dr. C. R.	...	Ashby-de-la-Zouch.
252	Wills, Dr. C. R.	...	"The Hazels," Darley Dale, near Matlock.
253	Wilson, Dr. A. C.	...	4, Cross Street, Chesterfield.
254	Wilson, Dr. T. F.	...	Hill House, Clay Cross.
255	Wood, Dr. W. T.	...	"The Laurels," Creswell, near Mansfield.
256	Wolfenden, Dr. H. C.	...	Tutbury, near Burton-on-Trent.
257	Wraith, Dr. E. A.	...	Osmaston Road, Derby.
258	Wylde, Dr. R. P.	...	Hollingworth, Cheshire.

Derbyshire Local Medical and Panel Committees.

*Burton Buildings,
Parliament Street,
Nottingham.*

28th April, 1930.

Dear Sir,

The attention of the Panel Committee has been called to the fact that some of the Colliery Works Clubs in the Derbyshire area have retained the services of a bonesetter (an unqualified man) to whom all appropriate accident cases are submitted. It is known that the unqualified person in question is paid for such services by certain Colliery and Works Clubs within this area.

The Committee feels that it would not be carrying out its duties as representing insurance practitioners of the county if it did not draw your attention to the serious nature of the situation arising from the position thereby created.

The Committee sought the advice of the BRITISH MEDICAL ASSOCIATION in a particular case which arose, and received the following advice to which it considers the attention of all insurance practitioners in the area should be drawn :

An Insurance Practitioner, on becoming aware of the fact that one of his patients has selected an unqualified person to advise and administer treatment, should immediately inform the patient that he can no longer continue to advise or attend him unless the services of the unqualified person are dispensed with. If the patient does not give the necessary assurances, then the Insurance Practitioner should accept his dismissal from the case and discontinue his attendance ; he should immediately inform the Clerk to the Insurance Committee of the position and request that the insured person's name be removed from his list. As the Insurance Practitioner will no longer be in attendance there will be no obligation upon him to issue certificates of incapacity ; indeed, it is likely that the General Medical Council would take a serious view of the matter if an Insurance Practitioner under such circumstances continued to give certificates of incapacity.

The Committee trusts that you will follow the advice given should such a case occur in your practice, and that you will be on your guard if an insured person requests to be allowed to transfer to your list who may, on enquiry, prove to be under the care of an unqualified practitioner.

Yours faithfully,

G. A. F. HEYWORTH, *Hon. Secretary.*

G. S. O'RORKE, *Clerk.*

Dear Dr.

You will have received official notification that Chesterfield Royal Hospital has been chosen to conduct an experiment to get some statistical facts on what happens when an X-Ray Department is opened to G.P's. I am writing this letter to explain what we propose to do and to anticipate some of the difficulties.

The X-Ray Department will take patients directly from G.P's for all types of outpatient examination (with the single exception of pelvimetry) instead of the limited access you have at present. Examinations will be by appointment which may be made by a telephone call or letter from you, or by a patient coming personally to the department bringing a written REQUEST FROM YOU. Whichever way you choose, please remember that before doing the X-Ray examination we must have a written request, preferably on the proper 'X-Ray Request form', clearly stating the examination required and the relevant clinical details, and also whether the patient has had previous X-Rays at the Royal Hospital.

In the case of examinations requiring some preparation of the patient we shall, unless the patient calls personally to make their appointment, ask you to arrange that preparation. This is to ensure that some competent person explains the procedure to the patient.

When the examination is completed the patient will be sent home to remain in your care and a report will be sent to you by post. (Exceptionally, it may be in the patient's interest for me to refer him immediately to a hospital colleague for urgent attention and I must reserve the right to do this. The G.P. would in such a case be notified as soon as possible).

If you later decide to refer the patient to one of my clinical colleagues please remember that he will know nothing about these investigations unless you tell him, and may unwittingly ask for them all to be unnecessarily repeated.

Now for the possible snags. The first and most obvious is the possible overloading of the X-Ray Department because, like most places, we are working to full capacity. Much will depend on careful selection of cases and without this the open department will inevitably fail. In the first instance we propose to do contrast media work for G.P's on certain sessions only and on a separate waiting list from the hospital patients. This means that a rush of requests from you will become apparent by long delays, without greatly affecting waiting time for hospital patients. I trust you will accept this as a necessary device to protect the interests of the hospital service. It is commonly argued that an open department need not create more work, since all or most would have to be done anyway by coming through the clinical outpatient departments. If this proves to be correct, as I hope it does, our shrinking demand from outpatient departments can gradually absorb the G.P. waiting list until the proper balance is struck, and if all goes well we will be able to do without this device.

In spite of this safeguard success will depend on the good sense of the individual practitioner using our limited resources properly. I see this as an opportunity for G.P's to care for their own patients and avoid sending some of them to outpatients, and I beg you not to use the X-Ray Department as a short cut to other hospital departments or as a placebo for importunate patients.

In addition, I must make it quite clear that we shall send you a postal report on the dry film and cannot give reports by telephone, nor can we be responsible for clinical examination or treatment. The responsibility for care of the patient remains in your hands and it follows that urgent cases and particularly recent injuries are not really suitable. I do not see the films of all patients before they have left the department, and if you send a patient with a fracture he will be returned home without treatment and you will not get a report for two to three days. The proper place for these is the Accident (Casualty) Service or some other clinical department

NORTH EAST MIDLAND REGIONAL MEDICAL COMMITTEE

Receipts and Payments Account for the year ended 31st March, 1960.

RECEIPTS

	£.	s.	d.
TO Balance as at 31st March, 1959 :-			
Cash at Bank	156.	8.	11.
Cash in Hand	2.	5.	11.
	158.	14.	10.
	<hr/>		
	£158.	14.	10.
	<hr/>		

PAYMENTS

	£.	s.	d.
BY Postages, etc.	5.	4.	0.
Balance as at 31st March, 1960 :-			
Cash at Bank	152.	6.	11.
Cash in Hand	1.	3.	11.
	153.	10.	10.
	<hr/>		
	£158.	14.	10.
	<hr/>		

St. James's Hospital

for JMC
Approved

was 2nd 1st order

31/1/57

N. F. Mayles
Secretary and Treasurer.

April, 1960.

NATIONAL HEALTH SERVICE

NORTH EAST MIDLAND REGIONAL MEDICAL COMMITTEE

11, The Ropewalk,
Nottingham.

20th September, 1960.

Dear Doctor,

The Agenda for the meeting to be held at the Borough Club,
Market Street, Nottingham, on Thursday next, the 22nd September, 1960,
at 6.15 p.m. is shewn below.

Yours sincerely,

N. F. Hayles

To every member of the
North East Midland Regional
Medical Committee.

A G E N D A

1. To receive apologies for absence. ✓
2. To confirm the Minutes of the Meeting held on the 5th November 1959.
(Circulated) ✓
3. To receive correspondence arising from previous Minutes.
(Minute 177: Non-payment of Compensation to General Practitioners)
4. To receive report regarding Mileage Committee. *not held*
5. To report receipt of Minutes of Meetings of Constituent Committees. *Delivered ✓
do not*
6. To receive Receipts and Payments Account for the year ended
31st March, 1960. (Copy enclosed) ...
7. To report notification of 8th Annual Levy. ✓
8. To receive report of the Group Representatives on the General
Medical Services Committee. } *for
from*
9. To consider the Agenda for the Special Conference of Representatives
of Local Medical Committees.
10. Any other business.

*For General Council
at Committee*

Final

DERBYSHIRE PANEL COMMITTEE

HON. SECRETARY:
N. R. POOLER, M.R.C.S., L.R.C.P.
CLAY CROSS,
TEL. CLAY CROSS 6.

40, PARLIAMENT STREET,
NOTTINGHAM.

CLERK:
G. S. O'RORKE, M.A., LL.D., SOLICITOR.
DEPUTY CLERK:
L. SHAPEERO, M.A., SOLICITOR.
TEL. 41384.

REPORT for the year ended 30th June 1942.

Owing to the shortage of paper, and to the fact that the appointment of members of the Panel Committee and of the various Sub-Committees remain unchanged since the last Annual Report, the usual list of appointments ~~are~~ omitted from this Report.

We greatly regret the death which occurred on the 11th May 1942 of Dr. A. F. R. Pooler, who had done much valuable work in the interest of the profession. A letter of sympathy was sent to his relatives.

During the year four meetings of the Committee were held. The following is a summary of work done.

ACCOUNTS.

The accounts for the half years ended 31st December 1941 and 30th June 1942 were duly audited. The balance in the Bank as at 30th June 1942 was £534.13.6.

GRANTS.

During the year, the following grants were made:-

Sir Thomas Barlow's Special Christmas Fund.	£ 10.10.0.
British Medical Charities Fund.	£100. 0.0.
Medical War Relief Fund.	£300. 0.0.
Derbyshire Panel Trust (for investment in 3½% War Stock)	£450. 0.0.

INCREASED CAPITATION FEE AND WAR BONUS.

A special conference of representatives of Local Medical and Panel Committees was held at B.M.A. House on the 31st July 1941 to consider a report by the Insurance Acts Committee on its application for a revision of the insurance capitation fee, and the Government's proposal to raise N.H.I. income limit for non-manual workers to £420 per annum.

Dr. E. C. Dawson was appointed to be the Committee's representative and on behalf of the Committee attended the Conference, results of which will have already been observed in the B.M.J., i.e. that the insurance capitation fee was increased to 9s.9d. and the N.H.I. income limit to £420 per annum.

The Panel Committee received numerous circulars from various Panel Committees requesting the Committee's support with regard to an application for a war bonus, when the Insurance Acts Committee subsequently submitted to Panel Committees for their consideration a draft memorandum for submission to the Ministry of Health, setting out points in support of the application. After discussion, the Committee formally approved the draft memorandum.

MILEAGE.

In reply to the Committee's enquiry whether any change could be made in the regulations in respect of mileage grants, the B.M.A. pointed out that an amendment could only be made with the consent of the Panel and Insurance Committees and would be subject

to the approval of the Ministry of Health. It was unlikely however that the Ministry would approve of such an amendment, because it had always been recognised that mileage was intended to cover the additional cost of travelling in visiting insured persons in country districts and not in visiting insured persons in urban areas where doctors were more readily available.

ELASTIC ADHESIVE FINGER DRESSINGS.

