DERBY & DERBYSHIRE LMC LTD

Derby & Derbyshire Local Medical Committee Ltd Meeting
Higham Farm Hotel, Main Road, Higham, Alfreton, Derbyshire, DE55 6EH
Thursday 4th December 2014 - 13.30 to 16.30

PRESENT:	Dr Peter Williams (Chair)	
	Dr John Grenville	Dr Peter Enoch
	Dr John Ashcroft	Dr Ruth Dils
	Dr Andrew Jordan	Dr Gail Walton
	Dr Mark Wood	Dr James Betteridge
	Dr Kath Markus	Dr Sean King
	Dr Paddy Kinsella	Dr Greg Crowley
	Dr Brian Hands	Dr Murali Gembali
APOLOGIES:	Dr Peter Holden	Rakesh Marwaha (Erewash CCG)
	Dr Denise Glover	Hannah Belcher (Area Team)
	Dr Jenny North	Doug Black (NHS England)
	Dr Pauline Love	Graham Archer (LPC)
	Dr Vineeta Rajeev	Dr Jane Perry (Registrar)
	Nwando Umeh	
IN ATTENDANCE:	Hazel Potter (Minutes)	Jackie Hewlett-Davies
	Lisa Soultana	Dr Rishabh Prasad
	Dr Richard Bull	Jackie Pendleton (ND CCG)

14/180 WELCOME AND APOLOGIES
In attendance – Dr Williams welcomed Jackie Hewlett-Davies and Risabh Prasad as guest speakers from HEEM, and Dr Richard Bull as a guest.

Apologies were received from Dr Peter Holden, Dr Denise Glover, Dr Jenny North, Dr Pauline Love, Dr Vineeta Rajeev, Nwando Umeh, Rakesh Marwaha, Hannah Belcher, Doug Black, Graham Archer and Dr Jane Perry.

14/181 CLOSED SESSION (MEMBERS ONLY)
No items were discussed.

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14/182 GUEST SPEAKERS JACKIE HEWLETT-DAVIES AND RISHABH PRASAD (HEEM)

- **GP Retention and Workforce**

Dr Rishabh Prasad described his work as GP member of Health Education East Midlands. He emphasised that he is only contracted for one day a week. He discussed with members the General Practice workforce crisis and possible solutions.

Jackie Hewlett-Davies and Dr Prasad presented the following presentation which has been updated to include some questions and Jackie Hewlett-Davies' contact details. A discussion followed with the LMC members and raised numerous questions and answers from Jackie and Rishabh.

HEEM slides CEPNs Nov 14.pptx

Jackie Hewlett-Davies has also sent a paper that was agreed in principle by the Primary Medical Services Steering Group and is happy that it is circulated amongst the LMC members.

Community Education Networks -

ACTION: Include Jackie-Hewlett-Davies email address: Jackie Hewlett-Davies2@nhs.net

14/183 MINUTES OF PREVIOUS MEETING

The Minutes of the meeting on the 6th November 2014 were approved and signed by the Chairman as an accurate and true record except that Dr Andrew Jordan had sent his apologies.

14/184 MATTERS ARISING

No items were raised.

14/185 WINTER RESILIENCE

- **Feedback from Emergency Planning Meeting**

  Dr Williams attended the Emergency Planning meeting and commented that when the hospital is short of beds, GPs still would send patients there if they need to be admitted. Jackie Pendleton asked if there is a way of delaying admission if there are no hospital beds. A discussion followed where it was said that if an admission is delayed, it might endanger the patients and all agreed they would send a patient to hospital if they needed to go. If a patient were to come to harm by a delayed admission, it would be the GP who would be responsible.

  ACTION: Jackie Pendleton to check which practices delay hospital admissions.

  Business Continuity Plans

  Dr Williams was surprised that most general practices only have informal plans and asked when GPs last checked their Business Continuity Plans. He asked if GPs know who their buddy practices are. Also, do they know where their GPs and nurses live? He said that DCHS say they should know these things so that they can plan more effectively and should also

communicate with neighbouring practices. Dr Grenville said we have a buddying list in the office for Derbyshire County and Derby City. In the last year practices have been affected by an explosion in Derby, flooding in Long Eaton and a week-long disruption of electricity supply, again in Derby. He suggested inviting the five practice managers involved to get together to discuss what worked when there was an emergency and what lessons can be learned. Dr Williams said there is new pro-forma Business Continuity Plan coming out soon from NHS England and also said that CQC ask practices about their Business Continuity Plan.

