Approved minutes of 5 June 2014

LMC website: http://www.derbyshirelmc.org.uk BMA website: http://www.bma.org.uk/

DERBY & DERBYSHIRE LOCAL MEDICAL COMMITTEE Ltd

Minutes of a meeting of Derbyshire LMC and Derby & Derbyshire LMC Ltd held on Thursday 5th June 2014, Higham Farm Hotel

PRESENT:	Dr Peter Williams (in the Chair)	
	Dr John Grenville	Dr Sean King
	Dr James Betteridge	Dr Mark Wood
	Dr Peter Enoch	Dr Kath Markus
	Dr Denise Glover	Dr Vineeta Rajeev
	Dr Pauline Love	Dr Ruth Dils
	Dr Jenny North	Dr Brian Hands
	Dr John Ashcroft	Dr Peter Holden
	Graham Archer	Dr Gail Walton
	Dr Greg Crowley	Dr Jane Perry
	Dr Murali Gembali	Dr Singh
	Lisa Soultana	Nwando Umeh
APOLOGIES:	Dr Paddy Kinsella	Dr Andrew Jordan
	Hannah Belcher (AT)	Dr Peter Short
	James Cutler	
	Rakesh Marwaha (Erewash CCG)	
	Dr Doug Black (AT)	
IN ATTENDANCE:	Jackie Pendleton (NDCCG)	
	Hazel Potter (Minutes)	

In attendance – Dr Williams welcomed Hazel Potter to take the Minutes, as well as Dr Jane Perry and Dr Singh (both GP Registrars) who were guests.

14/85 APOLOGIES

Apologies - received from Dr Paddy Kinsella, Hannah Belcher, Rakesh Marwaha, Dr Andrew Jordan, Dr Doug Black, Dr Peter Short and James Cutler.

14/86 EXPENSES/ATTENDANCE REGISTER

Members were reminded to ensure that the Attendance Register was up-to-date for remuneration purposes. Also as there are new forms members were asked to add their contact phone number.

14/87 CLOSED SESSION (MEMBERS ONLY)

There were no items discussed.

14/88 MINUTES OF PREVIOUS MEETING

a) The Minutes of the meeting of the 1st May 2014 were approved and signed by the Chairman as an accurate and true record, subject to the below amendments: -

b) **14/74 Matters Arising – CQC: Dr Mark Wood asked for this to be removed.**

c) **14/82:** Dr Enoch asked for the following amendment "Dr Enoch was not keen for the **LMC meeting to take place** in Derby City as it is not a central location.

14/89 MATTERS ARISING

14/40 COMMUNITY HOSPITALS

Dr King said the North Derbyshire Federation is not interested in getting involved. Dr Williams suggested that all the practices involved should work together and ensure that they share information about the contracts they are offered. Dr Grenville commented that practices need to be careful to ensure that DCHS do not play them off against each other. He mentioned the reporting of Simon Stevens' (the newly appointed NHS England Chief Executive) speech regarding the roles of different types of hospitals and commented that he did not think that Mr Stevens was advocating a key role for community hospitals such as we are discussing. Dr Grenville also mentioned a current dispute that we are having with the provider of a private residential facility for patients with mental health problems that is registered with CQC as a hospital. The provider believes that its patients should be able to receive NHS primary medical services from a local practice under its GMS or PMS contract and that NHS England has received legal advice supporting this belief. This is not a new problem but it is becoming increasingly important that it be resolved, otherwise GPs could find themselves being required to provide primary medical services under their GMS or PMS contracts to people who are inpatients in Community Hospitals or, indeed, acute hospitals, that are within their practice area. Dr Grenville advised that what was required was for practices to be prepared to refuse to register patients moving into such units and to be prepared for the Area Team to take contractual action; the matter may well need to be challenged before the FHS Appeals Service or the Courts. He has spoken to the Chairman of the GP Defence Fund indicating that this is an issue for the wider profession. Following discussion, the committee took the view that, in the interests of patient safety, a patient who is admitted to hospital should remain registered with his/her existing practice but should have all necessary medical and nursing care arranged by the hospital. If the patient is subsequently discharged to a new address he/she may then need to register with a new practice.

14/76 111 FUTURES PROJECT

Jackie Pendleton said that DHU continues to struggle with weekend cover.

