DERBY & DERBYSHIRE LMC LTD

LMC Meeting

Santos Higham Farm, Main Road, Higham, Alfreton, Derbyshire, DE55 6EH
04 June 2015- 13:30 to 16:30

AGENDA		
1.	**WELCOME & APOLOGIES** • Reminder to complete attendance register • Request to complete attendance register for Santos Higham	**Chair**
2.	**CLOSED SESSION (MEMBERS ONLY)**	**Chair**
3.	**GUEST SPEAKER – Dr Helen Mead, GP Dean** • GP Workforce **GUEST SPEAKER – Michael Wright, Executive Lead for Organisational Development (Nottinghamshire), Primary Care Development Centre** • GPS – Resilience Service	**Dr Helen Mead** **Michael Wright/ Dr Ilona Bendefy and Dr Anjla Sharman**
4.	**MINUTES** • To confirm the Minutes of the meeting of 7 May 2015	**Chair**
5.	**MATTERS ARISING**	**All**
6.	**SERVICES COMMISSIONED BY DERBYSHIRE COUNTY COUNCIL**	**John Grenville**
7.	**PREMISES**	**Nwando Umeh**
8.	**INFORMATION MANAGEMENT TECHNOLOGY (IMT)**	**Nwando Umeh/ Chair**
9.	**CLINICAL COMMISSIONING GROUPS (CCGs)** • Endoscopy histology GP to chase request • Primary Care Co-commissioning Committees	**Chair**
10.	**NHS ENGLAND NORTH MIDLANDS**	**Chair**
11.	**CARE QUALITY COMMISSION (CQC)**	**Lisa Soultana**
12.	**PRIMARY CARE DEVELOPMENT CENTRE (PCDC)**	**Dr Paddy Kinsella/ Lisa Soultana**
13.	**LOCAL EDUCATION TRAINING BOARD (LETB) / LOCAL EDUCATION TRAINING COUNCIL (LETC)**	**Dr Jenny North/ Lisa Soultana**

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14.	**OFFICE REPORTS**	**Chair**
15.	**GPC NEWSLETTER – MAY 2015**	**Chair**
16.	**ANY OTHER BUSINESS**	**ALL**
17.	**DATE OF NEXT MEETING** Thursday 02 July 2015 – 13.30 to 16.30	

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Approved minutes of 4 June 2015

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

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"Representing and supporting GPs"

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Derby & Derbyshire Local Medical Committee Ltd Meeting
Higham Farm Hotel, Main Road, Higham, Alfreton, Derbyshire, DE55 6EH
Thursday 4 June 2015 – 13:30 – 16:30

PRESENT:	Dr Peter Williams (Chair)	
	Dr John Grenville (JG)	Dr Peter Enoch (PE)
	Dr John Ashcroft (JA)	Dr Kath Markus (KM)
	Dr Andrew Jordan (AJ)	Dr James Betteridge (JB)
	Dr Vineeta Rajeev (VR)	Dr Denise Glover (DG)
	Dr Paddy Kinsella (PK)	Dr Greg Crowley (GC)
	Dr Brian Hands (BH)	Dr Gail Walton (GW)
	Dr Jenny North (JN)	Dr Pauline Love (PL)
	Dr Mark Wood (MW)	Dr Murali Gembali (MG)
	Dr Jane Perry (Registrar) (JP)	Dr Tony Shanks (Registrar) (TS)
	Dr Sean King (SK)	
APOLOGIES:	Jackie Pendleton (Chief Officer - ND CCG)	Hannah Belcher (Contracts Manager – Area Team
	Dr Ruth Dils	Hazel Potter
IN ATTENDANCE:	Samantha Yates (Minutes)	Graham Archer (Chief Officer - LPC)
	Lisa Soultana (LS)	Michael Wright (MW)
	Nwando Umeh (NU)	Dr Ilona Bendefy (IB)
	Dr Helen Mead (HM)	

15/92 WELCOME & APOLOGIES

- Reminder to complete attendance register
- Request to complete attendance register for Santos Higham

Apologies received and recorded.

Guest speakers to begin after completion of closed session.

15/93 CLOSED SESSION (MEMBERS ONLY)

Financial Statement for LMC

Dr Holden presented a prepared statement providing an accounts overview for the Local Medical Committee. The following recommendations were put forward for discussion:

- Increase the Voluntary Levy to 50p per patient
- Review the Mandate
- Apply increased levy as soon as practicable

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The full financial breakdown of the LMC and its operating branches will be discussed at the next Executive Meeting.

