

## DERBY & DERBYSHIRE LMC LTD

**Derby & Derbyshire Local Medical Committee Ltd Meeting**  
**Higham Farm Hotel, Main Road, Higham, Alfreton, Derbyshire, DE55 6EH**  
**Thursday 6<sup>th</sup> November 2014 - 13.30 to 16.30**

<b>PRESENT:</b>	Dr Peter Williams (Chair)	
	Dr John Grenville	Dr Denise Glover
	Dr John Ashcroft	Dr Ruth Dils
	Dr Vineeta Rajeev	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
<b>APOLOGIES:</b>	Dr Peter Holden	Rakesh Marwaha (Erewash CCG)
	Dr Peter Enoch	Hannah Belcher (Area Team)
	Dr Jenny North	Doug Black (NHS England)
	Dr Pauline Love	Dr Andrew Jordan
<b>IN ATTENDANCE:</b>	Hazel Potter (Minutes)	Graham Archer (LPC)
	Lisa Soultana	Jackie Pendleton (ND CCG)
	Nwando Umeh	Dr Jane Perry (Registrar)

### 14/140 WELCOME AND APOLOGIES

In attendance – Dr Williams welcomed Graham Archer (LPC) as a guest.

Apologies were received from Dr Peter Holden, Dr Peter Enoch, Dr Doug Black, Dr Jenny North, Dr Pauline Love, Rakesh Marwaha and Hannah Belcher.

### 14/163 CLOSED SESSION (MEMBERS ONLY)

An item was discussed.

### 14/164 MINUTES OF PREVIOUS MEETING

The Minutes of the meeting on the 2nd October 2014 were approved and signed by the Chairman as an accurate and true record.

### 14/165 MATTERS ARISING

- **14/154 Mobile working**

Dr Williams reported that GEMCSU has now approved the EMIS remote working system.

Dr Markus confirmed that she remains concerned by the inflexibility of the remote working

solution that has been offered to SystmOne users in Derbyshire. As she has complained about this she is now at risk of not even being provided with a laptop which she could use at home for surgery work. Dr Grenville said he has a teleconference next week and Nikki Hinchcliffe will attend the LMC meeting in January to discuss this and also privacy officer settings, EPS and smart card authorisation.

Dr Williams said some money came from NHS England to roll out laptops to practices using SystmOne but EMIS is not considered to be secure enough, so practices using EMIS have an iPad based solution instead. Jackie Pendleton explained that Vodafone has substantially reduced rates and that is why they are used. Most practices requested laptops for use in care homes. Dr Markus explained her argument was not that she did not want a laptop, but that she would have no use for a Vodafone contract as her practice is in a mobile black spot. She does not want to waste £800 of NHS funds. A discussion followed where most GPs said they would benefit from using their laptops from home to catch up on work but Dr Williams said GEMCSU are not happy about them doing that as the laptops would not be secure enough. It is also a concern that a GP might accidentally download patient information direct to a home PC and this would be an information governance issue. Dr Peter Short has been working on this issue at a national level. Dr Grenville said all GPs need to stick together and be more assertive. If they decided they need a 2<sup>nd</sup> laptop for work use they perhaps might be allowed money from the challenge fund. He said he attends the LIB board to try to make sure we are given the IT equipment that we need.

- **August LMC Meeting**

This still needs to be approved by Dr Holden as there is an increase in cost for booking the room.

**ACTION: Hazel Potter to chase Dr Holden for a response.**

- **14/143 Acronyms at LMC Meetings**

Members were reminded where possible not to use acronyms; or if used, to explain them.

- **14/137 Imaging Appointment Cards**

Dr Williams has spoken to Ben Milton and to Chesterfield Royal Hospital regarding imaging appointment cards. The hospital cannot print these any more as they have a reduced budget and have reduced their admin staff by 4% so have no resource to do this. By using the new IT system they have been able to reduce their costs. Therefore, GPs will have to print their own imaging appointment cards.

- **14/148 MPIG Money**

Dr Grenville said the Area Team has been instructed that any MPIG or PMS Premium money that is removed from practices must be reinvested into Primary Care. The money still appears in County practices' statements as MPIG or PMS Premium but will move to appear in the Basket of Services or Locally Commissioned Services Framework (LCSF) over the next seven years. He hopes that MPIG money from city practices will be able to be transferred to Southern Derbyshire CCG for reinvestment in the LCSF.