14/90 LMC CONFERENCE 2014 - Report from Representatives – John Grenville, Mark Wood, James Betteridge, and Pauline Love

Dr Grenville said it had been a very interesting conference. In spite the huge range of motions, the underlying theme was of total demoralisation. The BMA campaign 'Your GP Cares' was heavily promoted. There was less press representation than usual and the overall feeling was that GP and the NHS may be in terminal decline. Dr Betteridge said that although there was overall disquiet, everyone was united in trying to find solutions to the problems. The unpopular motion for charging patients to visit their GP was mentioned. He had the huge honour of delivering the closing speech of thanks and he is the first Derbyshire Doctor to have done this in living memory. Dr Love said she had thoroughly enjoyed it and everyone should go at least once. Next time she attends she would know what to do. Dr Wood said it was a privilege to attend. The purpose of the LMC was clear as being the pathway to get things changed. The motion congratulating the Negotiators on this year's contract changes was passed unanimously. He discussed QoF and the over 75s issues. The enthusiasm and passion was evident, alongside the challenges the NHS faces. It was well chaired and people had the freedom to speak. He noted that only 2 of the 76 motions related specifically to sessional GPs. He has been tasked to be engaged with sessional GPs to take their motions to future LMC conferences. He recommended that everyone looks at the LMC conference on the BMA webcast. The Derbyshire motion on

medication prescribed by specialists, which had been written by Dr King, had been proposed by Dr Grenville and it was passed unanimously.

14/91 FUTURE OF GENERAL PRACTICE

- **BMA Campaign "Your GP Cares"**
  Dr Grenville highlighted the BMA Campaign "Your GP Cares" and mentioned the packs that contain stickers and posters etc. If practices need any more packs please email the BMA at info.gpc@bma.org.uk. Patients can sign a petition online. Dr Betteridge said there is a great 3 minute video for this on U Tube and Dr Williams emphasised that GPs should use all means at their disposal to publicise the campaign.

- **RCGP Campaign "Put Patients First"**
  Dr Grenville said that the RCGP is running a similar campaign and all practices should receive a pack shortly. This will have a paper petition for patients to sign. Dr Grenville said that he believes that there are practices in Derbyshire that are at risk of failure. He stated that it is important that patients understand that General Practice is at high risk. Patients need to understand this so they they will put pressure on politicians. Dr Gembali said twenty years ago, the proportion of GPs in the medical workforce was 36% and now it is only 29%.

- **GPC Regional Summit**
  This is being held at the Belfry in Nottingham on 3rd July. Dr Grenville said we have 10 places and encouraged people to volunteer to attend. Please let Hazel Potter know if you are able to attend. If we do not get 10 people from the Committee we will offer it out more widely.

- **Actions the LMC Can, and Cannot Take**
  Dr Grenville talked about what the LMC can and cannot do. He gave an example of the Shared Care for Dementia program where it was perceived by GPs that Derbyshire Health Care Foundation Trust looked at the NICE guidelines and thought their budget would not cope, so they devised a guideline that passed extra work on to GPs. This was promulgated through JAPC without proper consultation with GPs or the LMC. A huge email debate ensued between a large number of GPs, mainly in Southern Derbyshire, with a lot of pent up anger and emotion being released. The question had been asked as to what the LMC can do in situations like this. The LMC's role is to have debates and publish minutes, publicise campaigns, advise practices which are in trouble and to attend numerous meetings of all kinds of bodies to advise of the views of GPs and, especially, to advise on the regulations pertaining to GP contracts. However, the LMC is not a registered trade union. It can give advice to GPs and to any other bodies but it cannot arrange, institute or encourage industrial action. The BMA is a registered trade union and can institute industrial action, but the last time it did this, regarding pensions, only minimal action was taken by the majority of its members. Constituents can give the LMC their opinions on issues facing them and we can forcefully express those opinions to others, but we cannot encourage anything that could be construed as industrial action as we could be fined very heavily (millions of pounds). Dr North asked how she could encourage action to be taken over GPs' many frustrations. Dr Grenville suggested that patients need to be made aware of the threats to their General Practice services and encouraged to contact their MPs to take action on their behalf. The Times newspaper is running a vicious campaign against GPs as they think that we are overpaid. This is why

the plan that GPs income is published, on a like-for-like basis will be helpful. The intention is to publish data about GP income related to other NHS workers' nominal 37.5 hour working week and with additions, such as employers superannuation and dispensing income disregarded. On this basis the current average GP earnings will come out at about £55,000 per year. Although this is greater than most patients' income, it will compare with other parts of the profession such as consultants. Dr King commented that he meets patients on average 5 to 6 times per year and they complain at the difficulty in getting an appointment. Dr Grenville said this presents an ideal opportunity to explain that GPs have a very heavy workload and that there is a shortage of GPs to provide the care. Dr Dils said that her practice has changed its appointment system this week and the patients have been very understanding. Dr Wood noted that practices are paid an average of £75 per year for the basic care of each patient which is a very small sum. Dr Betteridge suggested all GPs engage with their local MP to explain the problems that they face.