The Committee recommended that application be made for inclusion of elastic adhesive finger dressings in the list of dressings which panel practitioners might order, but in view of the fact that it was thought that hardship would be brought upon the dispensing practitioner as he would be unable to claim payment, it was decided not to proceed further.

N.H.I. CERTIFICATES - MIS-USE.

The Committee wrote to the B.M.A. for advice on the mis-use of N.H.I. certificates, which occurrence had on several occasions come to the notice of the Committee. The B.M.A. replied that it was understood that the Ministry's view was that it would not be practicable to prohibit an insured person from showing a N.H.I. certificate to his employer if he found it convenient to do so. A further argument advanced by the Ministry was that employers were themselves directly interested in medical certificates issued for N.H.I. purposes since the liability for payment of contributions was dependant upon the question whether the employee was incapable of work within the meaning of the Act.

An insurance practitioner could not demand or accept payment for any certificate issued on an official N.H.I. form. If he was asked for and issued an additional certificate on a private form, he was at liberty to charge as he thought fit, and in the view of the B.M.A., it was not desirable to suggest a standard charge for a service of this nature.

The Committee decided that Dr. L. J. Picton, representative on the Insurance Acts Committee, be requested to bring the matter before the Insurance Acts Committee, who, it subsequently appeared, had for some time been concerned with regard to this abuse. They had made several endeavours to remedy the matter, but the fact remained that after a doctor had handed a N.H.I. certificate to his patient, he had no control of what the patient did with it. The Insurance Acts Committee could not see that it was possible to take any action to prevent the misuse by a patient of the certificate which he had right to receive.

MEDICAL BENEFIT FOR DEPENDANTS OF MEMBERS OF H.M. FORCES.

Correspondence passed between the Panel Committee and the B.M.A. as to what arrangements were being made for dependants of members of H.M. Forces.

The B.M.A.'s reply was that the attitude of the Service Departments was that increased allowances to men in the Armed Forces and their dependants made possible the provision of medical attention without Government assistance. The Service Departments were adamant and had so far declined the suggestion that the matter be discussed between representatives of the C.M.W.C. and the Departments. The B.M.A. were however considering the possibility of bringing pressure to bear on the Service Departments through the Ministry of Health.

NATIONAL WAR FORMULARY AND DRUG TARIFF.

A circular from the Ministry of Health setting out various amendments in the National War Formulary was considered.

It was resolved on the proposition of Dr. E. C. Dawson, seconded by Dr. B. J. Allan, that the Committee write to the Insurance Acts Committee suggesting that before introducing a new preparation

NATIONAL INSURANCE ACTS.

MEDICAL BENEFIT.

County of Derby.

LIST OF

**DOCTORS,
CHEMISTS, ETC.**

AND

APPROVED INSTITUTIONS,

1919.

DECEMBER 14th, 1918.

A. J. CASH,
Clerk of the Derbyshire Insurance Committee,
18, THE STRAND, DERBY.

MEDICAL BENEFIT.

THE DERBYSHIRE INSURANCE COMMITTEE hereby give notice to insured persons resident within the County of Derby of the arrangements which have been made for the administration of Medical Benefit for the year commencing 1st January, 1919.

INSURED PERSONS resident in the County of Derby who desire to obtain Medical Attendance and Treatment from a Doctor on the panel (pages 3 to 8), or an Approved Institution (page 15), should present the Medical Card to one of the Doctors or an Approved Institution in the following list.

SAILORS, MARINES, and SOLDIERS discharged from His Majesty's Forces are entitled to Medical Benefit immediately on returning to civil life. If placed in the reserves, or on munition work, the buff medical card applies, but invalided men require to secure the signature of the doctor to form I. S. 1. furnished by the Ministry of Pensions.

MEDICINES, DRUGS, and APPLIANCES, when ordered by a Doctor on the panel, can be obtained from any of the persons or firms shewn on pages 10 to 14.

NOTICE TO INSURED PERSONS.

If you have not selected a Doctor or Institution on the list you should apply for a Medical Card to the Clerk of the Derbyshire Insurance Committee, 18, The Strand, Derby, on a form which you can obtain at this Post Office. When you receive your Medical Card you should give it to the Doctor on the panel, or Institution, you wish to select. You should not delay doing so until you are ill.

The Medical Card contains information as to the steps you should take to obtain Medical Benefit on change of address, whether temporary or permanent, and also as to the method of changing to another Doctor.

Par

Doc

1 Adam
2 Adam
3 Adam
4 Allan
5 Allen
6 Allen
7 Allen
8 Allun
9 Ande
10 Ashd
11 Awbu

12 Badc
13 Bamf
14 Barbe
15 Barro
16 Barre
17 Beane
18 Benne
19 Bingle
20 Bingle
21 Black
22 Bligh
23 Bloom
24 Bollan
25 Bond
26 Borch
27 Booth
28 Bosw
29 Bowd
30 Boyle
31 Boyle
32 Brook
33 Broste
34 Brown
35 Bruce
36 Burto
37 Bury
38 Byrne

39 Cant,
40 Chap
41 Clark
42 Clark
43 Cochr
44 Colen

revised, a task which took many hours of work, and a copy of the new Formulary was issued to each Practitioner within the area.

National Insurance Defence Fund.

A further sum of £100 was ordered to be contributed to the above Fund.

Group E. Standing Joint Committee.

Dr. S. J. Parkhill was appointed to represent the Panel Committee at a meeting of the Group F. Committee.

Scrutiny of Prescriptions for quarters ended 30th June, 30th September and 31st December 1921 and 31st March and 30th June 1922.

The scrutiny of prescriptions issued by practitioners during the above quarters took many hours of work and was an arduous and thankless task. In certain cases it was found necessary to make recommendations for surcharge.

New Scheme for Investigation of Prescriptions.

A circular was received from the Insurance Acts Committee giving particulars of the new Scheme. After discussion by the Panel Committee it was resolved that the new Scheme be approved.

Collective Bargaining.

A circular was issued to each member of the Committee in order to obtain the approval of each Panel Practitioner in the area to the Scheme. The majority of practitioners were in favour of taking the decision of the Court of Enquiry.

Election of Panel Committee.

Mr. Cash, Clerk to the Derbyshire Insurance Committee, consented to act as Returning Officer and duly conducted the Election.

Conference in London on 7th June.

Dr. Court was appointed to attend this Conference. A full report of the Conference was given in the Supplement to the British Medical Journal so need not therefore be set out here.

Transfer of Practices.

It was resolved that the Insurance Committee be requested to fix the amount of the remuneration for the unallocated patients.

Window envelopes for keeping of Medical Record Cards.

The Clerk to the Derbyshire Insurance Committee informed the Panel Committee that this system has been discontinued.

Mileage and Keeping of Records.

A letter was received from the Ministry of Health with request that Ten practitioners be selected from three lists for keeping special records.

The following selections were made:

- | | |
|------------|--|
| Section A. | Drs. W.E. Houlbrook, J.L. Fletcher and O. Madge. |
| " B. | Drs. W.J.G. Steel, G.G. Macdonald and G.A. Hendry. |
| " C. | Drs. Ord, Nockolds, Heyworth and McCred. |

Mileage Scheme.

Mr. Cash informed the Committee that he was dealing with this on exactly the same lines as 1922. He did not propose making any

changes in any of the areas or any of the localities.

Transfer of Practices.

Mr. Cash, Clerk to the Derbyshire Insurance Committee, attended a meeting at which this matter was dealt with and explained the alteration. It was resolved that in view of the changes which might take place at the end of the year the old arrangement should stand whereby all matters relating to the transfer were cleared up within four months rather than to adopt the extended period of 18 months.

Canvassing.

One complaint of canvassing was considered. Statutory Declarations were taken and submitted to London & Counties Medical Protection Society. The case cannot at the moment proceed owing to lack of conclusive evidence.

Inspection of Surgeries and Waiting Room Accommodation.

Two Members of the Panel Committee were appointed representatives to co-operate with representatives of Allocation Sub-Committee in order to inspect the surgeries and waiting room accommodation within the Area.

Terms of Service.

Three meetings were held to consider this matter which entailed a great deal of time and arduous work.

Rural Practice.

A Rural Practitioners Sub-Committee consisting of Drs. Durbridge, Macdonald and J.L. Fletcher was appointed.

Treatment in Emergency.

Two claims were considered and were disallowed.

Treatment outside contract.

Four claims on G.P. 11 for treatment rendered outside contract were considered.

The services rendered were:

- (a) Intra venous injection of salvarsan (allowed).
- (b) Administration of Anaesthetics to patient in Nursing Home in Derby in case of cancer - (allowed on ground of distance of place of operation).
- (c) Cholecystectomy for Gall stones (allowed)
- (d) Ischio Rectal abscess, opening (Disallowed).

Tariff.

Insulin. Many doctors have enquired whether Insulin could be ordered. It is now on the Tariff.

Instances of orders given for articles which cannot be paid for and the liability thus falling on the Chemist are: Camel Hair Brush, Elastic Knee Bandages, Eye Dropper, Glass Syringe, Trusses. Practitioners were asked to discontinue ordering such articles.

REPORT OF THE RE-GROUPING SUB-COMMITTEE

Present: Drs. H.W. Pooler, R.C. Allen, E.J. Allan,
C.R. Wills, E.C. Dawson, and G.W. Evans;
also Mr. H.W. Howard, the Clerk to the
Insurance Committee, and Dr. G.S. O'Rourke.

The Re-Grouping Sub-Committee appointed by the Panel Committee on the 18th October, 1945, met at the Midland Hotel, Derby, on Thursday, the 17th January, 1946, at 3.30 p.m. to consider the re-grouping of the Panel Committee.

It was resolved that Dr. Pooler be Chairman of this Sub-Committee.

In considering this matter the question must arise: In view of the present uncertainty, is it worth while to proceed with a re-grouping? It was agreed that, in any case, there must be a Medical Committee of some sort for the area, and it was considered advisable that a re-grouping should be considered.

The basis of grouping at present is the old Parliamentary Division of the County into eight constituencies as follows:

<u>Constituency:</u>	<u>Panel Doctors:</u>	<u>Panel Committee Members:</u>	<u>Voting Place:</u>
High Peak	47	5	Buxton.
N. Eastern	83	5	Eckington.
Chesterfield	50	4	Chesterfield
Western	40	4	Matlock.
Ilkeston	52	5	Ilkeston
Mid-Derbyshire	33	5	Alfreton.
Southern	57	3	Swadlincote.
Derby Borough	46	1	Derby
	<u>Total</u>	<u>32</u>	

There are about 280,399 panel patients in the County at present, or 8,762 for each Member of the Panel Committee.

