

DERBY & DERBYSHIRE LMC LTD

Derby & Derbyshire Local Medical Committee Ltd Meeting
Higham Farm Hotel, Main Road, Higham, Alfreton, Derbyshire, DE55 6EH
Thursday 7 May 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 Jane Perry (Registrar)
	Dr Vineeta Rajeev	Dr James Betteridge
	Dr Paddy Kinsella	Dr Denise Glover
	Dr Brian Hands	Dr Greg Crowley
	Dr Jenny North	Dr Gail Walton
	Dr Mark Wood	Dr Pauline Love
	Dr Sean King	Dr Murali Gembali
	Dr Kath Markus	Dr Victoria Robinson (Registrar)
APOLOGIES:	Dr Peter Holden	Hannah Belcher (Contracts Manager – Area Team)
	Dr Peter Short	
IN ATTENDANCE:	Hazel Potter (Minutes)	Bill Nichol – Head of Adult Safeguarding – CCGs
	Lisa Soultana	Ed Ronayne – Adult Safeguarding Manager
	Nwando Umeh	Jackie Pendleton (Chief Officer - ND CCG)
	Graham Archer (Chief Officer - LPC)	

15/72 WELCOME & APOLOGIES

- Reminder to complete attendance register
- Request to complete attendance register for Santos Higham
- Invitation to visit new Derby LMC Office

Apologies were received from Hannah Belcher, Dr Peter Holden and Dr Peter Short.

Guest speakers today are Bill Nichol – Head of Adult Safeguarding – CCGs with Ed Ronayne – Adult Safeguarding Manager

15/73 CLOSED SESSION (MEMBERS ONLY)

- **Dr Holden long term sick leave**

- **LMC meeting attendance increase**

Regarding the increase in payment, this is in line with a rise in payments from the BMA. We will need to discuss raising the levy. We have to give 3 months' notice but agreed we would give 6 months' notice. Lisa Soultana said we have shaped services and supported Derbyshire GPs and would like to continue to develop this moving forward. Dr Williams said we have not increased the levy yet but will continue to look at ways to support GPs.

- **Business Debit Card**

Dr Grenville asked for a resolution from the LMC committee for the new business debit card. Dr Hands proposed and Dr King seconded the resolution, as follows: –

- The Cardholders (who are also authorised signatories to the bank account listed in Section 1) are authorised to request and be issued with Debit Card(s) and/ or Debit Card details (including replacement cards, card details and security details) for use in relation to the operation and the giving instructions in relation to the bank account.
- The Signing Rules contained in the mandate provided to operate the bank account listed in Section 1 above be supplemented (but not replaced) by the additional Card Transaction Authorisation Rules which will apply to the operation of the bank account using a Direct Debit or Debit Card details. The current mandate to operate the bank account shall accordingly continue as supplemented and amended.
- The Customer agrees to be bound by the Debit Card Terms contained in this Application Form and any amendments made to them from time to time. These terms apply in addition to the terms and conditions for the bank account, which shall not be prejudiced or affected by the Debit Card terms.
- The Customer agrees that all transactions authorised by a duly authorised Debit Card should be debited to the bank account in Section 1 and that the Customer accepts liability for any unarranged overdraft resulting from any such transactions that Cardholders may use their Debit Card to order cheque books and statements and to obtain details of the balance of the account.
- The bank may continue to rely upon this resolution until it is revoked in writing by the suitably authorised notice to the bank.

ACTION: Nwando to take the completed and signed form to Natwest bank.

15/74 GUEST SPEAKER – Bill Nichol – Head of Adult Safeguarding – CCGs with Ed Ronayne – Adult Safeguarding Manager

- **Adult Safeguarding**

Bill Nichol spoke about Adult Safeguarding and the introduction of the Care Act 2014, which gives it a statutory footing. This makes adult safeguarding more personal and relevant to each person. People must be given choices about their safeguarding. He also pointed out that each practice should appoint an adult safeguarding lead and noted that 17 out of 22 recent deaths were assessed as being due to lack of communication.

Bill mentioned the Prevent Strategy, which is designed to prevent radicalisation in all its forms.

