

Précis of February 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 3 February 2011 at Santos Higham Farm. Dr Peter Williams was in the Chair and the following members were present: Drs Ashcroft, Bermingham, Crowley, Dils, Enoch, Gale, Gembali, Grenville, Hands, Jordan, King, Kinsella, Komal, Love, North, Portnoy, Ryan, Singh, Short, Tinker, Wood, Zammit-Maempel & Kate Lawrence & Lisa Sultana. Jackie Pendleton and Gareth McGague were in attendance.

FAIRER FUNDING

David Sharp (Chief Exec) explained the current Fairer Funding (FF) situation. The pace of change for the FF programme will be over 3½ years (to allow for re-shaping along lines of need) starting now from 1st October 2011 rather than April 2011. Discussions are underway with both PMS and GMS practices, should FF not be taken up then QIPP driven removal of funding would be the alternative. He pointed out that so far Primary Care has been protected from a lot of the Government's cuts.

The 'basket of services' was discussed at the meeting and the overall problem identified that their content is not the major issue, but the specifications due to detail and increases to workloads. They are currently being reviewed by the PCT and will be reissued for comments prior to the Clinical Reference Group meeting on the 15th February. The committee voted to issue a statement to Practices in support of Fairer Funding, rather than the alternative option of QIPP:

"The LMC supports the principles of Fairer Funding on the basis of discussions at the LMC meeting of 3rd February 2011 (with David Sharp, Chief Executive Derbyshire County PCT, as a resource) and on the assumption that the assurances given about the specification of services in the basket do in fact turn out to be acceptable and implemented. The LMC recommends practices to accept Fairer Funding as a preferred option over QIPP driven removal of funding from Primary Care across Derbyshire County."

MATTERS ARISING

Resuscitation status of patients. John Grenville will write to Ben Lobo to confirm the policy and then confirm it to practices.

Discontinuation of Methotrexate by pharmacists at CRH. The prescribing of this is limited to specialists within the hospital.

Annual Conference of LMCs. John Grenville and Dr Peter Williams will attend this on Thursday 1st December.

CRH electronic Liaison. E-discharge summary letters go directly to the practice clinical systems and currently this is only rolled out to Emis LV and TPP S1 practices. Emis PCS and I-Soft practices do not have this functionality at present.

Urgent Care Telephone Number. Derbyshire County is piloting the '111' system.

Winter Pressures. Ben Pearson, Chair of the Derbyshire Urgent Care Network Board has requested Clinical feedback about the winter pressures. It was felt that any feedback that could be given may assist with Urgent Care planning for the pending double bank holidays at the end of April / beginning of May. John Grenville reminded practices to start thinking now about their repeat prescriptions to prepare for these holidays. Sean King asked whether the government had decided to centrally order flu vaccines for this year, however, this has yet to be confirmed and practices therefore have to decide themselves as to whether to order their own vaccines in or not.

Annual Conference of LMCs. The motions for the annual conference are due to be submitted before 11th April.

SRM Motions. There is to be a special representative meeting in March to discuss whether or not the BMA should support the current White paper or not. Motions are to be submitted by 14th February. (please see the March LMC Newsletter for Motions submitted)

Chilvers McCrae. Jackie Pendleton confirmed a meeting has been arranged with 'The Practice' in a couple of weeks to meet the new directors.

HEALTH AND SOCIAL CARE BILL

The BMA have asked whether its members will consider lobbying their MPs. Following discussion it was felt appropriate for GP's to write individually to their MPs with the two or three key issues that they feel most relevant with the proposed changes to healthcare. John Grenville offered to write to the local MP with some of the subjects that have been raised at the LMC meetings and invite them to meet him for further discussion.

MENTAL HEALTH SERVICES

Dr Sykes has offered to attend a future LMC meeting to discuss the functional units and the freedom of choice to patients. The key issue was felt to be how will the MHS communicate better in the future? John Grenville advised that the MH Commissioners need input from GPs to be able to commission relevant services. Dr Joe Zammit-Maempel advised the group that he is a Mental Health Lead for the City and that the Board is keen to hear GP's opinions. Mike Vickers is the MH Clinical Lead for the County.

DCHS – BECOMING AN NHS TRUST

It was agreed that John Grenville would write to them to wish them well with their application but that their offer of membership for the LMC would not be taken up.

BLUE BADGE APPLICATIONS – OPTIONS FOR CHANGE

Proposed changes to the Blue Badge system could result in a loss of income to practices if it becomes assessor-led rather than by GPs.

CQC PILOT

All practices must become CQC Registered by 1st April 2012 (registration opens from October 2011).

DERBY CITY PCT

- a) *PMS funding* and the £80 cap was discussed.
- b) *City and County PCTs* are to form one cluster.
- c) *City and County Consortia* groups are being disbanded and a group focusing on Southern Derbyshire and one on north Derbyshire will be formed.
- d) *QES* was discussed.
- e) *Consultation paper* next month for the Derby Open Access Centre, the Walk-In centre, DHU and Practices. At present, the preferred option is to close the Darzi Centre which has now gone public in order to assess public opinion.
- f) *Access.* John Grenville confirmed he has already written to practices about this issue with two main points. Firstly, it is becoming increasingly difficult to politically defend half-day closing and secondly, the legal issue where the Contract stipulates "you will provide essential services through core hours in a manner appropriate to patients needs, in discussion with them". If a practice is to argue that it is not appropriate to be open then they will need to present a very good case.

LPC MEETING

The Minor Ailment Scheme was going to be de-commissioned in the City. No budget exists anymore for NRT and doctors are expected to use FP10s for NRT products. The Stop Smoking service will end March 2011.

DERBYSHIRE COUNTY PCT

GPOG meeting of 21st January:

- a) *INR's* – there are 127 GPs who need peer reviewing, although each practice has one person per already accredited.
- b) *Enhanced Services monitoring* – queries were raised as to what the PCT actually do with the reports that are sent in to them, Clive Newman will follow this up.
- c) *Ophthalmic reviews* – further information is to be sent to some of the larger pharmacists.
- d) *Mental Health referrals* – David Gardner, PCT Commissioner would like to set up a Clinical Reference Group to look at first appointment to follow ups, John Grenville has expressed an interest to be on this group. IAPT was discussed and an open invitation given to attend any of their Board meetings.

CORRESPONDENCE

- a) *GPC Negotiator roadshows* – the date for the next local roadshow is 23rd March at Nottingham, there are also other venues further afield. Any GP may attend this time, please contact the office for details.
- b) *GPDF Levy 2011* – This will be increasing from 5.55p to 5.75p/capita. Current funds will cover this increase without passing it on to practices. John Grenville reminded members that this had now been held steady for the past 3 years.

OFFICE REPORT

Minutes of the Team Meeting were reviewed with no comments.

ANY OTHER BUSINESS

- a) *Child Protection documentation* – Documentation received from Derbyshire County Council was seen to be non-effective. John Grenville will follow this through with the Safeguarding Children Board as City ones look easier to read. Pauline Love enquired as to whether the Clinical Governance meeting had been correct that Level 3 training was necessary for Safeguarding, however the committee confirmed Level 2 is all that is required and indeed some practitioners operate currently at Level 1.
- b) *Summary Care Record* – Peter Short reported that from December onwards, all ambulances will have the equipment to view summary care records. 22 out of 27 practices in the City use TPP and DHU are moving to TPP soon.

There was no other business and the Chairman closed the meeting at 5.17 pm.