At first sight, the above table could seem to point to serious anomalies; for instance, Mid-Derbyshire with 33 doctors and 5 representatives, or western with 40 doctors and 4 representatives, and, on the other hand, N. Eastern with 83 doctors and 5 representatives, or southern with 57 and 3 representatives; but these latter contain many doctors mainly practising in the Boroughs and only responsible for a comparatively few patients in the County (Sheffield 45 doctors and Burton 16). It is evident therefore that the original grouping was based on the numbers of insured persons and not on the number of doctors.

There are now 9 Parliamentary Divisions, and it was resolved that the Panel Constituencies should be altered in accordance. Some of the Divisions are very large and straggling, and it appeared desirable that more than one voting centre should be chosen in several of them in order that Panel Practitioners might be enabled to attend the meetings without serious inconvenience.

<u>Parliamentary Division:</u>	<u>No. of doctors available:</u>	<u>Election Centres:</u>	<u>No. of Panel Patients in each Parliamentary Division:</u>	<u>Seats:</u>
Belper	27	Belper	31,581	4
Chesterfield	24	Chesterfield	36,359	4
Clay Cross	42	(Clay Cross and Shirebrook)	31,128	4
High Peak	40	(Buxton and Glossop)	29,977	3
Ilkeston	21	Ilkeston	33,971	4
North Eastern	82	Eckington	36,774	4
Southern	64	(Long Eaton and Swadlincote)	47,798	5
Western	40	(Ashbourne and Bakewell or Matlock)	24,954	3
Derby Borough	45	Derby	7,857	1
<u>Total</u>	<u>385</u>	<u>Total</u>	<u>280,369</u>	<u>Total</u> <u>32</u>

There were, however, two objections to this arrangement:-
 1. It would be somewhat difficult to allocate the doctors, for voting purposes, to the two centres.
 2. There might be serious difficulties in deciding the number of seats to be allocated to these centres.

Accordingly it was decided that in lieu of Meetings the voting should be by postal vote in each constituency.

Nominations of candidates, signed by two practitioners in the constituency, would have to be received by the Election Officer at least 14 days before the Election, in order that voting papers might be prepared and sent out.

This would do away with the necessity to arrange voting centres. With that exception, the above table was approved by the Sub-Committee.

The question of co-opted members was left over for further consideration.

The approval of the Ministry of Health will be necessary for the changes proposed.

(signed) H.W.POOLER,

Chairman, Re-grouping Sub-Committee

16th January 1946.

RE-GROUPING SUB-COMMITTEE

MEMORANDUM BY DR. H. W. POOLER

In considering this matter the question must arise:- In view of the present uncertainty is it worth while to proceed with a re-grouping? I suggest that the answer is that, in any case, there must be a Medical Committee of some sort for the area, and it is therefore desirable that we should proceed to put our own house in order.

The basis of grouping at present is the old Parliamentary Division of the County into eight constituencies as follows:-

<u>Constituency:</u>	<u>Panel Doctors:</u>	<u>Panel Committee Members:</u>	<u>Voting Place:</u>
High Peak	47	5	Buxton
N.Eastern	83	5	Eckington
Chesterfield	50	4	Chesterfield
Western	40	4	Matlock
Ilkeston	52	5	Ilkeston
Mid-Derbyshire	33	5	Alfreton
Southern	57	3	Swadlincote
Derby Borough	46	1	Derby
		<u>Total</u>	<u>32</u>

There are practically 300,000 Panel Patients in the County at present, or, approximately, 10,000 for each Member of the Panel Committee. At first sight, the above table would seem to point to serious anomalies; for instance, Mid-Derbyshire with 33 Doctors and 5 representatives, or Western with 40 Doctors and 4 representatives, and, on the other hand, N.Eastern with 83 and 5 respectively, or Southern with 57 and 3. But these latter contain many Doctors mainly practising in the Borough and only responsible for a comparatively few Patients in the County (Sheffield 45 Doctors and Buxton 16). It is evident therefore that the original grouping was based on the numbers of insured persons and not on the number of Doctors.

As I have pointed out, the present grouping was based on the Parliamentary Divisions - eight in number. Now, however, there are nine; and it appears desirable to alter the Panel Constituencies in accordance. Some of these Divisions are very large and straggling, and it appears therefore desirable that more than one voting centre should be chosen in several of them in order that Panel Practitioners might be enabled to attend the meetings without serious inconvenience. Accordingly in the subjoined list I have suggested suitable meeting places for the election meetings.

<u>Parliamentary Division:</u>	<u>No. Doctors</u>	<u>Election Centres:</u>
Belper	27	Belper
Chesterfield	24	Chesterfield
Clay Cross	42	(Clay Cross and Shirebrook)
High Peak	40	(Buxton and Glossop)
Ilkeston	21	Ilkeston
North Eastern	82	Eckington
Southern	64	(Long Eaton and Swadlincote)
Western	40	(Ashbourne and Bakewell or Matlock.)
DERBY BOROUGH	45	

Mr. Howard, Clerk to the Insurance Committee, has kindly consented to submit a list of Panel Doctors conveniently situated, with regard to these proposed voting centres. The number of seats allocated to each centre will depend on the number of panel patients for which these Practitioners are responsible. It is hoped that these figures will be available before the Meeting.

STATISTICS FROM THE BUREAU.

Statistics were produced and considered.

OBSTETRIC ROTA.

Dr. H.W. Pooler gave a report on the Obstetric Rota. He said that the Branch Council of the B.M.A. might have asked practitioners not to join the rota as a protest against the refusal on the part of the authorities, of the practitioner's right to conduct Ante-Natal supervision for a reasonable fee. The objection was now removed and the Branch Council would not take that action. Dr. Ash had given very satisfactory assurances on the points at issue and these were practically settled, subject to the vote of the Child Welfare Committee. An advisory and disciplinary Committee had been set up and rural practitioners would be given the opportunity of giving their own patients Ante-Natal supervision at reasonable fees. Dr. Pooler urged that practitioners should grasp this opportunity, by joining the rota, of proving their willingness and competence to do this work. That was why the Branch Council had decided not to make the recommendation before referred to.

WAR EMERGENCY COMMITTEE.

Dr. H.W. Pooler reported on the War Emergency proposals. He gave the relations between the fighting forces and the general practitioners. He said that the Local Emergency Committee will have control of its own personal, and that the B.M.A. would have a list of all the practitioners who have volunteered for service.

Dr. Pooler said that with regard to practitioners who did not go with fighting forces they could attend their own patients if they wished, although, in mid-wife's cases they would be liable to be called to any case.

DERBYSHIRE PANEL & LOCAL MEDICAL COMMITTEE.

ELECTION 1939

List of Representatives elected.

HIGH PEAK DIVISION - 5.

Dr. E. J. Allan, 18 High Street East, Glossop.
Dr. J. S. Chorlton, 6 The Square, Buxton.
Dr. N. Harburn, 18 Broad Walk, Buxton.
Dr. F. Q. McKewen, 25 Victoria Street, Glossop.
Dr. J. Mowat, Rhuddlan House, Chinley, nr Stockport.

NORTH EASTERN DIVISION - 5.

Dr. H. B. Fletcher, The Grange, Dronfield, nr Sheffield.
Dr. R. R. Lane, Cliff House, Bolsover, nr Chesterfield.
Dr. G. R. Lipp, Bridge Street, Killamarsh, nr Sheffield.
Dr. A. H. Rankin, 35 Main Road, Renishaw, nr Sheffield.
Dr. G. K. Wood, The Laurels, Creswell, nr Worksop.

CHESTERFIELD DIVISION - 4.

Dr. W. W. Allison, 190 Hasland Road, Chesterfield.
Dr. R. E. Bridge, Avenue House, Saltergate, Chesterfield.
Dr. K. B. MacGlashan, Ash Lodge, Brampton, Chesterfield.
Dr. N. R. Pooler, Hill House, Clay Cross, nr Chesterfield.

WESTERN DIVISION - 4.

Dr. E. D. Broster, The Old Manor House, Wirksworth.
Dr. C. W. Evans, Bridgeway, Bakewell.
Dr. A. D. Stoker, Bank House, Winster, nr Matlock.
Dr. C. R. Wills, The Grange, Hackney, Matlock.

MID-DERBYSHIRE DIVISION - 5.

Dr. R. C. Allen, Riversdale, Belper.
Dr. J. L. Anderson, Green Lane, Belper.
Dr. O. H. Bulloch, The Gables, Pilsley, nr Chesterfield.
Dr. H. Firman, Bank House, Blackwell, nr Alfreton.
Dr. H. W. Pooler, Ellenborough, Stonebroom, nr Alfreton.

ILKESTON DIVISION - 5.

Dr. A. C. Adams, Newdegate Street, West Hallam, nr Derby.
Dr. T. Hoffron, Ironville House, Ironville, nr Nottingham.
Dr. J. Moir, 68 Derby Road, Long Eaton.
Dr. P. J. Mulcahy, 22 Derby Road, Long Eaton.
Dr. P. J. Stokes, Galtee House, Ilkeston.

SOUTHERN DIVISION - 3.

Dr. J. Ainseow, The Poplars, Molbourne, nr Derby.
Dr. E. M. R. Frazer, Nowhall, nr Burton on Trent.
Dr. W. G. Leve, Burton Road, Woodville, nr Burton on Trent.

DERBY BOROUGH DIVISION - 1.

Dr. E. C. Dawson, 306 Utttoxeter Road, Derby.

The above-named 32 Members are hereby declared to be duly elected.

A. J. Bash

Returning Officer.

18 The Strand, Derby.
17th June 1939.

22nd July 1938.

MINUTES of Meeting of THE DERBYSHIRE LOCAL MEDICAL
AND PANEL COMMITTEES held at the Midland Hotel, Derby
on Friday the 22nd July 1938 at 2.45 p.m.

PRESENT :-

Dr. R.C. Allen (in the Chair) and Drs.
H.B. Fletcher, A.H. Rankin, Mr. Harburn,
E.M.R. Frazer, J.J. McShannon, E.M. McDonald,
G.K. Wood, R.E. Bridge, K.M. MacGlashan,
O. Bulloch, W.W. Allison, R.R. Lane, J.S.
Chorlton, J.L. Anderson, G.R. Lipp, J. Moir,
T. Heffron, J. Mowat, A.C. Adams, E. Broston,
H.W. Pooler and NR. Pooler.