Dr King asked about Deprivation of Liberty Safeguarding procedures (DOLS) and asked how rapidly the process can be completed. Bill Nichol said it used be a two week process but following recent judgements there is a backlog and it is taking two months. The recent judgements significantly expand the number of people to whom DOLS applies.

Ed Ronayne noted that there are e-learning packages pertaining to DOLS. Derbyshire CCGs also have an app to assist with a mental capacity assessment which can be accessed via a mobile phone or iPad. There is also a package for Practices which records how many of their staff have undertaken the e-learning on adult safeguarding. There is also face to face training at a conference on 11 June. There are still spaces available for this morning training session on 11

June. It is aimed at health professionals. 45 GPs have signed up and it is being paid for by NHS England.

ACTION: Dr Love to contact Bill Nichol re Care Homes and DOLS in the End of Life situation

Dr Grenville reported on a meeting he had attended just before his operation regarding the obligations placed on Coroners when a person subject to DOLS dies. He had discussed with the Derbyshire Coroner the introduction of a new electronic form to make the reporting of such cases and their subsequent handling by the Coroner easier for all concerned where the GP judged the cause of death to be natural.

ACTION: Ed Ronayne to work with Dr Grenville to progress the introduction of a new form to assist the Coroner when a person dies and there is a DOLS in place.

There was further discussion about the large number of people to whom DOLS applies, particularly in Care Homes. Dr Williams pointed out that it is the responsibility of the agency that had applied for the application of DOLS to be aware of those people to whom the procedures apply and that in Care Homes that is the management of the home and its staff.

- **MARAC – (Multi Agency Risk Assessment Conference)**

Bill Nichol explained when a person is abused by their partner a risk assessment is done via a MARAC to see if they are at risk of death and or life changing injury. Information held by GPs may be important in making such assessments. Bill explained that an ongoing pilot scheme in Derbyshire to try to obtain such information from GPs was not proving to be a success. There were problems with consent to share information, whether GPs received enough information to be able to identify what relevant additional information they might hold and the timescales of the MARAC procedures compared with other competing pressures on GPs' time

Following a vote, which was carried unanimously the following action was agreed:

ACTION: All agreed that the LMC should work with Bill Nichol to find a practical way that GPs can inform and be informed by adult safeguarding when there is going to be a MARAC meeting involving one of their patients.



AS Lead Practitioner
Workshop April 2015

15/75 MINUTES OF PREVIOUS MEETING

The Minutes of the meeting on the 4 April 2015 were approved and signed by the Chairman as an accurate and true record except for:-

15/58 ACTION: Lisa to take this back to *Erewash CCG for Vanguard application* not PCDC as stated.

15/76 MATTERS ARISING

15/32 Maternity IT Letter

Hazel Potter read out the letter that had been received from Pauline Twigg from Chesterfield Royal Hospital in response to the letter sent by Dr Williams. Our letter will be included on the next Maternity IT Project Board meeting on 20 May and they will let us know the outcome after the meeting.

15/36 Derbyshire Health United – Out of Hours Service

Dr Grenville has spoken to former guest speaker Stephen Bateman who is still working on the individual practice figures that had been requested following his attendance at the April LMC meeting. Practices can expect to receive this information soon.

15/59 Funding for Sexual Health

Dr Grenville had had a teleconference with DCHS. The proposed 5% reduction in fees for Long Acting Reversible Contraception device management has been abandoned but practices are still waiting to get this in writing. It is hoped that revised documentation will be issued by the end of next week

15/64 Easter Opening

Dr Williams said there had been a poor uptake of this and it had been a shambles in its organisation. There was a discussion about various strategies to improve patient access to healthcare over long Bank Holiday weekends and the resourcing of them. There was agreement that it would be sensible to look at whether available resources should be concentrated within localities or whether they should be spread thinly across all practices.

