

# Précis of the October 2011 meeting of the Derbyshire LMC

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

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Derbyshire LMC met on the afternoon of 6<sup>th</sup> October 2011 at Santos Higham Farm. Dr Peter Williams was in the Chair and the following members were present: Dr J Ashcroft, Dr Mark Bermingham, Dr Greg Crowley, Dr Ruth Dils, Dr Peter Enoch, Dr Kaysia Gale, Dr Murali Gembali, Dr John Grenville, Dr Neera Jha, Dr Sean King, Dr Paddy Kinsella, Dr Pauline Love, Dr Jenny North, Dr David Portnoy, Dr Brendan Ryan, Dr Peter Short, Dr Paul Weston-Smith, Dr Mark Wood, Kate Lawrence, Lisa Soultana, Helen Watts (LMC Clerk). Dr Justin Walker, Trainee at Macklin Street Practice (Observer) and Gareth McCague, LPC were in attendance. Dr Peter Holden has extended leave of absence whilst on GPC business.

## **SPEAKERS - JON BAKER, Director Family Health Services, SBS**

### **STEPHEN SOUTH, Central Regional Manager Family Health Services, SBS**

SBS were granted the Contract to manage GP services (previously managed by Derwent Shared Services) eight months ago, 50% of the staff were been retained in the move. SBS said that they appreciate the regular feedback given by the LMC of issues that Practices have expressed and are keen to facilitate better communications with Practices including liaising with the LMC. They stated that their key deliverables requiring improvement on a nationwide scale are: Patient Registrations, Finance and Accounting and Supplier Payment issues. SBS have working groups looking at these and have met with London-wide LMCs regarding the same issues. SBS intend to modernise and transform the systems in place using up-to-date web-based technology, for example direct submission, tracking and payment of invoices for individual Practices. The LMC explained that Practices have no communication from SBS about their development plans or how the service they receive will improve and asked that SBS explain simply to individual Practices, their ideas. Examples of poor service were shared such as problems with Registrar monthly payments, the difficulties in getting answers or responsibility accepted by SBS and the time that Practice staff spend in trying to resolve these matters.

Stephen South requested that when Practices are having difficulty with getting a particular issue resolved, that they note the name of the person that they are dealing with and inform him direct of the problem - [Stephen.South@steria.co.uk](mailto:Stephen.South@steria.co.uk). It was agreed that SBS provide an Organogram / Protocols / Pathways to Practices, to explain who to contact and when, for each area of service they provide.

Dr Grenville explained that there is a cultural difference between GP Practices, who are small business entities with very flat management structures, and, for instance, large national companies or Local Authorities and identified that there is a role for the LMC in helping SBS to understand Practices and their needs.

## **MATTERS ARISING**

### *Cytology*

Dr Grenville confirmed that the Derby lab are not operating a zero tolerance policy, they will still process samples provided there are enough details sent with them to identify the patient accurately and they will not destroy samples unless it proves impossible to identify them. Discussion followed about label printers and that even with these, nationally, safety issues have been known. Dr Williams noted that the ICE system works well with CRH but that practices have to purchase their own pre-printed sheets.

### *Midwifery and CRH*

Dr Williams, in Jackie Pendleton's absence, noted that some public 'engagement' meetings have been held at Darley and Corbar. Corbar is a particularly emotive issue in Buxton and that the PCT Cluster has brought forward its review of the facility.

### *PCT/Cluster – future liaison*

Dr Grenville discussed the fact that the Cluster will be retaining Statutory responsibilities and that the LMC needs to maintain a relationship; he will be meeting monthly with Dr David Black, Dr Ian Matthews and Keith Mann. Liaison with CCGs too was felt to be important, all COOs will have a standing invitation to the LMC meetings and receive the monthly Agenda.

### *Top 5 Prescribing Formulary (City)*

Dr Grenville summarised that from the last quarter's formulary figures, all City Practices have reached between 80 and 90% compliance, above target. There had been significant agreement between practices about preparations that were missing from the formulary. The top five were Nefopam, Soluble Paracetamol, Tramadol, Aspirin Enteric Coated 75mg and Sotalol.