Apologies for inability to attend were received from
Drs. Shea, Mason, Love and Haine.

Minutes of Meeting held 20th May 1938 were confirmed.

MEDICAL BENEFIT REGULATIONS 1936.

- (i) Appeal by Dr. W. Phillips of Matlock against the disallowance of a Hypodermic Syringe (ordered other than in connection with treatment by Insulin), value 2/6. Prescribed to E. Hocking. Letters from the Clerk to the Insurance Committee. The Secretary of the Pharmaceutical Committee, Dr. Phillips and the Ministry were read.

It was stated by the Ministry that Appliances to which insured persons were entitled to as part of medical benefit were only those specified in Part I of the 2nd Schedule to the Medical Benefit Regulations 1936, and that Hypodermic Syringes were included when required for self administration of Insulin, but not for any other purpose. Notice of the hearing had been given to Dr. Phillips, and to the Secretary of the Pharmaceutical Committee.

After consideration of the matter it was resolved that the appeal be allowed.

- (ii) MARMITE.

Appeal by Dr. H.L. Beckitt of Alvaston against the disallowance of prescriptions given for Marmite to W.H. Crutchley. Letters from the Clerk to the Insurance Committee, the Secretary to the Pharmaceutical Committee and Dr. Beckitt were read. Notice of the hearing had been given to Dr. Beckitt and to the Secretary to the Pharmaceutical Committee.

A minute of the meeting held 21st January 1938 was referred to in which a resolution was set out that prescriptions for Marmite be not allowed as they came within Class A of preparations and substances which were never drugs.

It was resolved that the claim be disallowed.

- (iii) CHAMPAIGN NIPS.

Appeal by Dr. G.W.R. Thomson. It was resolved by the Committee at meeting held on the 20th May that Dr. Thomson's appeal be disallowed. Letter from the Clerk to the Insurance Committee was read stating that in this case the Insurance Committee were instructed by the Ministry of Health that payment should be made. Letter of the 19th July from Dr. Thomson with letter to him from

COPY.

PARTICULARS RELATING TO THE PRESCRIBING OF DR. X. FOR THE
QUARTER ENDED 31st March 1937.

TOTAL NUMBER of prescriptions issued 702.

	Average Cost per prescription in pence.
Doctor's Average	7. 281
Average for the Area	7. 759
Difference	- 0. 478
Percentage Difference	- 6. 161%
<hr/>	
Cost of Prescriptions	£. s. d. 21. 5.11
Cost of same number of prescriptions based upon the average areal prescription cost.	<u>22.13.11</u>
Difference -	<u>£ 1. 8. --</u>

PARTICULARS RELATING TO THE PRESCRIBING OF DR. Y. FOR THE
QUARTER ENDED 31st March 1937.

TOTAL NUMBER OF PRESCRIPTIONS ISSUED 1103.

	Average Cost per prescription in pence.
Doctor's Average	9.033
Average for the Area	7.759
Difference +	1.274
Percentage Difference +	16.420%
<hr/>	
Cost of Prescriptions	£. s. d. 41.10. 4
Cost of the same number of prescriptions based upon the average areal prescription cost	<u>35.13. 2</u>
Difference +	<u>£ 5.17. 2</u>

Prescription Cost.

The high prescription cost appears to have been due to various causes, the more important of which are:-

Ingredient Cost.

Proprietary preparations were ordered on some occasions: the following are examples:-

Ampoules Asthmolysin	2 prescriptions, total ingredient cost 6/9 in respect of J.W.B.
Collosol Argentum (Beta)	1 prescription, ingredient cost 2/7½ in respect of M. T.

Pil. Digitalin Nativelle	4 prescriptions, total ingredient cost 6/4 in respect of G. E. etc.
Sommosal (Napp)	1 prescription, ingredient cost 2/10 in respect of G.E.
Tab. Alasil	5 prescriptions, total ingredient cost 4/8½ in respect of G.C., G.A.G. etc.
Tab. Ferrous Sulph. (Glaxo)	1 prescription, in respect of J.H.S.
Tab. Luminal	1 prescription, ingredient cost 1/- in respect of C. H.
Elastoplast Bandage	3 prescriptions, total "ingredient" cost 6/6 in respect of E. F., E.H., T.M.

The ingredient cost of all the prescriptions for proprietary preparations was equivalent to 13.6% of the total ingredient cost. The corresponding average for England as a whole is 4.5%.

Polypharmacy.

10.3% of the prescriptions for mixtures contained more than five ingredients. Examples:-

✓ Creosote m.xvi.
Tinct.Quillae m.40
Sod.Sal. 2 drs.
Pot. Iod. 1 dr.
Ammon. Carb. 2 drs.
Ammon.Chlor. 3 drs.
Tinct.Squill. 3 drs.
Ext. Glyc. Liq. 6 drs.
Aqua ad 8 ozs.

This prescription was issued in respect of R.G.

✓ Mag. Carb. Levis
Calc. Carb. Praecip.
Bism. Carb.
Kaolin aa. gr. 7½
Tinct. Bellad. m. v.
Acid. Hydrocyan dil. m. iv.
Aqua. Chlorof. ad ½ oz., mitte 10 ozs.

This prescription was issued in respect of C.H.G.

✓ Mis. Pot. Brom. 8 ozs.
G. Tr. Nuc. Vom. 1½ drs.
Pot. Iod. 1 dr.

This prescription was issued in respect of T.F.

PARTICULARS RELATING TO THE PRESCRIBING ; OF DRS. X. AND Y. FOR THE QUARTER ENDED 31st MARCH 1937.

Average number of insured persons on Panel (Prescribing)List	792
Number of persons prescribed for (= 40.025% of Prescribing List)	317
Number of prescriptions issued	1805

Average number of prescriptions issued
per person prescribed for

5. 694.

	Number of prescriptions per insured person.	Average Cost per prescription in pence.	Average Cost per insured person in pence.
Doctors' Averages.	2. 279	8.352.	19.034
Averages for the Area.	1.408	7.759	10.921
Difference	+ 0.871	0.593	8.113
Percentage Difference	+ 61.861%	7.643%	74.288%

Total cost for the quarter

£. s. d.
62.16. 3

Average Cost for the same number of
insured persons in this area.

36. 0. 9

Difference +

26.15. 6

FREQUENCY OF PRESCRIPTION.

The average number of prescriptions per insured person issued during the quarter was 61.861% above the corresponding average for the Derbyshire area.

This appears to be partly due to the higher proportion of patients on the list who required prescriptions than was the experience of the practitioners of the area taken as a whole: but another factor has contributed to the high average number of prescriptions per insured person. This is the high average number of prescriptions issued per person prescribed for (5.694), as compared with the average experience for the area (3.78).

Prescription Cost.

Particulars of prescription cost will be found in the statements rendered to individual partners.

Copy statement given by Drs. X and Y. of Tideswell to the Minister of Health (for use at the Panel Committee Meeting to be held on the 8th October, when a Medical Officer of the Department will be present.)

Prescribing for Quarter ended 31.3.37.
Interview 27.7.37.

Frequency of Prescription:

There is a high accident figure for the district. There is no local hospital and there are a large number of chronic patients. There is no overlapping. All attendances are entered on Record Card which is consulted at each attendance. Supervision effected to ensure repeats not given before the proper time. Climate is bad, 9 months winter, 3 months summer; more colds, more Bronchitis.

The Quarrymen are prone to peptic ulcers. They have more of this type of case than is usual. They cannot give any other reasons for their high true frequency. They do, however, place great reliance in medicine to get patients better quicker.

Dr. Y.

Prescription Cost

Ingredient Cost

Proprietary Preparations.

Ampoules Asthymolysin.

2 prescriptions.

J.W.B. Cardiac Asthma, severe, all sorts of ordinary preparations were tried previously.

Collosol Argentum

1 prescription.

(Beta)

M.T. Leucorrhoea. Other remedies tried first. Beta is the cheaper quality for external use and quickly cleared up the condition.

Pil. Digitalin Nativelle.

4 prescriptions.

G.E. A chronic heart case. Tinct. Digitalis relatively inactive etc. compared with this preparation.

Somnosal (Napp)

1 prescription.

G.E. Other things tried first. Given to above patient for sleep.

Tab. Alasil

5 prescriptions.

C.C. Both Gastric Ulcers with Muscular Rheumatism. Alasil G.A.C. presents Salicylic Acid in a form which does not cause etc. digestive disturbances.

Tab. Ferrous Sulph. (Glaxo)

1 prescription.

J.H.S. Recommended by a consultant. Had a Gastric Ulcer and could not take Fe.AC. in the large doses necessary.

DERBYSHIRE LOCAL MEDICAL AND PANEL COMMITTEES.

Burton Buildings,
Parliament Street,
NOTTINGHAM.

8th February 1937.

Dear Sir,

Please take notice that a meeting of the above Committees will be held at The Midland Hotel, Derby, on Tuesday the 16th February at 2.45 p.m.

AGENDA.

- 1...Minutes.
- 2...Letters.
- 3...Co-option of Member of Committee vice the late Dr. S.J. Parkhill: Letter from Dr. Love of Burton-on-Trent signifying his willingness to act:
To co-opt Member on Committee vice Dr. F. Webster Furniss, resigned.
- 4...Accounts for half year ended 31st December 1936.
- 5...Investment. To consider question of further contribution to the Funds of the Panel Trust.
- 6...To consider question of contribution to B.M.A. Medical Charities.
- 7...Voluntary Levy: To consider question of reduction in Levy.
- 8...Mileage Scheme: To consider proposed alterations to Scheme (see copy draft enclosed).
To consider revision of places named in First and Second Schedules of Mileage Scheme.
- 9...Special Conference in London in January. To receive report.
- 10...Honorarium to Mr. Cash for calculation and collection of Voluntary Levy.
- 11...Statistics from the Bureau.
- 12...Any further business.

Yours faithfully,

L.S. POTTER, Hon. Secretary.

G.S. O'RORKE, Clerk.

DOCTOR'S NAME.

ADDRESS OF SURGERY.

89	Gell, Dr. H.	...	Rydalhurst, Tennyson Road, Chesterfield.
90	Gentles, Dr. R. W.	...	47, Hartington Street, Derby.
91	Gillespie, Dr. H. M.	...	Church Street, Eastwood, Notts.
92	Graham, Dr. J.	...	Waverley Lodge, Holmewood, near Chesterfield.
93	Green, Dr. A.	...	Holywell Street, Chesterfield.
94	Grieve, Dr. J. C.	...	268, Burton Road, Derby.