**ACTION: Dr Grenville to write to Jonathan Rycroft to put the case for reinvestment of Derby City practices' MPIG money into SDCCG and report back.**

Dr Grenville has been asked to find out if it is possible for practices which lost money under Fairer Funding to return to their original MPIG. He reported that this does not seem to be an

option in the individual contract variations. The original agreement was that if the scheme failed all practices could return to their original positions. Unfortunately the introduction, in the interim, of the Health and Social Care Act 2012 had made this impossible. Dr Kinsella said that her practice had been losers under Fairer Funding and now stood to lose further under SDCCG's LCSF and that several other Southern Derbyshire County practices were in the same position. She expressed concern that the loss of MPIG money over seven years would make the situation worse still. Dr Grenville reiterated that the County MPIG money had already been reinvested and that it was safe within General Practice in Derbyshire but that this is why he is hoping MPIG money from the City can be fed back to top up LCSF. He noted that the LCSF covers different work to the Basket of Services and that there is the capacity for SDCCG practices to earn money outside LCSF for work which is within the BoS in the other CCGs. Practices will have to work out which of the various services that are being offered to them are cost-effective. Dr Grenville and Lisa Soultana are having fortnightly meetings with the CCG in Southern Derbyshire to try to resolve the situation.

Dr Williams said if all member practices in a CCG all said "No" to a particular scheme and exercised their power of veto it would not happen but CCGs still need to commission services from somewhere. He pointed out that some practices will benefit from LCSF.

Dr Ashcroft mentioned the PCTs were set up to improve Primary Care but all the money is going to the hospitals. Dr Grenville asked whether, as a community of GPs, we want to be split again just as the NHS has reached a crisis point, or do we want to stick together. He noted that actions to transform the NHS do not match the current rhetoric. He gave, as an example, the Duckworth Square site in Derby which had been suggested as a new combined health and social care facility is not being developed due to lack of funding. He also noted that most people in the NHS have joined the service since 1990 and are only used to competition and not co-operation. We need to persuade the Government that in the NHS co-operation is more important than competition, whatever European Law may say.

Dr Hands said a lot of GPs are considering emigrating due the workload pressure and there are too many vacancies on the training schemes. He thinks we need a GP charter, as we had in the 70's. GP life is unbearable now; perhaps we need confrontation as co-operation is not working. He also said the next election might change things but meanwhile there is chaos.

Dr Ashcroft said the Department of Health is causing problems. The CCGs have failed across the country because the Department of Health has a negative attitude. Dr Grenville pointed out that Simon Stephens has a joint role in NHS England and the Department of Health and that his appointment may bring about changes.

Dr Williams said that General Practice is broken and we need something different. Jackie Pendleton said the NHS is still the envy of the world and asked how we can preserve what we have while adapting to a different world?

Dr Hands said he didn't go into general practice to attend endless meetings to discuss insoluble problems. He hoped that things could only get better.

- **14/151 Primary Care Development Centre – East Midlands Leadership Academy**

Dr Betteridge had applied to go on an EMLA course but was told it was aimed at band 5 and band 6 so therefore was not suitable for him. Dr Grenville said that he understood that EMLA are now looking at courses aimed specifically at clinicians, especially newly qualified GPs and new partners. Lisa Soultana has nominated Dr Kinsella to assist with looking at

bespoke courses for general practice. Dr Williams recently attended a course called “Board Effectiveness Master Class” and found it very useful. Dr Grenville noted that partners in general practice are *de facto* board members so this course would benefit them. He added that they are almost unique as board members, in that they actually do the day to day work of their organisations and have daily contact with their public,

- **14/161 Electronic Prescribing Service**

This agenda item led to a discussion about an ongoing advertising campaign by a national internet pharmacy that is based on the introduction of EPS phase 2 on a practice by practice basis. Several members reported that they had patients who felt that they had been misled by the leaflet drops that they had received. Some practices had found that patients who had unwittingly elected to have their medication dispensed by an internet pharmacy were returning to the surgery to ask for a duplicate paper prescription to take to their local pharmacy. Apart from the risks inherent in having duplicate prescriptions in the system, this was causing extra workload for practices. Graham Archer mentioned that the LPC has produced leaflets for its members to give to their patients to explain in greater detail what EPS may mean for them.

Graham also said that EPS causes pharmacies extra work and has other resource implications, not least because all prescriptions now have to be printed in pharmacies for the purposes of prescription charges.