14/92 AREA TEAM

A. CHALLENGE FUND

Dr Grenville explained that the Area Team was successful and that they were awarded the second largest fund outside London. However, the Area Team's current presentation on the use of the fund does not seem to reflect what the CCGs thought they had actually bid for. It also appears that all successful bids to the Challenge Fund are to be top-sliced nationally for other purposes. This has not been widely publicised.

B. PRIMARY CARE STRATEGY

Dr Grenville said the Area Team has a 5 year strategy. It is very high level and lacks credibility with many GPs, not least because it quotes mortality statistics that are clearly misleading.

C. CQRS

Dr Grenville said this has been a total disaster as it is not fit for purpose. It is causing practices significant cash flow problems. The finance team at the AT are as frustrated by it as we are.

14/93 PRIMARY CARE SUPPORT SERVICES REVIEW

Dr Williams had attended a meeting in Mansfield regarding the national review of Primary Care Support services (PCS). Although invitations had been sent to all stakeholders in the East Midlands, the event was very poorly attended and he was the only GP present. PCS include patient registrations, records, maintenance of performers lists and payments to practices. Locally our PCS was transferred to Shared Business Services (SBS) a couple of years ago. We had had teething problems but things have been improving. Things are moving on nationally and NHS England is looking at centralising the service for all practices and for it to be run by SBS. SBS is owned by a company called SSCL which is owned jointly by Steria (a French company) and the Cabinet Office. No procurement exercise has been undertaken and the intention seems to be that the service should just be awarded by central government. An additional complication is that it is proposed that the Exeter system should be commercialised. There was a wide ranging discussion about the increasing share of NHS services, both clinical and non-clinical, that is ending up in the hands of French commercial companies. Dave Smith from Nottinghamshire LMC has written a response to the review, which he will send to the Area Team.

14/94 CARE.DATA FACT SHEET

Dr Grenville said that NHS England has published a fact sheet for the public about Care.Data. It will be piloted with 100 practices in the Autumn before Care.Data is rolled out. It states there is strong legal protection and that data will not be sold for profit. It is intended that it will support GPs to meet their obligations under the Data Protection Act. NHS England has not so far mentioned resources for practices to help them with this initiative so he is not filled with confidence. Dr King asked what the GPs obligations are. Dr Grenville explained that under the Health and Social Care Act 2012 they must upload data but at the same time they must comply with all aspects of the Data Protection Act. This is not possible unless patients give explicit informed consent for the uploading of each specific item of data. There was discussion of the impact that proper implementation of Care.Data would have on practices. The Committee noted that unless the Government finds a solution to this problem we may get to the stage that practices will have to make a choice between breaching the Health and Social Care Act or the Data Protection Act.

ACTION: LMC to keep practices updated regarding Care.Data via the newsletter.

14/95 CCGs

- **£5 Per Head for Frail and Elderly Care**

  Dr Grenville explained that many people interpreted the £5 for frail and elderly care mentioned in the NHS guidance published in December 2013 as meaning that new money would be made available to CCGs. This is not, however, the case and CCGs are expected to meet this commitment from their existing resources. The CCGs have identified services that they had already planned to commission as being new services that will satisfy the guidance. He has been asked to co-sign a letter with the CCG chairs to say that the LMC agrees this approach but he has declined to do so. The public has been misled into thinking there is an extra £5 per head additional resource being made available to general practice, which is simply not the case. While the LMC fully understands the impossible position into which the CCGs have been placed it cannot be seen to condone NHS England's behaviour.

- **Co-Commissioning of Primary Care**

  Dr Grenville said that Simon Stevens has recently made a speech in which he floated the idea of CCGs co-commissioning primary care with NHS England. Jackie Pendleton informed the committee that CCGs have been given a deadline of 20 June to express an interest in this idea but that there is no clarity about what exactly they are being asked to express an interest in. Dr Grenville pointed out the clear danger of a perception of conflicts of interests if CCGs, as groups of member practices, were involved in commissioning services from those same practices. Dr King asked what the difference was between CCGs commissioning LESs and commissioning the basic GMS or PMS contract. Dr Grenville explained that, in his view, it is a matter of degree only. He had predicted that this would become a problem ever since the introduction of the purchaser/provider split in 1990.