Discussion took place regarding the current amount of the voluntary levy, which is has not been increased for over 10 years. Derbyshire LMC has never used its powers to raise a Statutory Levy. The voluntary levy is a tax deductible expense. Discussions included comparison with fees paid to the Medical Defence organisations. It was noted that an increase in the Voluntary Levy would still mean that it compared favourably with the sums that practices are prepared to pay to other organisations.

Members discussed the importance of the LMC and its role. The LMC provides General Practice representation at many decision making meetings to ensure that the voice of General Practice, as providers of Primary Care, is heard. LMC membership achieves General Practice representation at local and national level, provides experienced medical advisory services and legislation interpretation. The LMC's workload is, however, increasing - for example there are now five separate co-commissioning meetings, one for each CCG, due to take place on a monthly basis, with a further meeting between all the CCG's.

Current "taken-over" practices, Creswell & Langwith and Holywell, have agreed to continue to pay the levy, however if they were subsequently to withdraw from paying the impact would be a large loss. There are currently 6 non levy paying practices, the LMC team have been liaising with those practices and LS confirmed that 3 of those practices now wish to engage with a view to possibly start paying the levy.
Action: Further liaison with remaining practices to take place in regards to joining the LMC.

It was highlighted that the presentation of the need to update the mandate would need to be approached with caution. The presentation of the proposed increase was considered; including content within letters to ensure that there is full understanding of what the LMC's remit is and reasons for the increase. It is recognised that practices are facing pressure due to the increase in volume of work, this shows that it is vital that practices utilise the LMC. It is important that the LMC shows that it is aware that GPs are in financial trouble and that the movements of resources envisaged by CCGs are not taking place. Practices need to know that the LMC is here as a support mechanism through these times. Taking into consideration the "5 Year Forward View", which will require significant changes throughout GP practice and the NHS, it is important to ensure that the levy is future proofed by the mandate in order to allow the LMC to assist with the changes that need to be made.
Action: Letter to practices regarding an increase in voluntary levy to be discussed and drafted within the Executive meeting.

Currently the LMC constitution states that 3 months' notice should be given of a rise in the levy. If the letter was prepared and sent out within the next month, the levy increase would come into force by quarter 3 (October 2015). The current mandate ceiling for the levy is 50p per patient. It was proposed that the levy increase would be from 45p to 50p per patient and that practices would be asked to sign a new mandate allowing for increases up to 80p per patient.
Action: NU to review the current voluntary levy payment remittance slips and confirm if paid monthly or quarterly.

The increase in the LMC attendance fee was discussed. This reflects the increase in GPC attendance fees, paid for by the GP Defence Fund. The significant increase reflects the recent increases in Locum fees.
Action: Increased meeting attendance fee to remain in place, as is a true reflection of the expertise that the LMC members provide for practices.

The Committee voted as follows:

- Increase in voluntary levy to 50p per patient per year – unanimous
- Introduce increased voluntary levy in the next 3 months –large majority in favour
    - To notify changes to levy in this quarter (Quarter 1) to be implemented ad paid by October (Quarter 3)

- Re-mandate practices to a ceiling of 80 p per patient per year – unanimous

Action: PH to revise financial statement and send to LMC Office.

- **Succession of Committee Secretary**

JG will be retiring as Committee Secretary next year. The role is nominally a 5 session per week position, however JG routinely works between 8 to 10 sessions per week. This has meant extensive value for money in regards to time dedicated. The wealth of experience and knowledge that JG provides will be difficult to replace.

In order to ensure full hand over there will be a period of multi-sessional shadowing, gradually increasing the amount of sessions completed by the replacement and reducing JG's sessions.

Discussion took place regarding the cost of replacement, it is recognised that there are many hours and tasks completed currently that are not paid for. Therefore in order to find a replacement for the role to cover to the same extent the salary will need to be increased. The current salary reflects the top band for a consultant with a Bronze Merit Award.

The meeting was informed by the Chair that there had not been any decisions in regards to possible replacement and that "Expressions of Interest" should be submitted to the Executive Team.
Action: Expressions of interest to be put in writing and sent to the Chair, care of Hazel Potter.