H

95	Hadfield, Dr. J.	...	Hollincross House, Glossop.
96	Halpin, Dr. J. E.	...	Hilcote Street, South Normanton, near Alfreton.
97	Hannah, Dr. W. T.	...	1, Broad Walk, Buxton.
98	Harburn, Dr. J. E.	...	8, Broad Walk, Buxton.
99	Hart, Dr. G. S.	...	Measham, near Atherstone.
100	Harvey, Dr. G.	...	Wirksworth, Derbyshire.
101	Harvey, Dr. A. G.	...	" "
102	Haslewood, Dr. C.	...	Brailsford, near Derby.
103	Heath, Dr. A.	...	24, Normanton Road, Derby.
104	Heathcote, Dr. R.	...	Apsley House, Buxton Road, Disley, Cheshire.
105	Heathcote, Dr. G.	...	"Riverslie," Whaley Bridge, near Stockport.
106	Herbert, Dr. G. H.	...	Eastfield, Uttoxeter, Staffs.
107	Hendry, Dr. J. A.	...	1, High Street, Buxton.
108	Heyworth, Dr. G. A. F.	...	"The Hollies," Bridge Street, Belper.
109	Hibbert, Dr. C. H.	...	Marple Bridge, near Stockport.
110	Hollick, Dr. H. H.	...	Church Street, Ashbourne.
111	Holmes, Dr. A. M.	...	"Brooklyn," Heanor, Derbyshire.
112	Hollins, Dr. T. J.	...	"Aghadoe," Whittington Moor, near Chesterfield.
113	Houlbrook, Dr. W. E.	...	Hathersage, Derbyshire.
114	Howard, Dr. A.	...	Osborne House, Chinley, Derbyshire.
115	Howse, Dr. F. R.	...	Horsley Woodhouse, near Derby.
116	Hughes, Dr. E. P. L.	...	100, Kedleston Road, Derby.
117	Hunt, Dr. A. D.	...	42, Duffield Road, Derby.
118	Hunt, Dr. J. A.	...	"Brookfield," Borrowash, Derby.
119	Hunt, Dr. S.	...	Spondon, Derby.
120	Hurst, Dr. J. T.	...	32, Tennyson Avenue, Chesterfield.

I

121	Ilderton, Dr. C. I.	...	25, Normanton Road, Derby.
122	Illiffe, Dr. C. W.	...	64, Uttoxeter New Road, Derby.
123	Irvine, Dr. R.	...	Huthwaite, near Mansfield.

J

124	Jackson, Dr. Annie	...	119, Osmaston Road, Derby.
125	Jackson, Dr. J.	...	"The Gables," Stockport Road, Marple.
126	Jackson, Dr. R. H.	...	Bridgeway, Bakewell.
127	Johnson, Dr. W. P. S.	...	South House, Sawley Road, Long Eaton, Nottingham.
128	Johnston, Dr. R. A.	...	Alrewas, near Burton-on-Trent.
129	Johnstone, Dr. C. B.	...	"One Ash," Whaley Bridge, near Stockport.
130	Johnstone, Dr. H.	...	Brookhill Lane, Pinxton.
131	Jones, Dr. G. H. W.	...	Eckington, Derbyshire.
132	Jones, Dr. W. P.	...	789, Chesterfield Road, Norton Woodseats, Sheffield.
133	Joyce, Dr. H. W.	...	Hope House, Shirebrook, near Mansfield.
134	Joyce, Dr. J. H.	...	Church Street, Woodville, near Burton-on-Trent.

DOCTOR'S NAME.

ADDRESS OF SURGERY.

K

- 135 Kelleher, Dr. Lucy ... Galtee House, Ilkeston.
 136 Kennedy, Dr. N. ... Burbage House, Chapel-en-le-Frith, Derbyshire.
 137 King, Dr. J. W. ... 132, Osmaston Road, Derby.
 138 Kingsbury, Dr. E. ... Stapleford, Notts.

L

- 139 Latham, Dr. C. H. ... New Sawley, Derbyshire.
 140 Latham, Dr. G. H. ... 35, Ashbourne Road, Derby.
 141 Lawson, Dr. W. W. J. ... Whitwell, near Mansfield.
 142 Leapingwell, Dr. A. E. ... 132, Osmaston Road, Derby.
 143 Lee, Dr. W. H. ... "The Gables," Pilsley, near Chesterfield.
 144 Le Grand, Dr. W. J. ... The Hospital, Blackwell, Alfreton.
 145 Lindsey, Dr. E. V. ... Repton, Derbyshire.
 146 Logan, Dr. R. R. W. ... Ashby-de-la-Zouch.
 147 Lowe, Dr. W. G. ... 5, Horninglow Street, Burton-on-Trent.
 148 Lowe, Dr. C. H. ... 3, Clay Street, Stapenhill, Burton-on-Trent.
 149 Lowe, Dr. W. P. ... 23, Bridge Street, Burton-on-Trent.

M

- 150 Macdonald, Dr. G. G. ... Crich, near Matlock.
 151 MacGinnis, Dr. P. F. ... Sutton Lodge, Brimington, Chesterfield.
 152 Mackenzie, Dr. D. J. ... Loch Maree House, North Road, Glossop.
 153 Mackenzie, Dr. H. ... " " " " "
 154 Maclelland, Dr. R. ... Smedley's Hydro, Matlock.
 155 Macpherson, Dr. A. ... Overseal, near Ashby-de-la-Zouch.
 156 Madge, Dr. Q. ... Ashbourne.
 157 Magee, Dr. J. A. ... Clowne, near Chesterfield.
 158 Marriott, Dr. F. ... Tibshelf, near Alfreton.
 159 Mason, Dr. H. A. ... "The Gables," Duffield, Derby.
 160 May, Dr. S. W. ... High Street, Woodville, near Burton-on-Trent.
 161 McCrea, Dr. R. A. ... Ash Lodge, Brampton, Chesterfield.
 162 McOscar, Dr. J. ... Bagshot House, Hardwick Mount, Buxton.
 163 Mead, Dr. G. H. ... Eckington, Derbyshire.
 164 Minchin, Dr. P. D. ... The Grove, Etwall, Derby.
 165 Moon, Dr. G. D. ... Uttoxeter New Road, Derby.
 166 Moir, Dr. J. H. ... Newhall, near Burton-on-Trent.
 167 Morgan, Dr. A. ... 12, High Street, Staveley Town, near Chesterfield.
 168 Morrison, Dr. R. ... Gervase House, Duffield, Derby.
 169 Morris, Dr. F. J. ... 85, Watson Road, Worksop, Notts.
 170 Morton, Dr. S. E. ... The Red House, Matlock.
 171 Moyers, Dr. W. F. ... York House, Hasland, near Chesterfield.
 172 Murphy, Dr. A. E. ... "Northcote," Sandiacre, Nottingham.

N

- 173 Nicol, Dr. A. C. ... 93, and 95, High Street West, Glossop.

O

- 174 O'Farrell, Dr. W. J. ... Calow, near Chesterfield.
 175 O'Sullivan, Dr. H. D. ... 6, Bridge Street, Burton-on-Trent.
 176 O'Sullivan, Dr. J. I. ... New Whittington, near Chesterfield.
 177 Orchard, Dr. A. ... Sydnal House, Ashby-de-la-Zouch.
 178 Ord, Dr. F. W. ... Castle Gresley, near Burton-on-Trent.

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DOCTOR'S NAME.

ADDRESS OF SURGERY.

P

179	Patey, Dr. P. E. H.	"Highfield," Randolph Road, Derby.
180	Palmer, Dr. C. J.	...	...	Church Street, Mansfield Woodhouse, near Mansfield.
181	Palmer, Dr. S.	...	...	Swadlincote, near Burton-on-Trent.
182	Palmer, Dr. A. M.	...	...	Old Whittington, near Chesterfield.
183	Parke, Dr. T. H.	...	...	Tideswell, near Buxton.
184	Parkhill, Dr. S. J.	...	...	York Road, Church Gresley, near Burton-on-Trent.
185	Parkhill, Dr. R. A.	...	...	99, Swadlincote Road, Woodville, nr. Burton-on-Trent.
186	Parsons, Dr. C. O.	...	...	Totley Brook Road, Dore and Totley, near Sheffield.
187	Paton, Dr. J. M. N.	...	...	Tower Croft, Marple.
188	Paton, Dr. W. R.	...	...	"Uplands," Burr Lane, Ilkeston.
189	Pemberton, Dr. G. B.	...	...	3, Spring Bank, New Mills, near Stockport.
190	Pilcher, Dr. A. M.	...	...	"The Moorlands," Mosboro', Sheffield.
191	Poole, Dr. S. K.	...	...	Langwith, near Mansfield.
192	Pooler, Dr. H. W.	...	...	Stonebroom, Alfreton.
193	Porter, Dr. R. N.	...	...	48, Kedleston Road, Derby.
194	Powell, Dr. W. H.	...	...	Galtee House, Ilkeston.
195	Proctor, Dr. S. P. P.	...	...	Whittington Moor, near Chesterfield.

R

196	Rankin, Dr. H. J.	...	...	Crich, near Matlock.
197	Roache, Dr. W. H.	...	...	Rutland House, Bath Street, Ilkeston.
198	Robey, Dr. W. C. T.	...	...	Church Street, Eastwood, Notts.
199	Robinson, Dr. B.	...	...	Rocester, Staffs.
200	Robinson, Dr. W. W.	...	...	Fairfield Mount, Cross Street, Chesterfield.
201	Robson, Dr. O. D.	...	...	Somercotes, near Alfreton.
202	Rowan, Dr. S. F.	...	...	7, Friar Gate, Derby.
203	Russell, Dr. W. A.	...	...	Alexandra Street, Eastwood, Notts.
204	Rutherford, Dr. W. J.	...	...	High Street, Clowne, near Chesterfield.

