

## **Précis of the January 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 1<sup>st</sup> December 2011 at Santos Higham Farm. Dr Peter Williams was in the Chair. Dr Greg Crowley, Dr Peter Enoch, Dr Murali Gembali, Dr John Grenville, Dr Peter Holden, Dr Sean King, Dr Paddy Kinsella, Dr Pauline Love, Dr Jenny North, Dr Peter Short, Dr Rachel Tinker, Dr Paul Weston-Smith, Dr Mark Wood, Kate Lawrence, Lisa Soultana and Helen Watts (LMC Clerk). Jayne Stringfellow, Assistant Clinical Director, NHS Derbyshire was also in attendance on behalf of Dr David Black.

### **APOLOGIES**

Apologies for absence were received from, Dr John Ashcroft, Dr Mark Bermingham, Dr Ruth Dils, Dr Brian Hands, Dr Andy Jordan, Dr Kath Markus, 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), Jackie Pendleton, NED COO, and Dr David Black, Cluster Medical Director,

### **SPEAKER**

The group were introduced to the structure and role of the 'Improvement and Scrutiny Committee', (who are based at County Hall, Matlock) by Graham Spencer, a Scrutiny Officer. The committee act in an independent, non-partisan manner and have recently changed their name from the 'Oversight and Scrutiny Committee' to the 'Improvement and Scrutiny Committee'.

All Health organisations have to involve the public and patients in planning changes to the delivery of a service if there is to be a "substantial variation", and the Scrutiny Committee should be informed of any such changes (S244 duty). The Committee then determines whether it will undertake a formal review or whether a form of engagement would be more appropriate. If the Committee has not been consulted, or has had poor consultation over a 'substantial change' or thinks that the change is not in the interest of the health service for Derbyshire, they have the power to escalate the issue to The Secretary of State.

Over the past few years they have reviewed; Nutrition of Older people, Audiology Services, Learning Disability Access to Healthcare, Alcohol Treatment Services, Coronary Heart Disease and Rehabilitation. Previously their role with health has only involved the NHS, now it will include any NHS Provider and the Health and Well Being Board that will sit within Derbyshire County Council. Currently they would like to work more closely with CCGs in the positive development of changes to improve healthcare throughout Derbyshire and welcome local communication and wish for local resolution of any issues.

### **AGM**

The AGM was held, Minutes are recorded separately.

### **MATTERS ARISING**

*Condom distribution.* After much debate, agreement has been reached for GPs to undertake minimal reporting requirements and that the £11k allocated resource for condoms will be distributed to Practices to fund their purchase of the same. Final details have yet to be agreed, but, Practices will be required to; have in place a policy for the distribution of their condoms,

report at the beginning and annually thereafter, and to state in the report how many had been brought and at what cost and how many had been distributed. It had been suggested that any underspend could be used to reduce risk in the at-risk groups. The LMC Buying group prices for 144 condoms per box are: Mates condoms £12.55 + 5%vat = £13.18 and Durex extra safe condoms £14.13 + 5%vat = £14.84. Dr Peter Williams offered congratulations to the negotiators for being able to reach agreement on this issue.

*PCT/Cluster.* Dr King reported that the High Peak CCG are pursuing seeking Partnership rather than CCG authorisation in their own right. They remain a sub-committee of the Cluster until. Dr Grenville reminded the committee that the Cluster retain statutory responsibility for LES's until April 2013.

*Widowers Pensions.* Discussion took place following Dr Kinsella now having read the original 28page 'Cockburn' judgement on this issue. Dr Holden suggested that with current custom and practice changes that have happened recently within the Insurance industry relating to discrimination, it may be worth writing again to the BMA, he will draft a letter.

#### *AOB*

- *BICA Forms.* Dr Grenville will review the form that he now has a copy of and contact Social Services. The form appears to have become mandatory, despite promises that this would not happen until an electronic version was available.
- Discussion then took place regarding the use of generic email boxes and that EMAS had used this for practice communication too. Practices should be reminded that they should have a policy in place to ensure the generic email box is read on a regular basis. The question was asked whether you are legally liable for an email that has been sent but not read by yourself, the LMC office will investigate. Dr Grenville will also write to all provider colleagues to establish their assumptions on this matter and ask the GPC to formally write to the joint IT Committee as a potential national issue.