14/96 PRACTICES AT RISK

Dr Grenville said that the future of the whole of general practice is threatened by the current recruitment and retention crisis together with the ever increasing workload and the failure of resources to keep pace. However, some practices were at more immediate risk than others. He had identified several practices that were at risk of failure but he felt that early identification of, and support to, such practices would be enhanced if the LMC, Area Team and CCGs could set up a confidential group to exchange intelligence about practices that were felt to be struggling.

He suggested that we explore whether our constituents would like such a group to be set up. Dr Holden talked about the sensitivity of this issue and said we should be under no illusion about practices being at risk. The committee discussed the factors that may put practices at risk, including the interdependencies of practices in a locality.

14/97 CQC

Dr Betteridge has done a new style CQC inspection in Cumbria as a GP registrar. He was pleased with how it went and it included talking to the staff at the practices. He felt it was GP friendly and not just a box ticking review. Another member's practice had had a CQC re-visit recently following an original old style visit and it had not gone well at all.

ACTION: Dr Grenville to give support to the practice that has been re-inspected.

14/98 PCDC

Invitations have been emailed to all LMC members as key stakeholders to attend the PCDC launch event on 26 June at the Belfry Hotel, Nottingham from midday. The PCDC will be organising separate events for practices across Derbyshire and Nottinghamshire in September and October 2014.

Erewash CCG has now offered its support to include a financial contribution.
Hardwick CCG has agreed in principle to do the same and we may explore options of a pilot in the area. Lisa Soultana is due to meet with North CCG on 6th June and SDCCG have already agreed to offer its support to include a financial contributions. The NHS Area Team are key supporters and funders of the PCDC.

First offering of free business and organisation skills workshop training for practice managers and GPs has been emailed to practices and further information is held on the Derby and Derbyshire LMC website. The free training is to be held at Nottinghamshire LMC headquarters on the 10 July, 24 July and 4 September 2014.

The LMC has just carried out a snap shot GP business needs survey. 112 GPs and Practice Managers have completed the survey. Key findings were:

Top 6 training needs are as follows:
1. Business planning
2. Finance, budgeting and forecasting
3. Employment law
4. Leadership
5. Change management
6. Collaborating further with other GP practices

Main barriers of working collaboratively:
1. Lack of time to think about working differently/collaboratively
2. Lack of expertise and knowledge to set things up
3. Lack of finance
4. Lack of leadership to make it happen

Top items to work collaboratively-
1. Provide training (the PCDC should step into deliver this)
2. Short term staff cover
3. Shared opportunities to bid for new contracts

Top 3 Barriers in accessing training development support:
1. Lack of time
2. Availability
3. Lack of funding

Top 3 preferred methods of training
1. Attendance at workshops
2. Locality training sessions
3. In house training sessions

Best times to carry out training and development offerings are Tuesday afternoons and Wednesday and Thursday.

ACTION: The office to email practices the contact (telephone and website) details of the PCDC and upload details of the PCDC onto the Derby and Derbyshire LMC website.

14/99 LETB / LETC – John Grenville and Lisa Soultana
Dr John Grenville and Lisa Soultana prepared and emailed a position statement document to HEEM to help bid for training and development funding for GP practices. For access to the document visit: Position Statement.pdf.

Dr Betteridge said we are short of 98 trainees in the East Midlands. He plans to raise awareness of this with the East Midlands deanery.

ACTION: Lisa to upload document onto the Derby and Derbyshire LMC website.
Dr Betteridge to draft a letter for the LMC to forward to Dr Sheona McLeod (Postgraduate Dean), regarding the advantages of GP trainees being allowed to apply to specific training schemes.

14/100 PRACTICE PREMISES
The Committee discussed the complete lack of progress regarding outstanding lease issues pertaining to LIFT and ex PCT-owned premises. The LMC is working closely with Nottinghamshire LMC to try to resolve this but the situation is utterly chaotic. Dr Ashcroft raised the issue of the complete absence of premises developments since April 2013 due to the failure of NHS England to identify any resources at all.

ACTION: Lisa to outline the situation in writing and email to Dr Holden via Alex Ottley at GPC

14/101 OFFICE REPORT
This has been tabled and no items were raised.

14/102 ANY OTHER BUSINESS
1) Dr Williams mentioned that EMAS are still calling practices to renegotiate times to try to avoid breaching their targets.

14/103 DATE OF NEXT MEETING – 3rd July 2014
There being no further business, the meeting closed at 5pm.