S

205	Sadler, Dr. E. A.	...	...	Church Street, Ashbourne.
206	Salt, Dr. E. C.	...	...	23, Bridge Street, Burton-on-Trent.
207	Saunders, Dr. J. F.	...	...	27, Macklin Street, Derby.
208	Saville, Dr. E.	...	...	Cliff House, Bolsover, near Chesterfield.
209	Sawdon, Dr. F. R.	...	...	Grafton House, Buxton.
210	Sawdon, Dr. G. E.	...	...	" " "
211	Seal, Dr. F. M.	...	...	Wirksworth, Derbyshire.
212	Shea, Dr. J. G.	...	...	Eastwood House, Chesterfield.
213	Shea, Dr. A. W.	...	...	" " "
214	Shepherd, Dr. H. B.	...	...	Peveril House, Castleton, Derbyshire.
215	Sims, Dr. G. S.	...	...	57, Green Lane, Derby.
216	Smith, Dr. H. W.	...	...	Pleasley, near Mansfield.
217	Smith, Dr. W. B. A.	...	...	"The Limes," Chapel Street, Belper.
218	Snell, Dr. D. M. B.	...	...	38, Derby Road, Stapleford, near Nottingham.
219	Sparrow, Dr. N. A. K.	...	...	Clay Cross.
220	Spencer, Dr. W.	...	...	"La Noria," Bolsover, near Chesterfield.
221	Stratton, Dr. W.	...	...	Langwith Road, Bolsover, near Chesterfield.
222	Sutcliffe, Dr. V. E.	...	...	Marno House, Cobden Road, Chesterfield.
223	Sutcliffe, Dr. L. E.	...	...	15, Queen Street, Whittington Moor.
224	Sutherland, Dr. D.	...	...	Shirebrook, near Mansfield.

for official use, the Ministry of Health should notify in advance wholesale manufacturers, druggists and retail chemists in order that such preparations could be put on the market before practitioners wished to prescribe them. A copy of the resolution was sent to the Insurance Acts Committee accordingly.

FEE FOR RE-EXAMINATION OF MEMBERS OF APPROVED SOCIETIES.

A complaint was brought to the notice of the Committee that an Approved Society was not acting in accordance with the recommendation of the B.M.A., that in view of the further suspension of the Ministry of Health Regional Medical Service which had resulted in Approved Societies seeking the services of private medical practitioners to secure a second opinion where the Society had reason to doubt the continuation of incapacity, the fee payable should be not less than £2.2.0. for a session of not more than two hours, and 10s.6d. for individual cases.

A letter was sent from the Committee to the doctor in question pointing out that the minimum fee was 10s.6d., and requesting his observations, when he replied that after communicating with the Approved Society, the Society had agreed to pay the fee of 10s.6d. for each examination and report as from the 20th June 1942.

PRESCRIPTIONS FOR SCHEDULE IV POISONS - COMPLAINTS BY CHEMISTS.

A letter from the Insurance Committee stated that complaints had been received from chemists that they had trouble with doctors' prescriptions for Schedule IV poison without directions for use.

The Local Pharmaceutical Committee regarded this as a very serious omission and called the Panel Committee's attention to the matter.

ELECTION.

The Committee received a letter from the Insurance Acts Committee stating that if any Panel Committee now wished to resume its normal election of its members, the Minister of Health would be prepared to consider an application.

After reviewing the position, it was resolved that the present time was not appropriate for the holding of elections.

SPARE PARTS FOR DOCTORS' CARS.

In reply to the Committee's enquiry whether anything could be done to hasten the delivery of spare parts for use in doctors' cars, the B.M.A. stated that they had been in touch with the Ministry of Transport and the Ministry of Health, and the matter was now under consideration.

As the situation was unsatisfactory, the Clerk communicated with the Regional Certifying and Maintenance Officer, North Midland Region, who expressed his willingness to assist doctors as far as possible to obtain spare parts and means for effecting repairs to their cars.

He also suggested that arrangements be made to have a spare car at the disposal of doctors for use in emergency, and after discussion, the Committee resolved that efforts be made to secure a suitable arrangement whereby a car would be available at any time at any place for any doctor in the area who might require its services while his own car was being repaired.

Any practitioner who wishes to communicate with the Maintenance Officer, should write to:- The Regional Certifying and Maintenance Officer, Ministry of Transport, Grosvenor House, Frier Lane, Nottingham.

1923

NATIONAL HEALTH INSURANCE.
Derbyshire Panel Committee.

Report of the Clerk for the year ended 31st December 1923.

The following is a list of the Members of the Committee.

Dr. A. Green	Dr. R. A. McCrea
Dr. P. F. McGinnis	Dr. A. W. Shea
Dr. H. W. Pooler	Dr. F. G. Lescher
Dr. A. L. Shearwood	Dr. J. E. Harburn
Dr. J. McOscar	Dr. S. Nockolds
Dr. G. B. Pemberton	Dr. E. J. Allan
Dr. R. L. Beane	Dr. E. V. Eames
Dr. W. R. Paton	Dr. R. C. Allen
Dr. J. J. Tobin	Dr. G. A. F. Heyworth
Dr. T. Corkery	Dr. F. Marriott
Dr. G. G. Macdonald	Dr. H. B. Fletcher
Dr. Arthur Court	Dr. E. Saville
Dr. G. H. West-Jones	Dr. S. Hunt
Dr. R. N. B. Smartt	Dr. S. J. Parkhill
Dr. F. W. Ord	Dr. J. L. Fletcher
Dr. H. Durbridge	Dr. J. W. E. Ord
Dr. A. G. Harvey.	Dr. R. A. Ryan.

Representatives on the Insurance Committee and Sub-Committees.

Insurance Committee.

Dr. H. B. Fletcher and G. G. Macdonald. Drs. Parkhill, Court and Heyworth also medical members.

Allocation Sub-Committee.

Representatives.

Drs. A. Court, G. A. F. Heyworth and G. G. Macdonald.

Deputies.

Drs. R. A. McCrea, W. R. Paton and G. G. Macdonald.

Medical Service Sub-Committee.

Representatives.

Drs. G. A. F. Heyworth, G. G. Macdonald and J. J. Tobin.

Deputies.

Drs. W. R. Paton, H. B. Fletcher and R. C. Allen.

Joint Services Sub-Committee.

Drs. G. G. Macdonald and J. J. Tobin.

Dispensing Sub-Committee.

Drs. H. B. Fletcher and F. Marriott.

Meetings.

During the year there were Ten meetings.

The following is a summary of the transactions.

New Local Formulary.

The Old Local Formulary was reconsidered and the Panel Committee decided that it was necessary to revise it. It was accordingly

revised, a task which took many hours of work, and a copy of the new Formulary was issued to each Practitioner within the area.

National Insurance Defence Fund.

A further sum of £100 was ordered to be contributed to the above Fund.

Group N. Standing Joint Committee.

Dr. [unclear] was appointed to represent the Panel Committee at a [unclear] attended by him as [unclear] Committee.

Resolved that the thanks of the meeting be accorded to Dr. Parkhill.

Local Formulary.

Proof considered and corrected.

The Pharmaceutical Committee's suggestions (as set out below) were read and considered:-

- (a) Insoluble Oils and Chloroform: Objection on ground of difficulty of obtaining accurate measurement, and of "appearance" of resulting product which reflected adversely on practice of pharmacy.

Resolved that the suggestions of the Pharmaceutical Committee be accepted that Emulsio Chloroformi be used to replace the Chloroform in these prescriptions and that aqua menth pip. ex con. be used in place of oleum menth. pip.

- (b) Fractional doses of potent vegetable oils (instead of making use of the Official Liquors): objection on the ground of impossibility of securing accurate weighings and also on account of subsequent risk.

Resolved that, in cases where poisonous alkaloids are used in minute doses, the corresponding dose of the liquor should replace them.

Lin. Alb. was approved as drawn.

Mist. Camph Co. It was decided that 1 dr. should be ordered
Liq. Amm. Aot. instead of 2 dr.

Yodil and other proprietaries.

Dr. Tobin read letter from Mr. Cash that any doctor might prescribe medicines and if he could then justify to the Panel Committee that what he prescribed was the best medicine that could have been provided for the particular case the Panel Committee would not be able to take action against him.

The letter was ordered to be filed for future reference.

Collective Bargaining Scheme.

Reports of signatories to Memorandum in support received.

- " B. Drs. W.J.G. Steel, G.G. Macdonald and G.A. Henry.
" C. Drs. Ord, Nockolds, Heyworth and McCred.

Mileage Scheme.

Mr. Cash informed the Committee that he was dealing with this on exactly the same lines as 1922. He did not propose making any

DERBYSHIRE LOCAL MEDICAL COMMITTEE

Hon. Secretary:
DR. J.McA. WILLIAMS

REYNARD'S CLOSE
HARTINGTON
Nr. BUXTON
DERBYS.

February, 1967.

Dear Doctor,

Summary of Memorandum of guidance on Partnerships and the New Contract
(G.M.S.C.)

If a partner qualifies for a personal allowance should he keep it or add it to the practice income? The payments involved at present are :
(a) Seniority, (b) Vocational training, (c) Postgraduate training.

Superannuable income from Executive Council sources is allocated equally between partners unless the partnership agreement deems otherwise. Some may be willing to share their personal allowance with partners but at the same time ensure superannuation benefits from these payments for themselves. This can be done by excluding these payments from the partnership and adjusting agreements so as to provide that, in the division of profits between partners, any partner who has received such a payment shall be treated as if he had received it as a payment on account of his partnership share. (The E.C. must be notified of this so that they can make the necessary superannuation adjustments - similarly, notification must be given if adjustments are to be made on account of a personal allowance which the partnership agrees that a partner(s) should retain.)

Seniority Payments. The memorandum, in discussing the seniority allowance, suggests that the decision whether or not it is to be retained by an individual in a partnership might depend on such factors as :

- (a) seniority (obviously!)
- (b) relative ages (allowance ceases at 70)
- (c) work-load
- (d) numbers of partners
- (e) the Review Body states that it does not regard seniority payments

as new and extra remuneration since the figure for the average net income was based on an assessment of total career earnings, allowing for differences between general practitioners and other professional men in the pattern of total career earnings. Therefore, if there were no seniority payments, there would probably have been increased payments for all.

Post-graduate Training Allowance. These are in the nature of personal encouragement and are not payments for practice work; but inclusion in the partnership income could be a token courtesy recognising the extra work thrown on remaining partners, during their colleague's absence.

Vocational Training Allowance. These are a special recognition of careful preparation for general practice. A junior partner on joining a partnership might well, in view of his special training, prefer to seek a larger share initially. In existing partnership agreements these payments could not have been anticipated and this might provide stronger grounds for making them personal.

Conclusion. In deciding the method of "disposal" of these payments within a partnership, all circumstances of each partnership should be taken into consideration carefully by all partners, without prejudice. A properly

over...

constituted legal agreement is essential if difficulties are to be avoided.