Dr Grenville suggested that the unrelenting move to an electronic society might mean that pharmaceutical services may have to change to a completely new model. He suggested that one possibility might be the splitting of the profession into one branch of remote dispensers and another branch of patient and prescriber advisers and facilitators working closely with prescribers in practices

#### **14/166 EBOLA**

Dr Grenville said the risk of being infected by Ebola in the UK is very small. NHS England and Public Health England (PHE) have been slow to develop a coherent response for managing this slight risk in the community. Dr Holden is working on Ebola now at a national level, hence he is not attending this meeting today. PHE guidance came out on 17<sup>th</sup> October 2014. The Oxfordshire poster for front door is good, so use it. The link to the guidance is available on the LMC website. Dr Grenville suggested that all guidance should be read and implemented in line with an overarching attempt to ‘Talk, don’t touch’. He suggested that automated phone messages might be updated to state “if you think you may have Ebola please do not attend the surgery but hold the line and we will advise you”. There was discussion about the need to close surgeries if a patient who had answered ‘Yes’ to one of the Ebola screening questions vomited in the premises, at least until the patient’s status had been confirmed. The question of the buddying system drawn up for Swine Flu was raised and Dr Grenville confirmed that this needed re-emphasising.

#### **14/167 DISTRESSED GPs and PRACTICES – MENTORING**

Dr Grenville has been in contact with a number of people as we are seeing an increasing number of distressed GPs with nowhere to turn to for support. The Area Team funds some mentoring for GPs through the post graduate Tutors but only if they are being investigated under the Performance Procedures. Under an old occupational health contract with PCTs a service had been provided by a service called Resolve within Derbyshire Community Health Services which included access to counselling and psychotherapy but this is being disbanded as DCHS occupational health will be outsourced to Royal Derby Hospital. A group, including Derbyshire

and Nottinghamshire LMCs, Resolve personnel and appraisers is discussing setting up a new mentoring system. We urgently need to find the resource for this as the retention of GPs is as important as recruitment. Dr Kinsella commented on the London scheme for doctors with health problems. Dr Hands suggested the LMC is obviously a good organisation to support GPs and Dr Grenville said we already do this but it needs better funding. Dr Grenville said PCTs were originally tasked to commission occupational health for GPs and their staff but after April 2013 the budget seems to have disappeared.

**ACTION: Jackie Pendleton will look into how much the London scheme costs as there was an occupational health contract for GPs in the PCT.**

**ACTION: Lisa Sultana will talk to PCDC regarding this matter.**

**ACTION: Dr Grenville will continue discussions, including with Health Education East Midlands, in their workforce role.**

#### **14/168 GMC CONSULTATIONS ON SANCTIONS**

Dr Grenville had drafted a response to this consultation and it had been circulated (at short notice) to members, although some members had been unable to open the document. The draft was discussed in detail and two amendments were suggested

**ACTION: Dr Grenville to amend his response where suggested and send the document to the GMC.**

#### **14/169 STRATEGIC DIRECTION OF TRAVEL FOR MENTAL HEALTH IN DERBYSHIRE 2014-19**

This document had been circulated to members. Dr Williams discussed the papers and encouraged all to respond to Tracy McGonagle.

#### **14/170 GENERAL PRACTICE IN CRISIS**

Although this had been included as an agenda item members agreed that the discussions on most of the other items on the agenda reflected fully the crisis in which General Practice finds itself. The LMC will continue to work with the GPC and other agencies to try to solve the problems that Practices, their staff and their patients face.

#### **14/171 CLINICAL COMMISSIONING GROUPS (CCGs)**

Jackie Pendleton said the Five Year Forward View has been published and has been much discussed. CCGs have a 2 year financial deal and not much will change, so they know where we are regarding funds. There is no expectation to resubmit 5 year plans at CCG level. A regional co-commissioning event has been held and it is clear that co-commissioning is regarded by NHS England as the only way forward. It is likely that Primary Care will be fully commissioned by CCGs in the near future. Jackie reported that a Basket of Services meeting between North Derbyshire, Hardwick and Erewash CCGs had looked at funding. Dr Grenville had represented the LMC. Although there were slight differences between the CCGs Dr Grenville is hopeful that GPs across these CCGs will not see much change. The situation in South Derbyshire is different because of the differences between the City and the County. Jackie Pendleton said that in North Derbyshire they are considering a new specification for anticoagulation services, which would take into account the new oral anticoagulants and would be outcome rather than process based. Dr Ashcroft had attended a meeting about sexual health and smoking and Public Health had indicated their preference for contracting at a higher level than individual practices, perhaps through GP provider groups. It was reported that DCHS have achieved Foundation Trust status.