15/77 NHS ENGLAND NORTH MIDLANDS

- **Letter regarding offer of flu vaccinations to under 65 year olds**

NHS England North Midlands has decided to commission flu immunisations for people under 65 years in the at-risk groups and for pregnant women from pharmacies as well as from GPs in 2015/16. A letter describing this in principle had been issued the previous week. Graham Archer said that pharmacies received the same letter as GPs. All they know is what is stated in the letter. He was able to report on how the various pilots that had taken place last year had worked. There was discussion about how pharmacies could accurately identify people in the at-risk groups, about how practices would be notified of patients who had received immunisations, about the risk to practice income and about the risk that practices would be left with unused vaccines, as they had already ordered for next winter. It was agreed that practices will need to be more pro-active in getting patients in these groups to have the vaccination. Dr Grenville reported that he had emailed the other four LMCs in the North Midlands, all of whom had had small scale pilot schemes in 2014/15, to ask for their experiences. Shropshire and the two Staffordshire LMCs had replied that they had struggled to see any advantages from the schemes and had lobbied, to no avail, against further roll-out. Nottinghamshire has seen minimal impact of their schemes and felt relaxed that uptake from pharmacies would be insufficient to destabilise GP flu campaigns.

Dr Ashcroft said he had attended a seasonal flu planning meeting. He reported that the flu immunisation program for 5 to 6 year olds will be school-based. GPs will be informed when their patients have been immunised. The flu vaccination in 2014/15 was less effective than in previous years and it is estimated that there were 35,000 excess deaths during the winter. Therefore a high uptake of the flu vaccination is still very important. Vaccination rates are not increasing. Dr Ashcroft made clear his view that it needs more funding and more effort to improve the uptake rate. He noted that the 5 Year Forward View depends on an upgrade of prevention and increased public health measures but there has been very little action on this.

Graham Archer pointed out that pharmacists could often identify pregnant women because they would seek folic acid and also often asked their pharmacist what medications were safe to take. Dr Ashcroft noted that the uptake by pregnant women would be increased if community midwives were to give the vaccinations but that that midwives will not do this as there is no funding.

- **New Legislation regarding Tax Arrangements**

Dr Grenville says that appraisers have had a letter from NHS England requiring information about their Income Tax and National Insurance arrangements. The timescale given is unrealistic and providing the information will involve both time and expenditure by appraisers. The GPC and BMA are aware of the problem. They had hoped to have guidance out last week but it is proving to be a complex matter. NHS England and the GPC are in contact with HMRC. This is very close to the top of the GPC agenda.

15/78 Referrals to Adult Social Care

A new simplified referral form has been issued for County GPs to use. Adult Services have requested that it should be fully completed and that general terms such as "not coping" should not be used. Dr Williams responded that we can provide referrals in any format as long as the information is good. Once Adult

Services are in receipt of the information it is their responsibility to deal with it. Dr Markus reported that she had been informed that verbal referrals are acceptable.

ACTION: Dr Williams to send a letter to Alison Briddon, Business Services Officer, Adult Care, to state they need to accept referrals in any format, including verbal referrals.

15/79 General Practice and Integration (England)

Dr Grenville reported that the GPC has issued a resource document on practice integration as a means of dealing with the crisis in General Practice due to the severe problems with recruitment and retention of clinicians in Primary Care. The document recognised that there would need to be structural change if Primary Care was to be able to give patients appropriate care in future. Dr King said it does not explain how to deal with the functionality. Dr Grenville said that a possible solution was to divide the service into two parts – one to care for people with acute illnesses and the other to provide long-term care for people with chronic illnesses. He noted, however, that this had been tried Mental Health services and, in his view, it had not worked. Dr Williams said we need to look at valuing GPs and base services in the community around local practices. Dr King said we need to look at continuity of care and asked if there is a way of pooling resources. He also said that premises are a big barrier to new GPs when deciding whether to become partners. Dr Grenville said that practices need to look at how they manage their back office functions. Dr Betteridge said if we end up with two different types of Primary Care we may well see further difficulties in recruitment as we need to define what the job is. Dr Grenville believed we will see a drive towards the formation of two separate streams within the next 5 years and we need to ensure that this does not detract from holistic care for patients.

15/80 Derby City Council – Substance Misuse Family and Recovery Service Consultation 2015

Dr Grenville circulated a consultation paper. He noted that it refers only to the City but he said that he would welcome comments from County GPs as well. He pointed out that the consultation is aimed at service users as well as to professional groups and that it was therefore simple to complete.

ACTION: Dr Grenville asked for any comments to be fed back to the LMC office prior to the 10 June deadline.