Fees for prescribing Oral Contraceptives and fitting Contraceptive Appliances for N.H.S. Patients.

The General Medical Services Committee considers the following fees to be appropriate and reasonable for patients on a doctors N.H.S. list :-

Private prescriptions for oral contraceptives (normally six months supply) (A dispensing doctor who supplies the drug will, of course, charge his patient on this basis.)	- 10. 6.
Prescribing and fitting a contraceptive appliance	- £3. 3. 0.
Prescribing and fitting an intra-uterine device	- £5. 5. 0.

Voluntary Levy.

The levy to be taken at the end of this quarter will be $\frac{3}{4}$ d. per capita.

Derbyshire Medical Practitioners' Educational Benevolent Trust.

In my last newsletter I omitted to point out that existing members on the committee of management are Drs. A.H. Rankin and E.C. Dawson.

With kind regards,
Yours sincerely,

J. McA. WILLIAMS

Hon. Secretary.



British Medical Association

BRITISH MEDICAL ASSOCIATION HOUSE
TAVISTOCK SQUARE
LONDON, W.C.1

PLEASE ADDRESS ALL
COMMUNICATIONS TO THE SECRETARY
AND QUOTE REFERENCE

M. 28
1965-66

19th May, 1966.

Dear Sir or Madam,

The Method of Phasing

At its meeting on May 19th, the General Medical Services Committee considered the following letter from the Minister of Health to its Chairman:-

"In announcing the Government's decision to implement in two stages the recommendations regarding general practitioners in the Review Body's Seventh Report, the Prime Minister indicated that the Government were willing to discuss with the profession how this could best be achieved. We have now completed these discussions, and I am writing to put our conclusions on record.

You expressed disquiet at the Government's initial proposal, under which seniority payments, as well as payments for special experience and service to general practice, would have been deferred till 1st April, 1967. You urged that a method of 'phasing' should be found which would maintain the general pattern of the Review Body's recommendations and avoid as far as possible depriving any doctors of a disproportionate part of the full increase. We have considered together a number of alternative methods and you have told me that the method of achieving the Government's objective which is likely to be most acceptable to the profession is as follows:-

(a) defer till 1st April, 1967:

payment for special experience and
service to general practice;

increased capitation fees in respect
of the elderly.

(b) defer till 1st October, 1966:

payments for night visits;

payments for "public policy" items of
service; sickness payments.

(c) reduce combined practice allowances (to be
paid from 1st April, 1966) by £75.

(d) pay from 1st April, 1966 at 50% (or approximately 50%) of the recommended rate:-

- seniority payments;
- allowance for 'designated' areas;
- allowance for group practice;
- allowance for pre-entry training;
- increase in rural practice payments;
- increase in maternity fees (resulting in a fee for full service of $13\frac{1}{2}$ guineas).

The Government are willing to adopt this method of phasing the implementation of the Review Body's recommendations in place of the method proposed in my letter to you of 4th May. I am satisfied that no doctor would be likely to suffer a reduction in his present income as a result of implementing the recommendations in this way, unless of course his circumstances changed (e.g. he opted out of responsibility for his patients at night and at the weekend).

Perhaps you will let me know whether the method is acceptable to the profession."

The Committee has passed the following resolution:-

"That the method of phasing proposed in the Minister's letter of May 19th be accepted as being as equitable as can be devised and that it be recommended to the Special Conference of Representatives of Local Medical Committees in conjunction with Recommendation B of the General Medical Services Committee passed on May 7th."

Yours faithfully,

Walter Hedgcock

W. HEDGCOCK

Principal Deputy Secretary.

To: Secretaries of Local Medical Committees; and
Members of the General Medical Services
Committee for information.

S.C. 2
1965-66

BRITISH MEDICAL ASSOCIATION

GENERAL MEDICAL SERVICES COMMITTEE

REPORT OF THE G.M.S. COMMITTEE TO THE SPECIAL
CONFERENCE OF REPRESENTATIVES OF LOCAL MEDICAL
COMMITTEES - 7th JUNE, 1966

The Review Body's Report and the Reports on
the Discussions with the Minister of Health
on the Charter for the Family Doctor Service

The General Medical Services Committee has considered the proposals embodied in the Review Body's Seventh Report and the three reports on the joint discussions with the Minister of Health on the Charter for the Family Doctor Service. The Review Body's recommendations provide not only additional remuneration but a more equitable distribution and, with the proposals in the three joint reports, offer a sound and worthwhile career structure in this branch of medical practice. In the view of the Committee, these proposals taken together offer an acceptable basis on which to recast the family doctor service of the future. The Committee would have been prepared to recommend to general practitioners acceptance of the proposals in general. However, in the light of the present economic circumstances, the Government has stated its intention of withholding one-half of the proposed annual increase, for the first year.

The Committee deplores that general practitioners should be treated in this way when it has been recognised by the Review Body that this branch of the medical profession is in such need of assistance and encouragement, and when at the same time it is proposed to implement in full the recommendations of the Review Body for other sections of the N.H.S.

The award is no more than adequate to resolve the crisis in general practice which the Review Body has recognised and the proposed phasing will make it marginal in many cases. Indeed, the Committee is convinced that the proposed method of phasing is unfair and would penalise certain categories and age groups of family doctors. The Committee believes that a fairer solution must be found. It has empowered its negotiators to seek this in consultation with the Minister of Health. It has urged that any reduction of the award should be borne equitably as far as possible by all sections, types and age groups of general practitioners and that any payments for special experience and service to general practice shall be deferred at least to 1st April, 1967.

However, when an equitable method of phasing has been devised, which would enable the original inten-

tions of the Review Body to be implemented, albeit in part up to April next year, to be followed by the full annual award, the Committee accepts that a realistic attitude should be adopted. The advances offered in the terms and conditions of service, and financially, could lead to a renaissance of general practice. Having achieved this at a time of economic difficulty it would be unwise to risk any regressing which might lead to the disintegration of general practice, and disorganization of the Health Services of the country.

After a full examination of the situation the Committee has concluded that all the proposals when implemented will provide a means of re-establishing family doctors in their rightful place in the National Health Service, and that they should be accepted as the bases of a new contract. When agreement has been reached on the methods of implementation and phasing, it will be possible for the undated resignations of general practitioners from the N.H.S. to be withdrawn.

The Committee RECOMMENDS:

Recommendation A: That the Seventh Report of the Review Body, taken in conjunction with the three reports of the joint discussions on the Charter for the Family Doctor Service, represents a substantial advance for general practitioners in the N.H.S. and be accepted as the basis of a new contract.

Recommendation B: That the failure of the Government to implement the levels of remuneration which the Review Body, after full consideration of all the relevant factors, deemed appropriate from 1st April, 1966, be deplored. Nevertheless in view of the economic situation, the profession is prepared to accede to the decision to phase the award, provided an equitable and acceptable method of implementation can be agreed with the Government.

Recommendation C: That, if the foregoing recommendations are accepted, the British Medical Guild be advised to withdraw the undated resignations of general practitioners which it holds.

J. L. Cameron

Chairman,
General Medical Services Committee.

May, 1966.

B.M.A. House,
Tavistock Square,
London, W.C.1.

where possible the control should advise the hospital concerned accordingly.

I understand from the Clerk of the Derbyshire Executive Council that guidance is given to patients on the action to be taken in accident or emergency, namely, first to try to get their own doctor (or his deputy). If he is not available, it is pointed out that immediate treatment can be obtained from any doctor giving general medical services under the National Health Service. In this connection the police may be asked to assist in getting a doctor to the patient if necessary.

I shall be pleased if you will bring this to the notice of all personnel at your Station who are at any time engaged in the Control Room or to your Senior Driver as the case may be.

Yours faithfully,

To: All Station Superintendents.

HONORARY SECRETARY'S REPORT

As another year passes the National Health Service staggers on burdened by ever-increasing criticism from press, patients and profession, and suffering from a chronic shortage of finance. This may seem unduly pessimistic since there have been a few undoubted improvements in the Service during the past year. Nevertheless, the fact remains that until more money is injected into the Service it will continue to remain mediocre. Of particular importance in this respect is the shortage of manpower throughout and the appalling state of some hospital buildings, as exemplified recently by the Welsh Ely hospital and, at home, the Chesterfield Royal Hospital Laboratory.

THE YEAR.

I have little to report that has not already appeared in my newsletters. I hope these communications are helpful and I would like to take this opportunity of thanking the Executive Council for distributing these, thereby saving the committee a good deal of expense.

The major event of the year has undoubtedly been the discussion centred on the Green Paper. On the whole, general practitioners are a very conservative group and the prevailing preference has been for the "devil we know" rather than "the devil we don't know." We have, in my view quite rightly, been quick to tear to pieces the Green Paper, but we have found it uncommonly difficult to produce any constructive alternatives. This is the great ^{we} problem of the day, and the L.M.C. has formed a sub-committee to see what ^{we} can be done to achieve integration of all three main branches of the profession.

In my last report I said that we were making headway with the attachment of local authority staff. I am now pleased to report that the year has seen great progress in this direction and our thanks are due to the County Medical Officer of Health for his wholehearted promotion of the scheme.

THE FUTURE.

It seems clear to me that the Department of Health and Social Security would like to see a very different General Medical Service : Large (12-20 plus doctor) groups, preferably in Health Centres, in a fully salaried service. Rural doctors would practice from their nearest towns in groups and no longer dispense for their patients. Doctors in groups would tend to specialize. Here, then, we have the vision of general practitioners practising scientific medicine under complete government control. Is this what we want? Or do we wish to preserve the art of medicine, a real doctor-patient relationship and our independence? This is the issue about which each one of us must make up our mind, and we must do this before events overtake us. It is to be hoped

any *Settlement* *with*
that we ~~will settle for a compromise~~ ^h ~~incorporate~~ the best features of the
two extremes.

Finally, I wish to thank the Clerk, Mr. Lyndon Irving, for the
invaluable help he has always given for the invaluable help he has
always given me over the past year.

quantities and cost whereof were in excess of what was reasonably necessary for the adequate treatment of the persons for whom they were given.

The Committee therefore recommend that the doctor be surcharged £10.0.0.

SCRUTINY OF PRESCRIPTIONS First Quarter of 1920.

Prescriptions issued by Dr C.

Dr C was present and submitted explanation.

Certain expensive items were examined.

(a) Emuls. ol. Morrh. at cost of £2. 17. 7.

Dr C said these were for cases of threatened Tuberculosis.

