

Précis of September meeting of Derbyshire LMC

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

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

Derbyshire LMC met on the afternoon of 2 September 2010 at Santos Higham Farm. Dr Rachel Tinker was in the Chair and the following members were present: Drs Bermingham, Crowley, Dils, Enoch, Gembali, Grenville, Hands, King, Kinsella, Love, Portnoy, Raj, Ryan, Salisbury, Weston-Smith, Wood, Zammit-Maempel. Jackie Pendleton & Kate Lawrence were also present. Dr Raj Nayak was in attendance as observer. Dr Peter Holden has extended leave of absence whilst on GPC business.

The minutes of the meeting of 1 July were approved and signed after amendment to Minute 10/69(b) to read "Sean King noted that Annual Conference supported the principle that primary care providers should receive the same total payment per weighted patient for equivalent services and was in favour of levelling up."

NEW MAJOR TRAUMA SYSTEM FOR EAST MIDLANDS

Angus Maitland was unable to attend the meeting to give the presentation, but copies of the information sheet were tabled. The LMC would ask Peter Holden whether he had any specific comments.

MATTERS ARISING

Midwifery services in North Derbyshire. Peter Williams and several representatives from North Derbyshire practices had attended a meeting on 14 July with James Gray and Eric Morton. A number of concerns regarding the movement of midwives from practices to a centralised base were expressed. The Staveley base had been leased for seven years and would be going ahead but the other bases had not yet been procured and would be delayed for the time being. Peter Williams and Dawn Davis had a follow up meeting with Debbie Eardley and Linda Gustard in August and agreed to meet regularly to discuss the issues, in particular any problems arising from the opening of Staveley. Comments from practices and responses from Chesterfield Royal Hospital on the advantages and disadvantages of midwives working off practice sites had been circulated to practices.

Fairer Funding. John Grenville and Rachel Tinker had attended a meeting with the County PCT to discuss the questionnaires returned from practices with regard to the Basket of Services. A briefing paper on fairer funding had been produced and would be circulated to practices. Both PCTs were working on the spread of funding but were approaching the problem in slightly different ways. Greg Crowley asked why this was necessary now that a new national contract was imminent. John Grenville replied that fairer funding would stabilise primary care resources and ensure that practices could work together as commissioners on a more level playing field. Sean King reminded the meeting that some practices would lose resources. Hannah Salisbury was concerned that practices which lost money might cut salaried staff jobs. Jackie Pendleton said that the County Basket of Services would not include all services that practices currently provide and some of these services might continue to be funded over and above the Basket of Services. Income from QOF and DESs would continue to be paid as at present.

DCHS. A response had been received from Dr Trish Field, Designated Doctor for Safeguarding Children, expressing concerns similar to those of LMC members about the implications of the disengagement of health visitors from general practice for sustaining communication between GPs and health visitors. LMC members understood that there was a meeting currently taking place with PBC Leads about DCHS. The LMC would make enquiries about the outcome.

Purple books for Lithium patients. John Grenville reported that this was a National Patient Safety requirement. John would ask Elaine Madden to clarify how the process would be managed and who would supply the purple books.

WHITE PAPER – LIBERATING THE NHS

A meeting of City GPs had taken place on 31 August. It had been well attended. A decision had been made to set up a Working Group to review options and to put them to the wider practice community. Peter Enoch said that the LMC should get opinions from constituents, and pass these to GPC and the RCGP. Jackie Pendleton reported that the 14 County consortia had held meetings and discussed risk sharing. John Grenville suggested that consortia should cover a patient population of at least 250,000 – a smaller consortium would have to put aside too great a proportion of its budget in a risk pool. Komal Raj summarised three obvious groupings: Derbyshire-wide, County and City, North and South. Sean King said that it would be a major challenge for a large group to retain GP involvement and interest.

The LMC would organise further open meetings for GPs. John Grenville would draft a response to the White Paper consultation. LMC members were asked to email comments to the office. Brian Hands said that the response should include reference to existing PCT debts.

REPORT OF MEETING WITH LOCAL PHARMACEUTICAL COMMITTEE

John Grenville and Kate Lawrence had met LPC Officers on 15 July. It was agreed that repeat dispensing was useful for items that patients took regularly but a conversation between the pharmacist and patient a week before dispensing would be good practice. GPs were asked to provide proper dosing instructions. Paul Weston-Smith would ask Patrick Halls to write a short paper for the LMC about Littlewick's experience with repeat prescribing.

There were issues surrounding branded generics, which were not always the cheapest drugs, and the LPC had offered to explain these in greater detail to LMC members.

CHILD PROTECTION

(a) *Update of practice lists.* The County Safeguarding Office had offered to update GP lists of children in receipt of a Child Protection Plan. Practices should remove or make inactive any child protection plan coding for people over 18 yrs as they will, by definition, no longer be subject to a CPP. They could then send a list of children they believed to be in receipt of a plan to the CAYA Department at County Hall. The Safeguarding Office would check this list and make contact with the practice.

(b) *Generic email addresses.* The County Safeguarding Office would in future send communications to practices via the practice generic email, which should be checked daily by someone in each practice. Jackie Pendleton reported that County PCT and DCHS had developed generic email addresses to communicate with practices. These would be used for urgent and clinical business only*.

CORRESPONDENCE

From Chesterfield Royal Hospital – *Liaison with GP colleagues.* John McDonnell had identified several areas where communications between primary and secondary care could be improved. Mike James (Assistant Medical Director) was picking up the responsibility for liaison with GPs and was available on Mike.James@chesterfieldroyal.nhs.uk and would be happy to visit practices if it was felt this would be helpful.

From BMA – *GPC newsletter issue 1.* Information about the White Paper was available on http://www.bma.org.uk/healthcare_policy/nhs_white_paper/gpcwhitepaperguidance.jsp

ANY OTHER BUSINESS

(a) *Study to identify genes predisposing to Barrett's oesophagus.* John Grenville confirmed that there was no requirement for GPs to carry out the venepuncture associated with this study which was being undertaken at the Hutchison/MRC Research Centre.

(b) *GP Sessional GPs subcommittee.* Nominations for election to the GPC Sessional GPs subcommittee should be submitted to the GPC office by 17 September.

There was a short Closed Session and the Chairman closed the meeting at 4.52 pm.

**Post meeting note: the County electronic communications strategy will be discussed further at the next meeting.*