## **REFERRAL PROTOCOLS**

Dr Grenville confirmed that once a GP has made a referral, the receiver has the responsibility to act upon it. There is no obligation to use any particular form, but GPs should provide clear and adequate information.

## **111 UPDATE**

There has been little communication of any problems by Practices. There were reduced 999 and A&E attendances over the recent holiday period compared to previous years. Dr Grenville suggested comparing Nottingham and Derbyshire's experience of 111 to see how well the Derbyshire service was operating. He made the point that 111 in Nottingham was provided by NHS Direct whilst Derbyshire the provider is DHU.

## **EAST MIDLANDS EXECUTIVE FORUM**

The main item discussed in the November meeting attended by Dr Grenville and Dr Williams was the relationship of LMCs and CCGs.

## **LMC SECRETARIES CONFERENCE**

The Conference revolved around the Health and Social Care Bill and was addressed by Mike Farrar and Sir David Nicholson. It appears clear that there is no 'Plan B'. The view was aired that politicians at the top were now starting to understand the reality of the situation. Constituents are reminded of the Derbyshire LMC Forum that is available through [www.doctors.net.uk](http://www.doctors.net.uk).

## **GPOG**

- *DVT LES*. Public Health have proposed £10 for completing a new DVT monitoring form when in effect £2k would be saved on an admission. It was felt that this was vastly underfunding what potentially can take 20-30minutes of a GPs time as well as them taking on a lot more responsibility/risk. How much time and cost to GPs as well as savings to the PCT need to be worked out accurately.
- *Insulin Initiation*. A discussion has been started on updating and merging the Insulin Initiation LES's in the City and County. There is a particular issue around whether the initiation of GLP 1 agonists should be incorporated into the LES. There is also an issue around training and around the amount of activity that a clinician needs to provide in order to maintain competence. Dr Grenville felt that the resources that would be required in order to introduce a very high standard specification would be very significant and that CCGs would need to look at the standard of care they wish to commission against the resources that they have available to them.

## **DHU WINTER PRESSURES / HOLIDAY PERIOD UPDATE**

DHU information showed that they had coped well over this period with no major problems. The period showed a 1,000 consultation reduction from last year. One medical centre had experienced difficulties on the Mon/Tues after Christmas and patients had reported to them that they were unable to contact DHU, however DHU statistics did not reflect this.

## **COMMUNITY NURSING DATA CAPTURE**

A paper had been circulated prior to the meeting, currently DCHS are commissioned for the Community Nursing Service in the County. There are issues however around the recording of their data using 'Tough Books' and 'double entering' onto GP Clinical systems where SystemOne is not the GP's clinical system - in effect the administration work needed could cost practices £10,000. DCHS does have principles in its contract requiring good data content to be entered, Dr Williams has met with and is corresponding with William Jones, DCHS. The issue of clinical governance challenges with clinical data was raised.

## **FAIRER FUNDING UPDATE**

FF has been implemented, there are plans being worked through for the 8 practices who have not signed up. Eventually FF will be handed over from the Cluster to the CCGs, but the statutory responsibility remains with the Cluster at present.

## **CQC- REGISTRATION PROCESS MEETING**

Dr Grenville attended a meeting in Leeds with national leads from the CQC for this. He felt that it was now understood nationally that the risk level for GPs is different to other providers, eg.

acute hospitals. If the Registered Manager is on the GMC register, then an additional Enhanced CRB is not needed, however, if not, eg. a Practice Manager, then the CRB check will be needed. Jayne Stringfellow advised that if there are Partnership changes, then the CQC Registration must be updated with the change too. She also advised of a private practice in Nottingham that had a recent CQC visit and the report highlights areas that they need to improve on – she will email a copy to the office. She also pointed out that the actual Inspectors have no room for flexibility and have a rigid structure to follow.

### **CORRESPONDENCE**

There are a number of Pensions roadshows pending, with one in Manchester next week.

### **OFFICE REPORT**

The Minutes of the Team Meeting were agreed.

### **AOB**

Dr Grenville reported an issue with a form required by a Community Hospital's Dressing Clinic which is 6 pages long and takes 20-30 minutes to complete. He enquired whether anyone knew of any other hospitals using similar length forms – no one did. He has written to William Jones regarding this disproportionate form.

There was no other business and the Chairman closed the meeting at 5.35pm.

The next meeting will be on the 2<sup>nd</sup> February 2012, at 13:30, Santos Higham Farm Hotel