GPs were asked whether, in a complete crisis for the health community, they would take calls during the out of hours period. Most agreed they would but it would depend on the circumstance and questioned whether goodwill should form the basis of an emergency plan. Dr Grenville said that ten days ago the 111 telephone system went down on a Saturday morning. The problem was resolved rapidly but he asked what would have happened if it had not been resolved. Dr Bull said we need unanimity that every GP practice says yes they would cover. Also, that every GP agrees to cover another surgery if asked to do so.

Practices and District nurses often cover for each other on an informal basis. However, a discussion followed where generally it was agreed that often agencies would not cover for each other as they are too stretched with their existing workloads. Dr Grenville said that the level of goodwill that used to exist within health communities has been eroded by the ever-increasing marketization of healthcare. Dr King suggested setting up a database with staff who could agree to provide extra cover. However, most general practices have part time staff so it is difficult to agree to covering for other practices.

- **Flooding in Long Eaton**

Lisa Soultana reported that she had had feedback from one of the Practice Managers involved in the recent flood at Long Eaton Health Centre. It had affected all of their IT. It closed the surgery and affected 2,500 patients and three other practices involved in assisting them. On the first day they dealt with emergencies and put a notice on the door to contact 111. It was useful they had a laptop and some mobile numbers. Afterwards they realised not all of the contact numbers were current and they also did not have pharmacists and residential home contact numbers. They had contacted the Area Team and were disappointed with their response. The Area Team were not pro-active and they did not give them a dedicated person to help deal with the emergency. They felt the Area Team could at least have contacted the local radio to announce to the public that the surgery was temporarily closed. They could have also provided the surgery with emergency contact numbers. DHU and 111 were very supportive. They had email communication from some patients. The lessons learned were that on the first day it would have been better to spend more time planning how to deal with the crisis and also they should have informed key stakeholders very early on so that they could be supportive. Dr Grenville mentioned that another practice had had no access to its IT recently and the emergency plan should include how to deal with things when there is no IT. He also noted that it is important to have arrangements in place with other practices and with local pharmacies for safe vaccine storage while there is no electricity. It was noted that the buddying of practices in a single building is not sufficient if the whole building is out of action and buddying arrangements should take account of the potential need to move to a different geographical location.

- **Feedback from North Derbyshire Urgent Care Working Group**

Dr Grenville and Dr Markus attended this meeting last week. So far the system is working. However, Jackie Pendleton said that from this morning there is only one bed available in Chesterfield and no mental health beds in the whole of Derbyshire.

- **Seasonal Flu Planning Group**

Dr Grenville reported that there has been a technical problem with SystmOne which has delayed the reporting to the centre of flu vaccine uptake. We do not therefore know yet how successful or otherwise the immunisation campaign is compared to this time last year. Midwives have started immunising in Chesterfield but not yet in Derby.

- **Ebola**

Dr Grenville reported from a meeting of the Local Health Resilience Planning Group. He noted that the algorithm for possible Ebola cases has been widely distributed. The key message is: "Talk, don't touch!" If a patient answers "Yes" to questions; 1. Have you been in West Africa? 2. Do you have, or have you had in the last 24 hours, a raised temperature? 3. Have you been in a Viral Haemorrhagic Fever endemic area? then they are a potential Ebola case. The patient should be isolated in a room that can be easily cleaned, i.e. with minimal soft furnishing. Advice should then be urgently sought from an Infectious Diseases specialist (contact details have been circulated). If the advice is that the potential for Ebola remains, the practice should arrange for urgent admission to hospital for further testing. All acute hospitals should be able to undertake this safely. EMAS will arrange safe transport. The patient should remain isolated and physical contact should not be made, even if the patient is unwell. LHRP agreed that appropriate personal protective equipment is very unlikely to be available in primary care and that it would not be reasonable to expect it to be. If a clinician has made physical contact with a patient who then answers 'Yes' to the three questions the clinician should isolate him/herself until the diagnosis is confirmed or refuted. If a diagnosis of Ebola is confirmed there is a national contract for deep cleaning the room in which s/he has been isolated – Public Health England will advise. PHE will deal with the relatives and other contacts (including clinicians) if there is a diagnosed case. Relatives will have to remain at home. Dr King asked what should be done if they start vomiting and was advised it would close the building until the diagnosis was confirmed or refuted. PHE would be involved.