15/81 PREMISES UPDATE

Nwando has received a letter from Martin Royal (Regional Director of NHS Property Services) to meet with the office to discuss concerns about premises. A meeting has been arranged for 1 July 2015. Dr Grenville said any practice thinking about expansion or moving needs to prepare a business plan urgently so that it is ready for submission as soon as the next tranche of money in the Premises Development Fund is announced.

15/82 INFORMATION MANAGEMENT TECHNOLOGY (IMT)

- **Secure email to patients**

Nwando Umeh and Dr Williams spoke about the secure email to patients. All practices have been informed and details are on the HCSIC website.

- **IMT Strategic Workshop**

Nwando attended the IMT Strategic Workshop and they were keen to have clinicians in attendance. It is designed to get integrated records between health and social care. Dr Williams will be attending the next meeting.

15/83 CLINICAL COMMISSIONING GROUPS (CCGs)

- **Care Planning Meeting**

Dr Grenville attended this meeting. The aim is to use the additional functionality of the Summary Care Record to allow all relevant agencies to see patients' care plans, where they exist. The plans are then available for anyone with smart card who has a legitimate reason for accessing them and to whom the patient has given permission. Dr Grenville pointed out that there would be a need to ensure that patients fully understood the system in order to obtain properly informed consent to upload their care plan.

- **Care Plans on Spine**

Dr Love said she has also been looking at the minimum care plans. Access via EMIS has been delayed. At the last End of Life meeting, it was noted that records are often not accessed as not all relevant people have smart cards which enable access to the summary care record. Dr Markus said it is very "clunky", Dr Williams asked how we should information with other people as progress on this project is very slow. Nevertheless, he emphasised that care planning is important.

- **Co-commissioning**

Jackie Pendleton said that co-commissioning has started. The agreement between CCGs and NHS England has been drafted nationally and local amendments are not permitted. Minor surgery will revert to CCGs and they are working to revise the specification. All contracts between CCGs and practices must adhere to the standard national NHS contract. Jackie Pendleton agreed to report back on developments.

- **Funding**

Dr Markus asked about the recent decrease in NDCCG's budget and how it might affect Primary Care. Jackie Pendleton explained that the CCG funding formula had been altered yet again and that NDCCG had taken a huge hit, which left it with a £10.5million gap which they need to try to deal with.

- **Christmas Opening**

Dr Williams spoke about Christmas opening and the need to start planning now. He hoped that with co-commissioning there would be more local flexibility in future, rather than diktats from NHS England nationally. There was discussion about how best to use any money that might become available, based on local assessments of need and the most cost-effective ways of using it.

15/84 Laboratory Investigations Requested by Out of Hours Services

Dr Grenville reported that a practice had raised concerns about the responsibility for dealing with the results of laboratory investigations that had been ordered by clinicians in the out of hours services. He noted that investigations should only be ordered if they are likely to assist in the management of the patient and that this was unlikely to apply in the out of hours period. On the other hand, out of hours GPs might feel that once they had dealt with the immediate problem the patient's own practice might be assisted in ongoing care if a particular investigation was ordered. He suggested that practices might decide to trust their out of hours colleagues judgement and act on the results of such investigations. He felt that it was important that the out of hours clinician should indicate in the consultation note why s/he felt that further investigation was appropriate. It was pointed out there were parallels between this situation and investigations ordered by midwives.

ACTION: Dr Grenville to liaise with DHU over this matter

15/85 CARE QUALITY COMMISSION (CQC)

Dr Grenville had attended a conference call with CQC and other LMC Secretaries to discuss Intelligent Monitoring banding. As CQC has abandoned publishing the outcomes of their Intelligent Monitoring system, this proved to be a good opportunity to discuss wider CQC issues. There was discussion about how inspection outcomes are arrived at and how CQC tries to ensure that outcomes are consistent. CQC has an assurance procedure but it seems very slow and CQC are nowhere near hitting their target of publishing outcomes within 50 days of an inspection.

A recent 'Requires Improvement' outcome for a Derbyshire practice was discussed, including the subsequent press interest and publicity. It was hoped that this would be of short term interest to the press and the public and that the practice would suffer no long term detriment. Dr Grenville explained that the LMC office were working with the practice to ensure that it developed an appropriate action plan within the required timescale and also to help with the local press interest.

