

Précis of October meeting of Derbyshire LMC

LMC website: <http://www.derbyshirelmc.org.uk>

BMA website <http://www.bma.org.uk/>

Derbyshire LMC met on the afternoon of 7 October 2010 at Santos Higham Farm. Dr Peter Williams was in the Chair and the following members were present: Drs Ashcroft, Birmingham, Crowley, Enoch, Gale, Gembali, Grenville, Jha, Jordan, Kama, King, Kinsella, Love, Nayak, Portnoy, Ryan, Short, Weston-Smith, Wood, Zammit-Maempel, & Kate Lawrence. Dr Peter Holden has extended leave of absence whilst on GPC business.

MATTERS ARISING

Fairer Funding. The committee received a Draft LMC policy and Principles Discussion Document from the Fairer Funding Group. Peter Williams asked for comments on the documents. Sean King asked for clarification as to whether the overall principles of the Fairer Funding Principles Discussion Document were those of the Group or of the LMC. Peter Williams and Jackie Pendleton confirmed that the principles were of what everyone had said. Sean King suggested that the wording of Item 2 should be changed as the measurable outcomes were too narrow as presently stated. This was supported by the Committee. It was agreed by all to add 2 sentences: 1) Much of what patients and doctors recognize in General Practice is not measurable and 2) Funding has to be for processes/or outcomes which are well defined. Further discussion ensued around the necessity for Fairer Funding. The meeting felt that once the basket had been costed and the methodology agreed, that all the details should be sent to practices for their consideration. Jackie Pendleton confirmed that this would be done after quite a complex piece of work is finalised by the Finance Department showing £/patient for each practice and all the workings out behind the value. Peter Williams asked Jackie Pendleton what the PCT would do if practices did not take up Fairer Funding. She confirmed that the PCT would have no alternative other than to reduce the primary care budget by 4% next year.

Purple books for Lithium patients. John Grenville confirmed that Purple Books for patients taking Lithium are to be rolled out across the County and City.

County electronic communications strategy. Jackie Pendleton confirmed that the PCT would now use practices' generic e-mail addresses for urgent and clinical messages only.

CRH Liaison with GP colleagues. John Grenville confirmed that Mike James would be attending the LMC Meeting in November and encouraged GPs to respond to a recent questionnaire which had been raised by the Royal to help with communication between primary and secondary care.

WHITE PAPER – LIBERATING THE NHS

John Grenville said that the LMC response to the consultation had been sent to the DoH. In order to help GPs and colleagues to understand the biggest reorganisation of the NHS since 1977 two open meetings have been arranged on 26 October and 3 November with supporting papers. Sean King stated that the White Paper heralded a huge change but that it was probably an offer they couldn't refuse. He said that it was most important that all GPs felt involved, to create consortia and structures that GPs would take ownership of. It was most important that patients be involved in decision making; but to be mindful of balancing the books.

The meeting agreed to invite Wendy Saviour who had recently been appointed as Director of Primary Care at the Region to an LMC meeting. It was agreed that the White Paper would feature at future LMC meetings and Peter Enoch suggested that all GPs in Derbyshire should be invited to come along as observers. John Ashcroft suggested that part of the management allowance the PCT receive for support services could be passed to GP Commissioners but until more is known about the extent of the workload the allocation of funding would be difficult to distribute properly.

REPORT OF MEETING WITH BEN LOBO AND TIM BROADLEY

Peter Williams reported that DCHS wished to move from the Bed Fund to contracts for services. They would like to do this at Ilkeston, Heanor, Buxton and Whitworth. All Community Hospitals had single sex wards or would have soon so this was not an issue. John Ashcroft said that some GPs still like to look after their own patients in Community Hospitals and that one size does not fit all. Peter Williams said that he would take this concern back to the Group. David Portnoy said that he was against one contract and GPs like to deliver continuity of care. John Grenville suggested that GPs in Ilkeston look to negotiate a contract for Ilkeston Hospital in the way that they want. John Grenville stated that Community Hospitals have to register with CQC otherwise they close. Peter Williams agreed to take Ilkeston GPs concerns to Ben Lobo. DCHS is to become a Foundation Trust soon. John Grenville suggested that Peter Williams should ask DCHS to bid for City Community Services. Training for TPP is being rolled out for Community Staff; no final decision has yet been made regarding the use of a single clinical system for community staff. TPP is funded from a national budget. Peter Short stated that it would be better to have a mix and match system.