Discussion took place regarding the recruitment options. As the Committee Secretary is currently an employed post; the usual HR legislations apply. Applications can be received and reviewed, interviews will be held by a panel and then recommendations can be presented to the committee for ratification.

JG highlighted the constitution states that a Committee member can be voted into the position; however it was important to take into consideration the possibility of an applicant from outside the LMC or outside the county area. Recruitment with a Medical background and/ or Organisation background also needs to be discussed further.
Action: Recruitment process to be discussed at LMC Executive Meeting.

15/94 GUEST SPEAKER –

- **Dr Helen Mead**

Dr Helen Mead (HM), Dean of General Practice Health Education East Midlands, presented an update on the schemes implemented as part of the "Building the Workforce – the New Deal for General Practice" 10 point plan.

Regarding recruitment, refreshing and retaining, GP career events promoting working in General Practice have been taking place throughout the East Midlands, there are also videos promoting working in General Practice that are accessible. There is a move towards central funding to aid the promotion of working within General Practice.

Discussion took place regarding the reality of implementing the GP Fellowship scheme when the specifications on fees and timeframe are restrictive. Specifications have been distributed by the PCDC from Sandy Taylor and Christine Johnson on behalf of Health Education East Midlands.

Community Education Provider Networks have been set up throughout the East Midlands. There are also training elements in place at Vanguard sites.

Health Education England are holding a national Training Hub Conference in Manchester on 01 July 2015, there are places available.

The GP retainer scheme is still active, providing targeted support for geographical areas of concern.

Premises funding will be part of reviewing the infrastructure of the practice, looking at what education offering will be put in place.

Further incentives include the mentoring scheme to help develop resilience within the workforce. Current regulations for prescribing by non-medical Health Professionals are being reviewed. There has been further work in regards to Advanced Health Practitioners.

Discussion took place regarding the requirement that all Doctors are required to complete hospital placements before they are able to take the examination for General Practice.

HM was asked what the HEEM vision of GP services in 5 years' time would be. HM confirmed that currently the person specification was being reviewed. HM was able to provide a personal opinion that the overall direction of travel of GP services is towards a GP led service, with larger configurations of GP partners providing a lead for service change over larger geographic areas.

There is currently a low uptake for return to practice. Discussion took place regarding reasons why doctors are not returning to General Practice.

- **Michael Wright and Dr Ilona Bendefy**

MW and IB introduced the "GP-S Mentoring and Signposting Service for GPs based in Nottinghamshire and Derbyshire". The service is based at the PCDC office in Nottingham but covers both areas.

The service provides fully trained mentors. Appointments with them are accessible by telephone and email. There will also be access to a website within a few weeks. The telephone is handled by trained staff members.

Meeting members were provided with leaflet and business cards.

15/95 MINUTES OF PREVIOUS MEETING

The Minutes of the meeting on the 7 May 2015 were approved and signed by the Chairman as an accurate and true record.

15/96 MATTERS ARISING

Discussion took place regarding Deprivation of Liberty Safeguarding (DoLS) within Care Homes and coroners inquests into deaths. A death in a care home, where a DoLS has not been put in place can be discussed with the coroner before death certificate is issued, however if a DoLS is in place, the case must be investigated by the coroner.

Further clarification is needed in regards to when DoLS are required to be completed for residents whose homes have a locked door policy. Contradicting information has been received by different members in regards to whether a locked door that restricts leaving unless a residents requests to leave is permitted to leave is a deprivation of liberty, or whether a locked door that prevents people from leaving and upon request is still unable to leave is the deprivation of liberty. Currently an emergency DoLS covers 28 days, however the administration of a "full" DoLs is currently taking over 28 days to implement, which is causing further issues within nursing homes.

Capacity of individuals is key to the deprivation of liberty. The Mental Capacity Act programme discussed by previous guest speaker is now available.

Action: PL to email Bill Nicol for further clarification.

Action: As per previous meeting, liaison between JG and Safeguarding team to take place to clarify areas.

15/97 SERVICES COMMISSIONED BY DERBYSHIRE COUNTY COUNCIL

DCHS have now taken over the contract for "Smoking Cessation" and are subcontracting out to Pharmacies and Practices. The contract offered includes an overall reduction in fees, Nicotine Replacement Therapy at cost price and increased use of carbon monoxide monitoring. Members agreed that there remains an enormous amount of work for little return which has resulted in practices pulling out of the contract. It was pointed out that if the service fails this may lead to a review and appropriate restructuring.