15/86 PRIMARY CARE DEVELOPMENT CENTRE (PCDC)

Lisa Soultana reported that the new Resilience Scheme for GPs, involving mentoring for GPs who wish to access it, will be soft launched in May, with more publicity in June.

PCDC and the Derbyshire LMC have a conference room at the new office, seating up to 35 people theatre style. We have called it the Grenville Room.

Dr Kinsella said the Practice Manager VTS scheme has shortlisted 20 people, mostly from Nottinghamshire.

15/87 LOCAL EDUCATION TRAINING BOARD (LETB) / LOCAL EDUCATION TRAINING COUNCIL (LETC)

- **Workforce Planning Guidance 2015/16 from HEEM**

Dr North reported that HEE has published workforce planning guidance for 2015/16. They will put funding into the transformation strategy. They are looking for evidence of workforce needs. This is why practices have been asked to complete the Workforce Minimum Dataset. Dr Grenville said the latest from the GPC is that information regarding clinicians, including nurses, needs to be completed by mid-May. Information collection for other staff has been postponed. He emphasised that having the right workforce was vital for practices and that we need to ensure that we get a fair share of the workforce funding that is available. Dr Kinsella said that the figures from which HEEM was working for SDCCG GPs were clearly wrong.

- **General Practice Workforce, Training & Education Steering Group – to be re-established**

Lisa Soultana said three and a half years ago we started supporting general practice with CQC registration and compliance, which was a key priority at the time. Workforce demand and capacity is the new key priority for GPs as employers to start planning and developing workforce organisational and transformational plans. Lisa Soultana suggested to add this subject, alongside CQC, as an agenda item, to be discussed every business meeting. Lisa reminded members that workforce planning is a key function of a successful business.

We need to start working collectively to respond to the challenges and risks faced by GP practices concerning their workforce and service deliver. There are 120 practices in Derbyshire. The challenge is for all 120 to have a voice regarding their own position. Hospital Trusts and community service providers have departments who work on CQC and workforce planning. It is easier for them to evidence need and secure funding for GP practices.

The challenge is how do we collate this together as evidence to pass to commissioners to secure the funding? The national workforce data set is establishing itself, but we need to react now and it is really important as an LMC to drive forward as a priority this essential item.

Lisa Soultana proposes two keys areas of development. Firstly, to re-establish the Derbyshire General Practice Workforce, Education and Training Steering meeting. The first meeting (to be held every 2 months at the LMC office) will be held on the 24 June 2015 at 13:00 to 15:00, as a development meeting. Andy Fyall has agreed to chair the meeting but is prepared to step down if someone from the LMC would like to chair the meeting. It should be someone that can also attend the LETC meetings. Some members suggested Dr Betteridge. GP provider organisations, HEEM, CCGs, LMC and PCDC will be invited to the meetings to align our workforce and strategic development plans and needs.

Secondly, to undertake a workforce service needs - capacity and demand survey, which practice managers will be asked to complete, very shortly. There are very tight deadlines to respond to HEEM.

Dr Betteridge agrees that we need to secure this funding. Lisa Soultana said we need to be responsive, active and vocal to place ourselves in a better position competing for the appropriate fair share of workforce funding from HEEM. Dr Hands said at a time when income is declining, workforce planning is almost impossible. His practice is just about coping but when he retires in October, how will his practice plan for his retirement? Every practice has the same issues.

Lisa Soultana said there are two LETC's across Nottinghamshire and Derbyshire. Nottinghamshire LETC approved £200,000 workforce funding in 2014-15 for GP practices and Derbyshire was approved just £10,000 for the same period. We want to do better in 2015-16 and Lisa is asking for all to work towards evidencing needs. Dr Ashcroft said it's not just about evidence it is about the CCGs, as well. Lisa Soultana said there is a need to make systems transparent and make sure our voices are heard. She asked if we can start to champion this within the next 12 months to try to stay ahead of the game.

- **Fellowship Opportunities**

Dr Walton said she knew nothing about this until she received the agenda.

15/88 OFFICE REPORTS

No items were raised.

15/89 GPC NEWSLETTER – APRIL 2015

No items were raised.