He explained that in respect of two scripts for the same quantity (40 oz. at cost 139.9 each) for same patient, he had ordered one by telephone and confirmed by two written scripts.

(b) Elix. Acetomorph et Terp.

4 oz. and 6 oz. 23 scripts at cost of 2. 9. 0.

(c) Paraffin Liq. 16 oz. 2 do 4. 8.

(d) Polypharmacy.

Instances of 8 oz mists. with 6,7,8 and 9 ingredients and 1 of 12 oz. with 5 ingredients at cost of 14. 8.

(e) Cocain Hydrochlor 30 gr.)
do and Sol. adren. 20 and 30 gr.) at cost 14. 10.

(f) Liniments.

Excessive in quantity and unnecessarily expensive,
at cost

£1.17. 11.

(g) Linseed meal. 2 lbs.

1. 7.

Malt and oil. 2 lbs.

5. 5.

Pil Quin. Sulph. 4 scripts, at cost.

6. 10.

(h) Dressings. Expensive and excessive in
quantity and quality at cost

11. 10.

Dr C stated that he had treated his insured patients in the same manner as he had treated his private patients and had given them of the best; and their welfare was his main desire and they should not be limited to cost.

The Chairman explained that he could prescribe what he thought right provided he was able to give reasonable substantiation for his treatment.

The Panel Committee resolved that after investigation of Dr C's prescriptions and hearing his explanation they find that an excessive demand has been made upon the Drug Fund by reason of

1. Prescribing without due regard to cost or consideration of the possibility of effecting economy without detriment to his treatment
2. Prescribing expensive mixtures dressings and liniments the quantities and cost whereof were in excess of what was reasonably necessary for the adequate treatment of the persons for whom they were given.

The Committee therefore recommend that the Doctor be surcharged
£10.0.0.

LOCAL CONFERENCES.

Resolved that Dr Tobin be appointed representative with
Dr Bloomer as deputy.

MINUTES OF A MEETING OF THE DERBYSHIRE LOCAL MEDICAL COMMITTEE HELD AT
1.30 p.m. ON THURSDAY, 4th DECEMBER, 1969, AT THE NEW BATH HOTEL,
MATLOCK BATH.

MEMBERS PRESENT: Dr. G. Williams (Chairman) and Drs. J. S. Brewer, T. A. Blyton, J. P. R. Campbell, E. C. Dawson, P. J. Enoch, S. M. Evans, E. J. Goldsmith, E. H. B. Grey, W. J. Gray, M. T. F. Griffiths, A. Harrow, J. R. Hollick, J. C. Keenan, R. A. A. R. Lawrence, C. Lipp, K. A. MacKenzie, G. May, J. B. S. Morgan, H. C. Muirhead, J. G. Piccaver, A. Persey, A. Redford, D. Ryan, J. G. Sandeman, R. W. Stewart, A. D. Stoker, S. G. Sutton, H. G. Watson and J. McA. Williams.

APOLOGIES WERE RECEIVED FROM:

Messrs. R. J. M. Jamieson, P. Goodall and Drs. T. Futers and A. P. Tait.

1. Resolved that the minutes of the previous meeting be confirmed as amended.

2. Chesterfield Maternity Liaison Committee

Resolved that Dr. J. P. R. Campbell be appointed to serve on the above Committee.

3. Voluntary Levy

After it had been conclusively established that the Committee could not, out of funds provided by a compulsory levy, contribute to the General Medical Services Defence Trust, Dr. G. May asked permission to withdraw his motion for the adoption of a statutory levy.

Resolved that the Clerk, Mr. Lyndon Irving, be authorised forthwith to release to the Executive Council all the amended voluntary levy forms for implementation.

4. The General Medical Council

Resolved that the B.M.A. be informed that the Committee accepts that the General Medical Council should be financed by the profession but that it finds the principle of an annual retention fee repugnant and requests the B.M.A. to examine other ways of financing the General Medical Council.

Resolved that the proposals for Specialist Registration be included for discussion in the agenda for the next meeting.

5. Annual Conference Representatives

Resolved that Drs. J. S. Brewer and W. J. Gray be appointed the Committee's representatives at the Annual Conference of Local Medical Committees.

6. Executive Council

Resolved that Drs. R. A. A. R. Lawrence and A. D. Stoker be appointed to serve on the Executive Council for the three year period terminating 31st March, 1973.

7. Executive Council's Committees

Resolved that the following appointments be made to the Committees

of the Executive Council for the year ending 31st March, 1971.

Medical Services Committee

Principals

Dr. S. M. Evans
Dr. E. H. B. Grey, J.P.
Dr. C. Lipp, J.P.

Deputies

Dr. G. May
Dr. A. P. Tait
Dr. J. S. Brewer

Allocation Committee

Principals

Dr. W. J. Gray
Dr. R. A. A. R. Lawrence
Dr. K. A. MacKenzie

Deputies

Dr. M. T. F. Griffiths
Dr. A. P. Tait
Dr. J. M. Williams

Dispensing Committee

Principals

Dr. A. D. Stoker
Dr. H. G. Watson

Deputies

Dr. S. M. Evans
Dr. C. Lipp, J.P.

Practice Vacancy Committee

Principals

Dr. E. H. B. Grey, J.P.
Dr. J. M. Williams

Deputies

Dr. S. M. Evans
Dr. A. P. Tait

Joint Consultative Committee

Dr. R. A. A. R. Lawrence
Dr. G. Williams
Dr. A. D. Stoker

8. Discharge of Patients

Resolved that a letter be written to the Medical Advisory Committees of all Hospital Management Committees in the area stating the Committee's view that a letter must be sent with patients who are discharged from hospital at the time of such discharge and included in the letter to be written shall be the points set out in a letter from Dr. I. A. R. Mackenzie as circulated with the agenda.

9. Next Meeting

Resolved that the next meeting of the Derbyshire Local Medical Committee shall be held on Thursday, 8th January, 1970.

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DERBYSHIRE COUNTY COUNCIL

COUNTY HEALTH DEPARTMENT

J. R. S. MORGAN
B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.
COUNTY MEDICAL OFFICER OF HEALTH
AND PRINCIPAL SCHOOL MEDICAL OFFICER

COUNTY OFFICES,

MATLOCK.

YOUR REF:

OUR REF: Amb./N/BB

3rd February, 1967.

Dear Sir,

Ambulance Service Sudden Illness in the Home

The following is a relevant extract from circular LHAL.11/66 dated 15th July, 1966, received from the Ministry of Health on the above-mentioned subject.

"Your Council will be aware that the practice of ambulance authorities in dealing with calls (other than from doctors) for ambulances to attend cases of sudden illness in the home was the subject of a Question in Parliament on Monday, 4th July, 1966. In his Answer the Minister said he would request local authorities to review the working of their present practice in such cases.

The Minister knows it is the general practice, in the case of sudden illness in the home, for the ambulance control to ask the caller to obtain the patient's doctor, or failing that another doctor, because it may be harmful to the patient to move him; it may also be unnecessary. He is aware too, that many ambulance authorities instruct their controls to make sure that the caller knows how to obtain a doctor and to help him to do so if necessary; and that some send an ambulance to stand by, so that no time is lost should the doctor decide that the patient must be taken to hospital, and arrange for their control to have discretion to instruct the crew of that ambulance to take the patient to hospital if no doctor can be obtained within a reasonable time.

The Minister has no doubt that your Council has previously given consideration to the handling of such cases but he hopes that they will take this opportunity of reviewing, in consultation with the hospital service and the Executive Council, the relevant instructions issued to control staff.

....."

In this connection I wrote to you on the 20th July, 1966, requesting precise details of the practice of your Station in dealing with calls (other than from doctors) for ambulances to attend cases of sudden illness in the home. I have read a summary of the replies received and it would appear that generally, Station Superintendents have in the past been applying the correct procedure in such cases.

As indicated above, a degree of discretion must be left with the member of the Ambulance Service (which will usually be the Station Superintendent, control staff or Senior Driver) dealing with any particular incident. Where under such circumstances a doctor cannot be obtained within a reasonable time and it is necessary to convey the patient to hospital then, generally, the patient should be conveyed to the casualty department or special unit, such as a maternity unit, but in all cases

over.....

SCRUTINY OF PRESCRIPTIONS. Last Quarter of 1919.

Prescriptions issued by Dr A.

Dr A was present and submitted explanation.

RESOLVED that the doctor's explanation be accepted and that in the opinion of the Panel Committee there was no ground upon which to base a report for surcharge and that none be recommended.

Prescriptions issued by Dr B.

Dr B was present and submitted explanation.

He stated that the orders for malt and oil were for tuberculous patients; that he prescribed a proprietary Digitalin for the special reason that none other was "standard"

Cocain and Liniments,

It was resolved that in the opinion of the Panel Committee

- (a) the quantity of cocain was beyond what was reasonably necessary for adequate treatment.
- (b) there is evidence of extravagance in character and quantity of liniments, ordered.

The Panel Committee recommend that the doctor be surcharged in respect of (a) and (b) £1.1.0.

Prescriptions issued by Dr C.

Dr C was present and submitted explanation.

Prescriptions were produced and examined.

- (a) re godkin. 15 various scripts at cost

Dr C explained that this was a case of threatened tuberculosis.

- (b) Elix. Acetomorph. et Terp. Hyd. 21 scripts at cost of £2.12.2.
 (c) Emuls. ol.morrh. et Hypophos. Co. in various scripts
 at cost of 3. 9.6.

The doctor stated that he had no explanation but that in his opinion the patients required this emulsion; and he had ordered in bulk to save dispensing fees.

- (d) Polypharmacy. Many instances of 8 oz.mists.
 with ingredients at cost 1. 5. 4.
 (e) Butyl.Chlor. Hyd.gr. 5 36 pills
 2 at cost 15. 0.
 (f) Dressings - expensive and excessive in
 quantity and quality at cost 3. 2. 9.
 (g) Sol. cocain. 2 oz. 10% at cost 11. 6.
 (h) Paraffin Liq. 6 scripts at cost 8.11.

Dr C stated that he had done his work according to his conscience; that he never counted the cost whilst at the bed-side; and that the welfare of the patient was his main desire.

The Panel Committee resolved that

After investigation of Dr C's prescriptions and hearing his explanations they find that an excessive demand has been made upon the Drug Fund by reason of

1. Prescribing without due regard to cost or consideration of the possibility of effecting economy without detriment to his treatment.
2. Prescribing expensive mixtures dressings and liniments the