14/186 IT – REPORT OF TELECONFERENCE WITH GEM CSU

Dr Grenville has discussed mobile working and because the vast majority of practices have requested it, and because of the constraints of financial planning, there is no alternative to the plans GEM CSU have made. Dr Williams had asked for wi-fi on his recently installed laptop and was told he was not allowed to use it as it belongs to GEM. Dr Grenville had also discussed EPS and problems with SystmOne and was told it needs medicines management input. Also he asked about Smart Cards and Privacy Officer setting and was told they are trying to find a solution. Dr Markus said TPP are not taking the problem of being able to amend word documents, sometimes with electronic signatures, seriously. She had an email from David Hill agreeing with her.

ACTION: Dr Markus to forward David Hill's email to Dr Grenville and he will raise it with Peter Short.

Another issue was discussed where a patient of a Derbyshire practice fell ill in the West Midlands and both West Midlands Ambulance Service and the receiving hospital contacted the practice for information about the patient. On being told that they could access the information from the patient's Summary Care Record, both organisations seemed not to know how to access

it. The practice felt aggrieved that they had spent considerable time explaining the SCR to their patients and then other organisations were not using it.

ACTION: Dr Grenville to Peter Short to ask for the matter to be escalated. He will also contact NHS England to find out how often SCR data has been asked for.

14/187 CAMERON FUND CHRISTMAS APPEAL
This is a charity for GPs who have fallen on hard times. All agreed they would be happy to contribute their mileage to and from the LMC meeting in December.

ACTION: Hazel Potter to check contributions and arrange for the cheque to be sent.

14/188 LMC CONFERENCE MOTIONS FOR 21ST AND 22ND MAY 2015
Dr Grenville asked for conference motions for May's conference by January 2015 which can be sent to the Derbyshire LMC office.

Dr Hands suggested recruitment problems should be a motion. Also, regulations should be changed nationally for Hepatitis A and B.

ACTION: Dr Grenville to draft motions once suggestions have been received.

14/189 TRAVEL IMMUNISATIONS – HEPATITIS A AND B COMBINATION AND MENINGOCOCCUS ACWY
Dr Grenville said that Hepatitis A for travel must be given free under the NHS, but Hepatitis B cannot and should be given as a chargeable travel service. This makes the position regarding the combined Hepatitis A and B vaccine very unclear. The regulatory position regarding Meningococcus ACWY is also unclear. It can be given on the NHS or it can be given privately. Each practice must make a decision on this and apply it consistently in a non-discriminatory way. Neither NHS England nor CCGs can purport to make it unavailable on the NHS. Dr Ashcroft said he thinks the national regulations should be changed.

14/190 CLINICAL COMMISSIONING GROUPS (CCGs)

- **Co-Commissioning**

Jackie Pendleton spoke about Co-Commissioning and said NHS England has approached CCGs to ask if they should go for: -

Level 1: influence the Area Team
Level 2: a formal joint commissioning
Level 3: a fully delegated budget

She has emailed all practices in NDCCG and the recommendation is to go for Level 3 as the view is that it will happen eventually. This will be rolled out first with GPs, then Dentistry, then Optometry. Dr Markus asked what would be the purpose of the Area Team when this happens. Dr Grenville said that Area Teams are to be merged and the plan is to introduce a North Midlands Field Force which includes Nottinghamshire, Derbyshire, Staffordshire and Shropshire. Wendy Saviour will be the Regional Director of Commissioning and used to work in Nottinghamshire. The North Midlands Field Force will be split into three areas, although the final configuration has not yet been revealed. Jackie Pendleton said there is a lot of national guidance about co-commissioning coming out soon. Dr Grenville commented that this looks a lot like PCTs and regardless of any changes, general practice will survive and influence whatever system is imposed on it. Dr Ashcroft noted that he did not feel that his CCG was a membership

organisation. Dr Bull said CCGs are membership organisations and the governing body is the governing body. If you can commission general practice and have the budget, it should help. There are huge opportunities here. This is the CCG and this is membership at its best.

A discussion followed between Dr Ashcroft, Dr Walton, Dr King and Dr Hands about the reduced amount of money going into primary care. Dr King asked who would commission Primary Care if CCGs did not. Jackie Pendleton said it would be NHS England. Dr Grenville said that practices need to make their own decisions but he there is little doubt that co-commissioning will be introduced so whatever happens, GPs need to make sure that patients get the best treatment.

