

Précis of April 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 7th April 2011 at Santos Higham Farm. Dr Peter Williams was in the Chair and the following members were present: Drs Ashcroft, Birmingham, Crowley, Dils, Enoch, Gembali, Grenville, Hands, Jordan, King, Kinsella, Love, Nayak, North, Portnoy, Short, Tinker, Weston-Smith, Wood, Zammit-Maempel, Dr Clayson and Dr Chukwu (Registras) & Kate Lawrence, Lisa Soultana and Helen Watts. Dr Peter Holden has extended leave of absence whilst on GPC business. Paul Cook and Jackie Pendleton, Derbyshire County PCT and Mike James, Chesterfield Royal were in attendance.

SPEAKER – Dr Sheona MacLeod - “Implications of the white paper on developing a healthcare workforce”

Dr Macleod attended to update the LMC about how GP Education and Training will be affected by the White Paper. She highlighted that a new ‘Special Health Education England’ body will be managing funding in the future. There will also be ‘Provider Skills Networks’ and a duty on providers nationally to co-operate with each other. Currently the East Midlands receive a lump sum for training, but in the future there will be a tariff that will follow each student. There are concerns that there may not be enough trained doctors available in the future. Currently the East Midlands is already 13% underfunded in training and education. There are currently 3,500 trainees in the East Midlands. At present there is no GP voice on the panel that decides on how funding is allocated to GP training. Dr MacLeod asked that the LMC consider appointing a representative.

MATTERS ARISING

Blue Badges. Dr Grenville confirmed that as per the newsletter item, the funding for these has now disappeared for the County with the Council using its own facilities. Should any patients present the form they should be advised that the system has now changed and that they should take it back to where it was issued. In the City, the matter is under review, however City Practices should continue as at present for now.

Extended Hours DES - The recently issued guidance does NOT allow payment for HCA’s to carry out Extended Hours work. Jackie Pendleton offered that the PCT could offer a LES not just the DES if practices wanted this.

Patient Participation - Kate Lawrence advised that it will be imperative that all practices have their own website.

Patient Survey – Practices will now receive payment for undertaking a local survey (through QOF patient participation) this year, rather than being paid for results from the national one. The national one though will still be used and the data publicised nationally on websites.

NHS Derby City Access Review - The review of options is ongoing.

GPSOC

From the County IM&T meeting, funding was confirmed to be available to all Emis practices to upgrade to Emis Web. The proposed criteria have been approved for roll out, with prioritisation given to the following areas: Clinical risk resulting from issues with existing clinical system or IT architecture; Critical change in circumstances ie. file server failure; Cost savings released ie. cancellation of branch links once sites are upgraded to web. Practices will be informed of expected timescales as soon as these are known.

William Jones - will be leaving his post as Chief Executive at DHU to become Director of Service Delivery at DCHS. David Sharp is now Chief Executive of the Cluster.

Smoking cessation - The PCT has called a halt to plans to cease funding for smoking cessation and are re-visiting this following the Oversight and Scrutiny Committee's review.

'111' project - Dr Grenville had attended the first meeting of the '111' project group. It was agreed that the pilot would not involve direct booking into practices.

PCT CLUSTERS

Mark Todd, the Chair of the City PCT Board, will oversee day to day operations. Ian Forrest, the Chair of the County PCT Board, will oversee the transition to a single cluster. Paul Cook advised that there is now a Chief Executive, Director of Finance, Medical Director and Director of Nursing. This should see an acceleration of PCT staff 'loaned' out to Consortia as the focus currently is on Consortia structuring. The PCT had today announced the voluntary redundancy scheme which is open until the end of April. The Cluster will retain statutory responsibilities until 2013. Dr John Ashcroft asked for confirmation that the LES/QES are to continue at present, JG confirmed they are.

MOTIONS FOR THE LMC CONFERENCE

The Annual Conference Motions were submitted by Monday 11th April.

DERBYSHIRE COUNTY PCT

FAIRER FUNDING

Jackie Pendleton confirmed that a letter had gone out to practices yesterday confirming it will be going ahead. 75/96 practices have accepted, 12 have said no, 7 have either not responded or are negotiating. Implementation will be October 2011.