## **14/172 AREA TEAM**

- **NHS England 5 Year Forward View**

This has already been discussed.

- **Challenge Fund**

There is another £100m fund coming.

- **Pneumovax**

Dr Grenville noted that this year's contract variations had directed that Pneumovax immunisations would only be paid for if they were delivered seasonally (as with flu immunisations) between September and March. NHS England had acknowledged that this was an error and it is hoped that this will be rectified next year. In the meantime, it has been agreed that practices should submit claims for immunisations given between April and August with their September claims. Practices that have not done so should contact Hannah Belcher at the Area Team.

## **14/173 CARE QUALITY COMMISSION (CQC)**

- **Recent Local Inspections**

Dr Grenville said that nothing catastrophic has been reported. Jackie Pendleton said the inspections are still very thorough and they have been going out of their way to find examples of good practice. They have also chosen a good cross section of practices to inspect.

Concerns have been raised that some inspecting teams have proposed that vaccine fridges should be locked and should be hardwired to their electricity supply. Dr Grenville suggested that practices should risk assess the safety of their cold chain and should be prepared to justify their assessment to inspectors.

Dr Williams noted that some dispensing practices have been advised by inspectors that medications should not be handed over to patients until the prescription has been signed by the prescriber. This can cause difficulties with working practices in those practices. Dr Grenville advised that EPS does not require a signed prescription before a medication is dispensed. Dispensing practices should risk assess the potential for a medication or dispensing error to be made against the inconvenience for the patient of having to wait until the prescriber can come to the dispensary to sign the prescription.

- **Seminars**

Lisa Soultana spoke about the Seminars which are being held on the 11<sup>th</sup> and 18<sup>th</sup> of November, which have been arranged by Nwando Umeh. There is a Hints and Tips document which will be circulated and this will be presented during the Seminars. Dr King asked about guidance prior to a CQC visit. Lisa clarified that the CQC Hints and Tips guidance fulfils this purpose. She confirmed that all practices should start now to pull together all of the information that CQC will require to be submitted prior to a visit. They will also request a 30 minute presentation at the start of the visit so this is a practice's opportunity to sell itself to the inspectors. Dr Ashcroft asked about appointment waiting times and what is regarded as acceptable. Dr Betteridge said that inspectors will be guided by talking to patients and reading their feedback cards. Dr Grenville suggested doing another risk assessment describing what different appointment systems has tried over the years and what the outcomes have been, especially in terms of patient feedback. Lisa Soultana reminded everyone that Nwando Umeh produces a series of documents called "On Closer Inspection", which continually updates our understanding of how CQC is operating.

#### **14/174 PRIMARY CARE DEVELOPMENT CENTRE (PCDC)**

Lisa Soultana is attending a PCDC Governing Board meeting on Monday 10<sup>th</sup> November and will feedback more after she has attended the meeting. Dr Betteridge reported that at a PPG meeting he attended recently they said that patients might ask their GP what the PCDC is.

#### **14/175 LOCAL EDUCATION TRAINING BOARD (LETB) / LOCAL EDUCATION TRAINING COUNCIL (LETC)**

- Derbyshire Primary and Voluntary Private Independent Sector invitation to tender for funding.

Lisa Soultana said we have received a communication regarding a £70,000 fund for training for lower grade non-clinical staff. Practices may bid individually but it may be more effective if the Provider Organisations prepare joint bids.

#### **14/176 OFFICE REPORTS**

Dr Grenville reported that Nwando Umeh has been promoted to Business and Liaison Officer and also congratulated her on passing her driving test. We have recruited an apprentice called Corinne Allen to assist with the office administration. Today is the first day for a new Secretarial / Administrator called Rebecca Wayte who will help Hazel Potter with the tasks that need to be done to run the office. Hazel will be supervising both of the new starters and making sure that the office runs smoothly. As we have expanded the team, we have been looking hard for new office space while having regard to our budgetary constraints.

Lisa Soultana said that within the new office space there might be the opportunity for a training room for PCDC in Derby. Dr Grenville said that with or without a training room, we still need a larger office as the team has outgrown the current office space.

#### **14/177 GPC NEWSLETTERS – OCTOBER**

No questions were raised.

#### **14/178 ANY OTHER BUSINESS**

No items were raised.

#### **14/179 DATE OF NEXT MEETING – 4<sup>th</sup> December 2014**

There being no further business, the meeting closed at 4.58pm.