Health Visitors will now be responsible for resident, rather than registered, populations; this will cause problems for those practices on the border of City and County and those on cross-county borderlines. Several issues were raised including child safeguarding failures and communication failures that are already causing problems. There are practices that need to communicate with several Health Visitors, and this communication is proving difficult. The Practice/Health Visitor agreement negotiated by the LMC stipulates the requirements for communication. Members agreed that the Liaison Health Visitor should be contacted as soon as issues become apparent. It was noted that some CCGs were considering the possibility of Children's Primary Care Nurses based at practices to cover all children registered. The Committee did not support this concept.
Action: JG to write to CCGs regarding commissioning Children's Primary Care Nurses at Practices.

Correspondence has been sent to practices in regards to the Long Acting Reversible Contraception component of the Integrated Sexual Health Service. There is currently confusion regarding the fee structure for the service and the form for claiming fees. Discussion took place and Dr Grenville confirmed that there is one fee payable for device insertion and subsequent removal and that there is a second fee for payable if the device is replaced, covering insertion, management and subsequent removal of the second device.
Action: JG to contact DCHS to ask for the specification to be clarified

15/98 PREMISES UPDATE

LS advised that all Practices should ensure that premises development proposals are ready to be sent as an immediate response upon receipt of requests for proposals for the second and subsequent tranches of the Development Fund. JA confirmed that his practice had been initially turned down; however the proposal had now been sent to the Co-Commissioning Committee for review.

LIFT building were discussed, JG informed members that Community Health Partnerships currently lease building from LIFT Companies but that they delegate the management of the head lease and underleases to NHS Property Services. It is expected that practices in LIFT buildings will shortly receive letters detailing the charges that NHS PS, on behalf of CHP, intend to make.

15/99 INFORMATION MANAGEMENT TECHNOLOGY (IMT)

There is a monthly delivery group working towards a "Single Portal View" electronic record system that can be accessed throughout primary, secondary and tertiary multi-disciplinary teams. The political view and technology are available, however there are funding requirements that have not yet been fulfilled.

JG confirmed that he attends the County and City wide Care Planning Meeting, the objectives of which are predicated on the introduction of the "Single Portal View".

15/100 CLINICAL COMMISSIONING GROUPS (CCGs)

- **Endoscopy histology - GP to chase requests**

Further issues regarding the assumption that GPs will chase investigation results have been raised. Discussion took place identifying several different hospital and GP interdepartmental issues that continue to arise.

JG clarified that when referring to a Consultant/ Specialist letters need to be clear and concise, including the symptoms of the person, the related medical history and ask for necessary investigations to be completed in order to provide details and/or advice on what can be treated and in what way. It is

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not sufficient for Specialist colleagues simply to exclude single conditions (e.g. cancer) and then abrogate responsibility for patients' ongoing health problems for which the GP has requested advice.
Action: Practices are advised to raise commissioning concerns with their CCG when instances are noted of Specialist colleagues adequately and appropriately with patients who have been referred to them.
Action: JG to write to CCGs to ask for further commissioning pathway clarification.

Further discussion took place identifying the different ways in which practices were responding to correspondence asking them to chase investigation results and requests for GPs to refer to a further hospital department. The main issue seems to be inter-departmental referrals within hospitals as there are different interpretations of the guidance in place regarding Consultant to Consultant referrals. JG noted that we need to be clear about our expectations.
Action: Anonymised copies of letter to be brought to the next LMC Meeting, currently have only received feedback from KM.

Prescribing medication upon discharge from hospital was raised. Timeliness of letters being received can take longer that the initial 4 weeks prescription upon leaving hospital. Medication details can be poor or include medication that may not be able to be prescribed by GPs. There was discussion of the medication traffic light prescribing system.
Action: If GP is requested to prescribe a "black" medication, the CCG should be informed immediately.

It was noted that Derbyshire had had a motion to last year's conference regarding this issue and that it had been debated and passed.

Primary Care Co-commissioning Committees
Discussed previously.

Agenda items within the Co-commissioning committees could cause conflicts of interest for attendees from practices; therefore meeting attendees will need to ensure they are not conflicted. Currently JG is due to attend, LS as deputy, as LMC representative.

15/101 NHS ENGLAND NORTH MIDLANDS
Currently no further engagement by NHS England North Midlands. The NHS England Primary Care team based in Nottinghamshire will continue in place for a one year handover period.