MONITORED DOSAGE SYSTEMS

John Grenville advised the meeting that if a GP believed that a patient was having difficulty in managing their medicines then the GP should advise that the patient speak to a Pharmacist. Graham Archer stated that it was not always appropriate for a patient to have a Monitored Dosage System (MDS) and that the patient had to have a need for such an appliance. He stated that the boxes were expensive and labour intensive, taking a quarter of an hour to dispense. He went on to say that a Pharmacist cannot dispense in instalments. Pharmacists are prepared to do domiciliary visits to help patients who are having difficulty managing their medicines; but it would be necessary for the Pharmacist to have a CRB check. John Grenville suggested that there was much common ground for the LMC and LPC to work collaboratively on this.

CORRESPONDENCE

From BMA – *GPC newsletter issue 2*. Received. Information about the White Paper was available on http://www.bma.org.uk/healthcare_policy/nhs_white_paper/gpcwhitepaperguidance.jsp

REPORT OF HEALTH VISITOR STEERING GROUP

Peter Williams reported that GPs would like all HV to be based in a surgery, however, it is clear that Health Care Managers have national imperatives to work to, together with recruitment and retention problems and financial restrictions which makes a change necessary. Peter Williams advised the meeting that he thought arrangements were moving in the right direction. Peter Short advised that HV were moving to an electronic system for medical records and that there was a need to involve commissioners with any decisions. He reported that it was difficult to get TPP information into other systems so there was merit in moving the market into integrated engines rather than using one particular clinical system. This work is ongoing and for sharing agreements to be put in place with the patients' decision. He stated that patient control of their records will be in the IT Strategy which is expected soon.

ANY OTHER BUSINESS

(a) *Discontinuation of Methotrexate by Pharmacists at CRH*. Pauline Love reported that she had discovered that any patient on Methotrexate who was admitted to CRH routinely had their Methotrexate stopped by the Ward Pharmacists while an In-Patient as a safety precaution. John Grenville advised that any arrangements for restarting Methotrexate after discontinuation should be part of the discharge planning and should involve a Rheumatologist and that he would write to CRH. The cost of this should be regarded as part of the tariff fee for the In-Patient stay.

(b) *Joint Quest Sessions with Chesterfield Royal*. Mark Wood reported that on 15 September 2010 the Dales Consortium held what was considered to be a very effective "Joint QUEST" meeting with

CRH and that he is keen to continue with this work. He reported that Mike James and consultants there wanted to improve relationships with primary and secondary care and that they have Medical Staff Hospital meetings every other month which include education sessions and a Question and Answer session. Sean King reported that Buxton Consortium also have joint “QUEST” sessions with CRH consultants.

(c) *Increase in administrative losses of MED3's reported again.* John Grenville agreed to write to the Job Centre in Chesterfield to ask if they have a problem with losing MED 3's. If this is not the case, patients may need more than one certificate because they have more than one job. Legally, GPs should not issue multiple MED 3s for the same period of absence and should make it clear to patients that it is their responsibility to negotiate with their employers regarding the use of photocopies of MED 3s. Peter Short advised that work is nearing completion as to provide electronic MED 3s for people.

(d) *Infection Control.* Pauline Love reported that there was a requirement to flush toilets every 3 days if they were not in use and taps should be run for 3 minutes every 3 days where they are at the end of a run of piping. John Grenville reported that there are regulatory requirements regarding infrequently used water outlets. There is guidance and a number of firms who can help. There is also information in our LMC Newsletter of November 2009 regarding Legionella which is available at www.derbyshirelmc.org.uk.

The Chairman closed the meeting at 4.41 pm.