15/90 ANY OTHER BUSINESS

LMC Annual Conference Motions

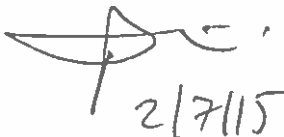
Dr Wood asked if we had any success with the conference motions. Dr Grenville said that several of our motions have been transferred to ARM. He noted that the LMC Conference agenda can be accessed on the BMA website and that the Conference itself will be streamed live on 21st and 22nd May.

Memory Clinic

Dr Dils said the Memory Clinic are still discharging patients when on medication for dementia. Dr Williams said that GPs should emphasise that shared care protocols are only appropriate if the GP agrees and that the GP will not prescribe the drug if the patient is inappropriately discharged from the Memory Clinic. Dr Grenville said there is a lot of work that can be done in Primary care to look after dementia patients but is not commissioned so it does not happen. He feels that there is a need for a Community Psychiatric Nurses to be attached to practices. Dr Ashcroft said it is not difficult to prescribe medication for dementia or order a CT scan to confirm the diagnosis. Dr Grenville said Bess Barrett is a local GP expert on dementia and has published guidance which has been supported by NHS England. He emphasised that the drugs are not dangerous, nor are they hugely expensive, but that time and workforce requirements needed properly to care for dementia patients in Primary Care are simply not currently available.

The meeting was closed at 17:20pm.

15/91 DATE OF NEXT MEETING – 04 June 2015



2/7/15

DERBY & DERBYSHIRE LMC LTD

LMC Meeting

Santos Higham Farm, Main Road, Higham, Alfreton, Derbyshire, DE55 6EH

07 May 2015- 13:30 to 16:30

AGENDA		
1.	WELCOME & APOLOGIES <ul style="list-style-type: none"> Reminder to complete attendance register Request to complete attendance register for Santos Higham Invitation to visit new Derby LMC Office 	Chair
2.	CLOSED SESSION (MEMBERS ONLY) <ul style="list-style-type: none"> Dr Holden long term sick leave LMC meeting attendance increase Business Debit Card 	Chair John Grenville
3.	GUEST SPEAKER – Bill Nichol – Head of Adult Safeguarding – CCGs <ul style="list-style-type: none"> Adult Safeguarding MARAC – (Multi Agency Risk Assessment Conference) 	Bill Nichol
4.	MINUTES <ul style="list-style-type: none"> To confirm the Minutes of the meeting of 2 April 2015 	Chair
5.	MATTERS ARISING	All
6.	NHS ENGLAND NORTH MIDLANDS <ul style="list-style-type: none"> Letter regarding offer of flu vaccinations to under 65 year olds Government Review of Tax Arrangements 	Chair
7.	Referrals to Adult Social Care	Chair
8.	General Practice and Integration (England)	John Grenville
9.	Derby City Council – Substance Misuse Family and Recovery Service Consultation 2015	John Grenville

10.	PREMISES	Nwando Umeh
11.	INFORMATION MANAGEMENT TECHNOLOGY (IMT) <ul style="list-style-type: none"> Secure email to patients 	Nwando Umeh / Chair
12.	CLINICAL COMMISSIONING GROUPS (CCGs) <ul style="list-style-type: none"> Care Planning Meeting 	John Grenville
13.	Laboratory Investigations Requested by Out of Hours Services	John Grenville
14.	CARE QUALITY COMMISSION (CQC)	Chair
15.	PRIMARY CARE DEVELOPMENT CENTRE(PCDC)	Paddy Kinsella / Lisa Soultana
16.	LOCAL EDUCATION TRAINING BOARD (LETB) / LOCAL EDUCATION TRAINING COUNCIL (LETC) <ul style="list-style-type: none"> Workforce Planning Guidance 2015/16 from HEEM General Practice Workforce, Training & Education Steering Group – to be re-established? Fellowship Opportunities 	Jenny North / Chair Lisa Soultana Lisa Soultana Chair
17.	OFFICE REPORTS	Chair
18.	GPC NEWSLETTER – APRIL 2015	Chair
19.	ANY OTHER BUSINESS	ALL
20.	DATE OF NEXT MEETING Thursday 04 June 2015 – 13.30 to 16.30	