14/191 AREA TEAM

- **Publication of Out of Area Registration Guidance**

Dr Grenville said that practices need to make up their minds what they wish to take up. By the 5th of January 2015, the Area Team has to have full cover for patients who need it. Plan one is to offer an enhanced service and if the practices take it up the Area Team will be happy. Plan 2 is to ask out of hours organisations if they will do it. We have NEMS, DHU and CNCS, who would be forced by competition to underbid. Whether the acute or community trusts could legally provide a service if neither of these plans worked is a matter for debate. Dr Williams suggested he could say yes to cover Bakewell and he thought that all would agree to provide a service in inner cities. But the Area Team would have to commission a service for patients in the countryside. Dr Grenville said it is important to make this the Area Team's problem and not ours. A discussion followed about the amount of money offered for the Enhanced Service and it was agreed that it would probably not be financially viable to see a patient out in the Peak District. Therefore NEMS, DHU and CNCS would have to look carefully at the economics if they were to take it on. Jackie Pendleton said that the CCGs have to re-procure 111 and out of hours services. If 111 is procured alone it is likely to be cheaper than procuring an integrated service. So they may look at the 111 side and do things differently. However, an integrated service is better for the patients. There is some benefit in keeping the two services together but the cost of out of hours service has grown by 30%. Dr Bull said one of the benefits in keeping the two services together is a reduction on A and E admissions. He said there are strong operational reasons to reduce 999 calls and both sides of the argument need to be aired and examined. He said that DHU are a very good provider but their standards dropped when they combined with 111. Dr Williams said that patients like the integrated service. Dr Bull said we need to look at new models that are cost effective especially as the out of hours demand has grown by 30%. Jackie Pendleton said they have had to use Locums to run the system as they cannot get GPs.

Dr King suggested getting background information for formal discussion as Jackie Pendleton, as lead commissioner, needs to start making decisions after Christmas

Jackie Pendleton said that Dr David Disney and Dr Melvin Heappy have both resigned from the DHU board. They will be advertising for a non-executive Director and a Lay Chairperson. Dr Grenville commented this will affect the balance of the DHU board.

Dr Kinsella said that group of GPs, mainly appraisers, has identified an urgent need for help for stressed GPs. Dr Grenville has facilitated the group, led by Dr Ilona Bendefy and a bid to HEEM for £400,000 to set up a buddying and mentoring system across Nottinghamshire and Derbyshire is being prepared by PCDC. If successful we will need to find ongoing money to support it into the future. Dr Grenville is hoping that it will interact closely with Resolve for GPs who need higher level counselling. He also said that Practice Managers are just as stressed as

GPs at the moment. If the scheme is successful it is hoped that it will be extended to Practice Managers and Practice Nurses.

14/192 CARE QUALITY COMMISSION (CQC)
Lisa Soultana has prepared hints and tips for CQC inspections, also a guide on how to prepare a 30 minute presentation for inspectors. Lisa provided hand outs. All of this information is on the Derbyshire LMC website. Lisa also suggested reading the CQC's GP Provider handbook which contains key questions which CQC inspectors are intending to ask. Dr Grenville said that four practices in Derbyshire had been labelled as Band 1 in the recently released so-called Intelligent Monitoring exercise. He also mentioned that there were a number of obvious inconsistencies in the date used by CQC.

14/193 PRIMARY CARE DEVELOPMENT CENTRE (PCDC)
No issues raised.

14/194 LOCAL EDUCATION TRAINING BOARD (LETB) /
LOCAL EDUCATIONTRAINING COUNCIL (LETC)
No issues raised.

14/195 OFFICE REPORTS
No issues raised.

14/196 GPC NEWSLETTERS – NOVEMBER
No items were raised.

14/197 ANY OTHER BUSINESS
Enhanced Service for Smoking Cessation
Dr Ashcroft spoke about the enhanced service for smoking cessation and asked how many practices currently deliver the service. The DCHS sub-contract which has been offered to practices is different. In the new contract you will be paid £55 for a successful quitter, £35 for a 4 week quitter and no payment for a non-quitter. The overall payment per patient taken on will decrease significantly. He will not be taking it up.

Dr Walton spoke about a problem with Manor Pharmacy who were no longer dispensing nicotine replacement therapy as they are no longer commissioned. There was a discussion about the nature of the contracts in both the City and the County and how elements have been unbundled and rebundled. Dr Grenville said if DCHS have taken on the contract in the county it is up to them to find a provider to do those parts that they cannot provide directly.

14/198 DATE OF NEXT MEETING – 8th January 2015
There being no further business, the meeting closed at 17.20pm.