

Précis of the February 2012 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 2nd February 2011 at Santos Higham Farm. Dr Peter Williams was in the Chair. Dr Greg Crowley, Dr Ruth Dils, Dr Peter Enoch, Dr Murali Gembali, Dr John Grenville, Dr Brian Hands, Dr Andy Jordan, Dr Sean King, Dr Paddy Kinsella, Dr Pauline Love, Dr Kath Markus, Dr Jenny North, Dr David Portnoy, Dr Brenda Ryan, Dr Peter Short, Dr Rachel Tinker, Dr Paul Weston-Smith, Dr Mark Wood, Kate Lawrence, Lisa Soutana and Helen Watts (LMC Clerk). Jackie Pendleton, NED COO, Dr David Black, Cluster Medical Director and Gareth McCague LPC Executive Officer were in attendance.

APOLOGIES

Apologies for absence were received from, Dr John Ashcroft, Dr Mark Bermingham, Dr Rachel Tinker, Dr Mussadaq Iqbal, Dr Sylvia Kama (who is on maternity leave), Dr Clare Shell (who is on long term sick leave and was granted long term leave of absence). Dr Peter Holden has leave of absence whilst on GPC business.

SPEAKERS

Dr David Disney - Chairman, Derbyshire Health United and Lindsey Wallis - Chief Executive, Derbyshire Health United. He explained that DHU holds the Out of Hours (OOH's) Contract for Derbyshire until 2013. DHU are nationally the only OOH's provider that are part of a 111 service, and are keen to retain this long term. Jackie Pendleton confirmed the CCGs have already started the tendering process for the future 111 provider and would encourage people to engage with ideas and creativity, the specifications should be out approximately September 2012. Dr Disney extended an open invitation to anyone who would like to visit DHU to do so.

Call Handlers: DHU have a philosophy to encourage the engagement of their employees and have comprehensive training programmes including specialist Pathways Software for their Call Handlers. They also have Nurse Advisers to deal with complex cases. They can pass calls direct to ambulance dispatch if necessary, and are either on or over target, for many national indicators including transfer rates to other primary care occupations (eg. dentists) and emergency referrals.

Rightcare: Dr Disney explained that they have currently 4,500 Rightcare plans on their system, this is increasing 200+/month. 90% of Rightcare patients seen by DHU are dealt with by avoiding admission. This gives an estimated total of £450k savings per year. It was mentioned that some of this should be reinvested to DHU and was perhaps an issue to raise with the Commissioners. Currently DHU are investigating electronic linking with summary care records. It was mentioned that nationally, the future of electronic data is likely to be specific codes that will be nationally cross-functional.

MATTERS ARISING

Condom distribution. The LMC had agreed to investigate best prices for the purchase of Condoms in preparation for the re-distribution of the funds for such being allocated to Practices direct from April 2012. MidMeds through the LMC Buying Group offer 144 Mates condoms for £13.18 (incl vat) or 144 Durex extra safe condoms for £14.84. Please contact the Buying Group direct: <http://www.lmcbuyinggroups.co.uk/suppliers/>

Widowers Pensions. Dr Holden is drafting a letter to the BMA.

EMAS. Concerns had been raised about information taking one week from EMAS to get back to a Practice. EMAS do have a Significant Event/Near Miss form. Dr Williams explained his understanding that only when certain grade paramedics attend an incident do they have to report back to GPs. Dr Grenville described Southern Derbyshire CCG and EMAS's very recently produced protocol regarding referral from EMAS to Practices. If a paramedic feels that a patient may not need conveying to hospital but that it would be helpful to speak with the patient's GP, the expectation is that the GP should speak to the paramedic within 10 minutes. The paramedic's role is to give information to and seek advice from the GP but s/he cannot demand a specific response by the GP. GPs may delegate the task of advising paramedics to another clinician who is qualified to do so, e.g. a practice Triage Nurse. This protocol does not apply to patients who call from a public place. There should be no circumstances when a paramedic takes a patient to a GP Practice. Dr Love noted that Rightcare / DNACPR forms were not mentioned within the protocol.

Email Liability – BMA Law have confirmed that a Practice is liable for information in an email received but not yet read. The following article has been issued in the February LMC Newsletter:

“Once an email has been sent, it is treated like postal mail, it is assumed to have been received, and therefore the Practice would be liable. There is no specific time a practice is required to look at emails, however the lawyer advised that it is reasonable to assume that email is checked frequently and would in fact be more immediate than postal mail”.