### *Memory Clinic*

Further to the letter that was sent out to all GP's in the North regarding changes to the Memory clinic, Dr Grenville raised concern that if secondary care work was going to be moved to the primary care arena, then resources should follow and that the communication regarding this issue had been particularly poor. If a provider wished to suggest a change to working practices it should do so through the Commissioners and not directly to Practices or GPs. GPs would probably expect that communications from a provider that pointed out potential changes in clinical practice should come from a Consultant, rather than a nurse. Furthermore, the provider Trust's position was based on an update of JPAC shared care guidelines that had not yet been notified by JPAC to GPs via the JPAC newsletter. In any case, JPAC was an advisory, not an executive, body. Dr Grenville was still not sure whether this was a Commissioner led or Provider led initiative.

### **COMMUNITY PHARMACY CONTRACT**

The new Community Pharmacy Contract came into force on 1st October 2011. Dr Grenville and Kate Lawrence had attended a recent East Midlands meeting entitled 'The New Community Pharmacy Contract – Getting the Most out of your Medicines'. Dr Grenville reported that one of the major changes to the Pharmacists' Contract involves them undertaking structured reviews of patients who are prescribed new long term medications in certain long term conditions. At present how would Pharmacists know whether a new medication was intended by the prescribing GP to be for long term use? Good practise is to enter a new medication as an acute prescription and then change it to become a repeat once the patient was stable. If the GP were to endorse on the prescription form a new medication that is intended to become a repeat, the pharmacist would be aware that a 'New Medicines Review' was needed and patient issues with transient side effects, difficulties taking the medication and so on could be dealt with.

Gareth McCague reminded those present that the supply of dressings, medicines or appliances by, for example, District Nurses was illegal and that these should be issued through the pharmaceutical supply chain. Gareth to email further details to the LMC office.

### **FAIRER FUNDING**

This goes live this month. There have been 88 'Yes's', a reminder to everyone that paperwork must be returned for extra monies to be paid where due. If Practices did not reply 'Yes' in writing, they would be treated as No's and be QIPP'd, in this financial year, accordingly. Currently, there are 4 'No' GMS Practices and 3 'No' PMS Practices. 4 have accepted that they will be QIPP'd. Of these 11, 3 are still negotiating with the Cluster

### **PCT CLUSTER**

Dr Grenville raised the discussion that had taken place regarding the proposed re-launch of the Condom Distribution Scheme and DCHS's reporting requirements. He has written to DCHS with concerns, pointing out that the proposals may lead to reduction of the numbers of condoms reaching those in the target groups rather than the anticipated increase.

### **CQC**

There were no major developments to discuss. It was reported that some practices nationally have received fraudulent advertising offering to help to work towards CQC registration. It was confirmed that the deadline for registration has been deferred to April 2013.

## **PSYCHOLOGICAL THERAPY CONSULTATION**

Dr Grenville summarised the proposed service specification, noting that there are currently 300 people who are accessing long term psychotherapy and there needs to be some mechanism for helping such patients if, as seems to be being suggested, there is to be a significant reduction in the amount of long term psychotherapy that is to be commissioned. He noted that the proposed service specification was explicit in saying that psychological therapy services should not act as containment services. He expressed concern, however, that there are some people who are perceived by society in general as having mental health problems but who can only be helped by containment measures. If health services do not commission services for them they tend to end up being contained within the Criminal Justice system, which is often inappropriate. He felt that the LMC's response to the consultation should make this point. Unison have referred the matter to the two Oversight and Scrutiny Committees. It was agreed that Dr Grenville would draft an LMC response to the consultation and would send it to both the PCT Cluster and Hardwick CCG.

## **ANY OTHER BUSINESS**

*LMC processes* – Dr North and Dr Grenville had met to discuss aspects of the LMC, particularly relating to new/sessional Doctors. Several ideas were tabled: mentorship/support for new members of the LMC, expectations of being a member, improving information flows, eg. of speakers attending and summary of abbreviations used in meetings. It was agreed to make this an agenda item for the next meeting.

*QOF and Prescribing* –The PCT Cluster has stated that if a group is performing well (white level) in a prescribing area then the Practice cannot have that as one of their target areas, they are only able to select red areas. Dr Grenville offered to invite all Practices to let the LMC know if similar situations have happened and they have been overturned and that he could to escalate this to the GPC.

*Deanery meetings* – Dr Love attended a meeting this week and will forward to all a document on Local Education and Training Boards. Representatives were mainly from the hospitals. The next meeting will be on 2nd November.

*Private patients / NHS* – A recent BBC news report highlighted a York based Practice that has set up a private company to do private work. Discussion took place and Dr Grenville stated that practices are contractually barred from treating their own patients privately. The LMC are currently drafting a detailed summary of this matter for issue to Practices very shortly.