GC had received a letter regarding appraisers and information regarding their tax position.
Action: GC to send JG a copy of letter.

JG advised the meeting of the updated version of the Appraisers Contract, there was confusion in regards to a section discussing intellectual property. JG stated that the formatting of the document was incompetent; however it is important that this document is read.
Post meeting note – JG discovered the formatting of the contract had been distorted during electronic transmission to him

15/102 CARE QUALITY COMMISSION (CQC)
LS held a meeting with Linda Hurst. CQC Inspection Reporting was discussed and the following key messages need to be delivered to practices:

- Information discussed within inspection interviews requires documentary evidencing.
- Focus on innovation that has impacted the population.
    - Ensuring that there is documentary evidence to support.
- A full complement of staff will be required for CQC Inspections.
- Practices will be informed two weeks before inspection.

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LS confirmed that the provision of documentary evidence may well make the difference between an outcome of Good and an outcome of Outstanding. All General Practice inspections will be completed by September 2016. The current inspection process is also being updated.

15/103 PRIMARY CARE DEVELOPMENT CENTRE (PCDC)

JB and PK have attended the Leadership Programme. The programme covered common leadership themes and looked to ways that leadership can be improved in the future.

EMLA is currently working on a bespoke package for General Practice ensuring appropriate language use in order to shape to the General Practice Market.

If funding is awarded by HEEM, arrangements for Leadership Programme sessions to be facilitated by the LMC will take place.

15/104 LOCAL EDUCATION TRAINING BOARD (LETB) / LOCAL EDUCATION TRAINING COUNCIL (LETC)

HEEM has funding available for workforce development; a template was distributed in order to collate evidence of workforce needs/ challenges/ risks for services, with the requirement for the information to be returned within a month. A survey was sent out to all Practice Managers. The template was designed for single service feedback; therefore completion for 120 practices has been complicated. A snapshot was submitted requesting funding and a steering group.
Action: LS to feedback results.

Minimum data set collation is taking place; feedback for this should identify areas that require a focus.

The General Practice Transformation Action Group (GPTAG) will meet two monthly, this meeting will include attendees from the CCG, EMLA, LMC, PCDC. JB will be chairing the meeting. JB will also attend the LETC meetings as lead for LMC.

15/105 OFFICE REPORTS

No items were raised.

15/106 GPC NEWSLETTER – May 2015

No items were raised.

15/107 ANY OTHER BUSINESS

- **LMC Conference**

LMC conference took place in May. The GPC chairman gave a combative opening speech detailing the strain that GPs are under.

Conference attendees provided feedback in regards to the activities throughout the event. Attendees found the conference interesting and appreciated hearing what the issues were across the country and the common themes; there was a variance throughout the motions including highly debated points (and sometimes dramatically debated points). It appeared that there was an increase in motions passed unanimously in comparison to previous conferences.

A key area of discussion was regarding the activity of the GPCs in Wales and Scotland. Scottish GPs have stripped back their services.
Action: Access details from the Scottish Website and bring to next meeting.

A Practice Manager attended as an observer in order to gain an oversight as to LMCs in a national capacity.

Contracts were a further key area of discussion and there were some conflicting agreed motions. However there seems to be viewpoint that General Practice should move away from block contracts and to a "payment for item of service" approach.

- **GDPF**

A fund of £10,000 is available per LMC looking at practice collaborative working and federating. A proposal identifying how the funds can be used needs to be submitted, will be. LS will undertake this, looking at funding facilitators who can help steer meetings and bring people together to work co-operatively.

- **Holywell**

There has been no further information circulated in regards to any outcomes of Chesterfield Royals' takeover of Holywell Medical Group's contract. Three out of the five premises remain open. Chesterfield Royal is recruiting nationally for GPs and Specialists. The current contract will end March 2016, the contract will be out for procurement in the months before.

Reasons for the takeover were due to several events that resulted in the practices' financial viability becoming endangered. JG warned that there are other practices that will have similar issues.

Many patients misinterpreted the communication they received regarding the change of management of the contract, which led to them believing that the practice was closing. Therefore patients are approaching other local practices requesting to be registered. Discussion took place regarding the costs to a practice in taking on further patients, including:

- Administration Time
    - Notes processing
    - Transfer of notes in paper form
- Overtime for Practitioners
- Nursing home allocation
- Increase in number of complicated patients

JG confirmed that discussion had taken place at the NDCCG Primary Care Co-commissioning Committee addressing the impact of the takeover; board members had apparently not appreciated the degree of the disruption.