The LMC therefore advises Practices that they should ensure that they have a robust system in place to check email inboxes at least on a daily basis. It would also be wise to have publicity for patients and providers, to state that:

“The email address that we use for receiving practice information is ‘xxxxxxx’ and it is checked on daily basis, any information that you feel needs to be checked more urgently, should therefore be telephoned or faxed to the Practice”.

It was suggested that the LMC write to key organisations advising that this is the advice that the LMC are providing Practices.

IMPROVING REPRESENTATION ON THE LMC OF SESSIONAL GPs

Dr North explained that there are a number of issues facing sessional GPs, including pay and conditions, revalidation, protected time for education, variances of conditions offered by different Practices. She wondered whether these were topics which the LMC could support Sessional GPs with. Dr Grenville explained that the LMC do support all members with the above, not usually within the monthly meeting (unless it is something that will affect all GPs across Derbyshire and Derby City) but often on an individual basis through himself or the office. Problems are often not reported to the meeting for reasons of confidentiality. He reminded the committee that GMS Practices must offer salaried GPs a contract that is at least as advantageous as the model Contract of Employment for GPs that was developed during the nGMS negotiations and that the LMC very strongly advises PMS practices to do the same. Dr Grenville noted that most Sessional GPs in Derby and Derbyshire are kept in touch with news and developments via

Elaine Madden and Ilona Bendefy and that the LMC office uses this route to communicate with Sessional GPs. Dr North noted that she is aware of Sessional GPs who do not know if they can access the LMC or not. Dr Grenville confirmed that Sessional GPs are individually able to access LMC services if any Practice for which they work pays the LMC levy or they can opt to pay individual LMC membership (currently £125/yr) if they do not have an ongoing relationship with a levy paying Practice or if their Practice is a non LMC levy payer. Dr Grenville offered to attend any Sessional GP meetings whenever he is invited. Dr Grenville suggested that most items that are discussed at LMC meetings affect both Principal and non-Principal GPs.

(Post-meeting note) This item was considered at the team meeting on 10th February. This set of draft Minutes (of the February LMC meeting) was reviewed and it was felt that virtually every item that had been discussed at the LMC meeting had implications both for Principals and non-Principals alike. For some items there were financial implications that needed to be considered by Principals but that did not detract from the relevance of those items for non-Principals.

In terms of recruiting Sessional GPs to the LMC, it should be remembered that the LMC does pay an honorarium to members. The honorarium has to be paid to the member direct for Tax and National Insurance purposes and it is for salaried GP members of the committee to negotiate with their employer how that payment should be treated *vis a vis* their contracted hours of work and their salary. Dr Grenville would be happy to assist in such negotiations.

BMA NHS PENSION REFORM ROADSHOW

Dr Sean King and Dr Peter Short attended this meeting in Manchester and had circulated a summary showing the main changes/scales and topics discussed. To summarise, those aged 50 or over have most of their rights protected; those aged between 46.5-50 will have their pension rights protected on a scaled basis; younger doctors will have to work for 8 years longer. There was an overall feeling of the need to be supportive to younger colleagues. It is vital to ensure that the BMA have your current workplace details so that they can ballot people in accordance with legal requirements. It was the LMC's understanding that Added Years contracts will be honoured.

2012 CONFERENCE MOTIONS

This year's annual conference of LMCs is in May. At the conference current issues are debated and decisions made as to which issues should be taken forward as GPC policy for the forthcoming year. Any LMC constituent is able to offer a motion/idea for consideration. The deadline this year is Monday 26th March 2012. Please could all constituents give this consideration and submit any ideas (even just draft ideas to be further evolved) to Helen by email, helen.watts@derbyshirelmc.co.uk before the next LMC meeting on 1st March.

ANY OTHER BUSINESS

DNACPR FORMS – Dr Love confirmed that she had met with EMAS and DHU and a single set of paperwork for End of Life Care Plans was being discussed for implementation in April 2012. Dr Dils pointed out that the EMAS DNACPR form applied only to situations in which cardiorespiratory arrest was anticipated. Dr Grenville confirmed that where someone does not wish CPR to be attempted in the case of unexpected cardiorespiratory arrest they should prepare an 'Advance Directive' and should take steps to ensure that their wishes were known.

School sickness forms – Dr Holden has made the LMC aware that Derbyshire County Council have recently developed a new internal policy requiring absent pupils to get a GP to sign a DCC form confirming student absence. Discussion is currently ensuing with them. Meanwhile, you are reminded that GPs do not have to sign these as they are not part of a GP's Contractual requirements. A statement was issued in the February newsletter.

(Post-meeting note) It appears that this was a Matlock locality matter only and not a County-wide problem. It is being resolved – further details will be reported at the March LMC meeting.