

Précis of the Sept 2011 meeting of the Derbyshire LMC

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

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

Derbyshire LMC met on the afternoon of 1st Sept 2011 at Santos Higham Farm. Dr Peter Williams was in the Chair and the following members were present: Drs Bermingham, Crowley, Dils, Enoch, Gale, Gembali, Grenville, Hands, Jordan, King, Kinsella, Love, North, Ryan, Tinker, Weston-Smith, & Kate Lawrence, Lisa Soultana and Helen Watts. Dr Peter Holden has extended leave of absence whilst on GPC business. Jackie Pendleton, COO North Derbyshire GPCC was in attendance.

SPEAKERS:

1. JOHN HUTCHINSON, '111' PROJECT MANAGER

John explained the PCT's intention is to roll out the '111' service to the 01629 and 01246 telephone code areas on 18th October, covering a population of 287,000. Next year, February will see North Derbyshire go live, City area in April and the rest of Derbyshire in September. There will be focused publicity campaigns with posters being sent out to surgeries to display and limited media coverage.

There is currently a focus on Clinical Governance for which Dr Ian Matthews will now be the Clinical Lead. DHU are realigning their telephony systems as they will be providing the '111' service locally in addition to their OOH role.

Dr Grenville pointed out that Doctors will notice any inappropriate referrals from '111' but will not notice the patients they will not be seeing. Their feedback on '111' may therefore be skewed. He did not feel that the service was as great an improvement for patients as had been claimed and confirmed that the LMC's role was to ensure the changeover period is smooth and that Practices will retain their autonomy to manage their patients' needs in what they feel is the most appropriate manner.

Post Meeting note: LMC ADVICE TO PRACTICES IN THE '111' AREAS

At the present time, if a patient rings a Practice and is diverted by the Practice's telephone service to '111', then both the patient and the Practice are charged for the on-going connected call (telephone companies dual-charging). Dr Grenville advised that a Practice will have several options:

- a) Divert the calls OOHs to DHU with no message and Practice be charged every time a patient continues this call,
- b) Put a message on the Practice telephone system advising patients that they are about to be put through to the OOH service and that they will be charged for this call or that they could put their phone down and redial '111' meaning the on-going call will be free for them and that they will be put through to the same service.
- c) In any case, advise patients to ring '111' rather than the Practice number during OOH periods, via patient communications (posters, messages, practice leaflets) as '111' calls will be free for them,

2. KEVIN ROBOTHAM – EMERGENCY PLANNING OFFICER (HEALTH) Derbyshire District Council

Doctors were reminded that their Practice Managers should have a Business Continuity Plan in place to meet CQC Registration Outcome 4, which is the Care and Welfare of patients and managing risk. A template was sent out a couple of years ago by the Emergency Planning Dept at the DCC office to all Practices to use if they did not already have a plan. Kay Wyatt at the PCT has reiterated that they would be happy to support and audit Practices who felt they need some extra support in developing Business Continuity Plans.

Discussion took place around the planning/sharing of staff with nearby surgeries at times such as the snows of last winter and Kevin highlighted that local cluster planning was important. Concerns around District Nurses and Health Visitors availability and school closures were raised as bad weather is expected again this winter. Dr Tinker enquired about fuel supplies and confirmation was given that practices will have some priority for access to fuel sites.

Should a Practice have a contaminated patient from chemical or biological accidents, they are advised to keep them away from others and to call EMAS for advice, who have a specialist Hazards Team. Practices should make themselves aware of any nearby hazards to them.

Kevin suggested that practices should be encouraging their staff to have their Flu vaccinations.

DCHS FT CONSULTATION DOCUMENT - Concern was raised that there appears to be limited Clinical representation on the current Board structure and that there are Governors from Partner

organisations represented but not from the City Council at present. Concerns were expressed over the section describing integration of Contraception, Stop Smoking and Sexual Health Services. Does the document really represent what Commissioners would like/need or what the Management of DCHS wish to do? Dr Grenville will draft the LMC's response to DCHS to include the feeling that there should be a concentration on quality rather than quantity and the area covered, query the statement of no MRSA cases in the past year and local structures such as local Health Visitors. Agreement to invite William Jones to the next available LMC meeting.

FAIRER FUNDING - Most Practices have now reached agreement to FF with several successful LMC supported mediation meetings; other Practices are near to doing so.

PCT CLUSTER

- Future Liaison

Future liaison with the Cluster was discussed with variations to current meeting structures.

- Derby City report

Two Practices, Hema and Ascot have merged and become Haven Practice. The City Formulary is currently under review and Practices have submitted their Top 5 drugs. '084' numbers and a National Buying Group were discussed. Keith Mann will be Head of Primary Care Commissioning at the Cluster. Most Practices have moved from PMS to GMS. Normanton Health Centre – the PCT do not wish to renew their Contract.

CLINICAL COMMISSIONING GROUPS - It was proposed by Dr King that CCG's have an open invitation to LMC meetings, however they were unlikely to want to attend every one. The LMC's role in the future for CCGs would be to assist the CCG's with larger more strategic aspects and of course it will continue to support Practices within the CCG's. Dr Grenville currently attends the meeting that all CCG Chairs and Chief Operating Officers go to.

CHANGES TO COMMUNITY PHARMACY CONTRACT - The Community Pharmacy Contract has been reviewed. There is to be a new service for review of patients started on new long term medication and MURs are to be more targeted. The new Contract requires Pharmacists to meet with GPs in their area. In the City and larger towns this may require LMC/LPC facilitation. A link to the changes will be put in the LMC newsletter.

TOP 5 PRESCRIBING FORMULARY (City Practices) - A list was circulated, indicating Nefopam, Soluble Paracetamol, Tramadol, Aspirin Enteric Coated 75mg and Sotalol are the preferred drugs.

HEALTH AND SOCIAL CARE BILL - Dr Grenville confirmed that the Bill goes back next week to the House of Commons for its 3rd reading. Existing structures have already been dismantled. Members may wish to email their MPs, especially bringing to their attention the legal advice obtained by the '38° Group' regarding the threat to the NHS of European Procurement Law and the position of the Secretary of State in securing the provision of a comprehensive health service. Difficulties are foreseen where different CCGs wish to do different things. EU Contract Law already applies to the NHS and CCGs may spend significant amounts of time and money to avoid litigation.

CQC - The registration date is now April 2013. GPC are advising Practices not to spend money on 'assistance packages'. On the whole a lot of what is in CQC is 'Good Practice' anyway. For Practices that do wish to try an 'assistance package' the Buying Group has negotiated a good deal with a supplier.

AOB

- a) Premises - the PCT confirmed that there is no money set aside for future projects. It is worth Practices submitting their Rent Reviews as soon as possible, although there is currently a backlog of these with the District Valuer. Dr Grenville confirmed that there can never be a negative review but that rent reimbursement could remain stable.
- b) A letter has been sent out recently to all GPs from the Memory Clinic at CRH; questions were raised about Shared Care responsibilities being changed without consultation. Constituents are advised to reply 'No' to the letter at present.

- c) The possibility of whether the BMA should look into appealing the Judicial Review decision on Superannuation for women was raised. Dr Grenville to follow up.