COUNTY GPOG

Enhanced Services - For County a decision had been taken that a cap of 30% for invasive procedures of the average activity for 2009/10 will be applied.

Blood Glucose Testing – for economies one type of testing strips will be rolled out to the County only. Further information will be coming out shortly from the Medicines Management Team. New machines will be given to patients where necessary.

Nutritional supplements – new guidance is being issued on what should or should not be prescribed.

NHS REFORM

Dr John Grenville reported that he has received replies to his letter to the MPs from Rt. Hon. Margaret Beckett MP and Andrew Bingham MP and spoken to Dennis Skinner MP on the telephone. The Motions will be submitted this week for the Annual Conference. Practices are still encouraged to write to their MPs with their concerns. Mike James reported that Hospitals do realise that it is key that they work closely with primary care.

DERBY CITY PCT

The QES is continuing and the Extended Hours guidance is awaited. The capping of the PMS Contracts continues and levelling down has started. Year on year there has been a 15% decline in referrals in the City.

CLINICAL COMMISSIONING DATA SOURCES

Dr Mark Wood showed a map indicating how spending patterns differ across the County. He asked if there was any other numerical data that could be useful in the future. He commended the Liaison Officers and the Information and Technology group.

OFFICE REPORT

It was raised that Paediatric Phlebotomy is not in the basket of services and that this should be communicated to all practices.

ANY OTHER BUSINESS

a) There is new Department of Education guidance out regarding the administration of medicines in Nurseries and Schools. The inference is that Nurseries and Schools may only give medicines if prescribed by a Doctor. The Committee felt that in many cases this is unnecessary. Jackie Pendleton volunteered to contact the County Council to clarify the position to Head Teachers.

b) Discharge summaries – some practices do not get discharge summaries when patients self-discharge. These are the ones that are particularly essential. Dr Grenville had written to Alison Fowlie who said there was no policy to not provide discharges but that she would look into this.

There was no other business and the Chairman closed the meeting at 5.10 pm

APPENDIX A

MOTIONS FOR ANNUAL LMC CONFERENCE 2011

1. That this Conference Expresses its extreme concern over the proposals in the Education and Training White Paper.
2. That this Conference Is concerned that the Government's proposals on education and training will lead to severe shortages of GPs (across the UK) over the next few years.
3. That this Conference believes that GP Clinical Commissioning (GPCC) is a misnomer. Clinical Led Rationing Boards would be more descriptive.
4. That this Conference believes that GPs charged with responsibility of allocating Eighty Billion pounds of NHS funding annually will fail if Ninety Billion pounds annually is actually required.
5. That this Conference believes that any future patient surveys of quality standards in general practice should take into account the increasing use of telephone consultations.
6. That this Conference believes that the exponential growth in points of access for medical care and advice for patients leaves them (especially the elderly) at best confused and at worst disadvantaged and hence that "111" is one number too far.
7. That this conference
 - (i) totally rejects the idea that there should be a central booking agency for GP appointments,
 - (ii) suggests that any so-called genius who considers the idea in the future, consults patients (especially frail and elderly patients and those who do not speak English as a first language) before putting pen to paper
8. That this conference recognises that choosing healthcare is more complex than buying banking services, holidays or baked beans. The concept that "the customer is always right" is not always right in healthcare and should not be accepted uncritically.
9. That this conference notes the increasingly widespread decisions by PCTs not to commission certain services, including minor cosmetic surgery and
 - (i) believes that the time is right to reconsider the ban on practices providing such services privately to their own patients
 - (ii) instructs GPC to re-open negotiations with the Department of Health on this issue.

10. That this Conference

- (i) notes that most newly qualified GPs become sessional Doctors
- (ii) believes that in order to safeguard the future of general practice, individual practices have an obligation to ensure that the supply of partnerships meets the demand.

11. That this conference

believes the Government's offer of Commissioning to GPs is, to paraphrase Don Corleone, an offer we can't refuse.

12. That this Conference

- (i) calls upon the Secretary of State to exercise his powers under Section 24(3)(b) of the Coroners Act 1988 to ensure that all Local Authorities set reasonable rates for Coroners to remunerate GPs for the provision of reports regarding deceased patients

(ii) requests GPC to hold discussions with the Coroners Society with a view to developing a joint approach to the Secretary of State on this matter.