The 5 Year Forward View was discussed as a vertical integration model is one of the models proposed.

The meeting was closed at 17:25.

15/108 DATE OF NEXT MEETING – 02 July 2015

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Unapproved minutes of 4 June 2015

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Discussion took place regarding the reality of implementing the GP Fellowship scheme when the specifications on fees and timeframe are restrictive. Specifications have been distributed by the PCDC from Sandy Taylor and Christine Johnson on behalf of Health Education East Midlands.

Community Education Provider Networks have been set up throughout the East Midlands. There are also training elements in place at Vanguard sites.

Health Education England are holding a national Training Hub Conference in Manchester on 01 July 2015, there are places available.

The GP retainer scheme is still active, providing targeted support for geographical areas of concern.

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Premises funding will be part of reviewing the infrastructure of the practice, looking at what education offering will be put in place.

Further incentives include the mentoring scheme to help develop resilience within the workforce. Current regulations for prescribing by non-medical Health Professionals are being reviewed. There has been further work in regards to Advanced Health Practitioners.

Discussion took place regarding the requirement that all Doctors are required to complete hospital placements before they are able to take the examination for General Practice.

HM was asked what the HEEM vision of GP services in 5 years' time would be. HM confirmed that currently the person specification was being reviewed. HM was able to provide a personal opinion that the overall direction of travel of GP services is towards a GP led service, with larger configurations of GP partners providing a lead for service change over larger geographic areas.

There is currently a low uptake for return to practice. Discussion took place regarding reasons why doctors are not returning to General Practice.

- **Michael Wright and Dr Ilona Bendefy**

MW and IB introduced the "GP-S Mentoring and Signposting Service for GPs based in Nottinghamshire and Derbyshire". The service is based at the PCDC office in Nottingham but covers both areas.

The service provides fully trained mentors. Appointments with them are accessible by telephone and email. There will also be access to a website within a few weeks. The telephone is handled by trained staff members.

Meeting members were provided with leaflet and business cards.

15/95 MINUTES OF PREVIOUS MEETING

The Minutes of the meeting on the 7 May 2015 were approved and signed by the Chairman as an accurate and true record.

15/96 MATTERS ARISING

Discussion took place regarding Deprivation of Liberty Safeguarding (DoLS) within Care Homes and coroners inquests into deaths. A death in a care home, where a DoLS has not been put in place can be discussed with the coroner before death certificate is issued, however if a DoLS is in place, the case must be investigated by the coroner.

Further clarification is needed in regards to when DoLS are required to be completed for residents whose homes have a locked door policy. Contradicting information has been received by different members in regards to whether a locked door that restricts leaving unless a residents requests to leave is permitted to leave is a deprivation of liberty, or whether a locked door that prevents people from leaving and upon request is still unable to leave is the deprivation of liberty. Currently an emergency DoLS covers 28 days, however the administration of a "full" DoLs is currently taking over 28 days to implement, which is causing further issues within nursing homes.

Capacity of individuals is key to the deprivation of liberty. The Mental Capacity Act programme discussed by previous guest speaker is now available.

Action: PL to email Bill Nicol for further clarification.

Action: As per previous meeting, liaison between JG and Safeguarding team to take place to clarify areas.

15/97 SERVICES COMMISSIONED BY DERBYSHIRE COUNTY COUNCIL

DCHS have now taken over the contract for "Smoking Cessation" and are subcontracting out to Pharmacies and Practices. The contract offered includes an overall reduction in fees, Nicotine Replacement Therapy at cost price and increased use of carbon monoxide monitoring. Members agreed that there remains an enormous amount of work for little return which has resulted in practices pulling out of the contract. It was pointed out that if the service fails this may lead to a review and appropriate restructuring.

Health Visitors will now be responsible for resident, rather than registered, populations; this will cause problems for those practices on the border of City and County and those on cross-county borderlines. Several issues were raised including child safeguarding failures and communication failures that are already causing problems. There are practices that need to communicate with several Health Visitors, and this communication is proving difficult. The Practice/Health Visitor agreement negotiated by the LMC stipulates the requirements for communication. Members agreed that the Liaison Health Visitor should be contacted as soon as issues become apparent. It was noted that some CCGs were considering the possibility of Children's Primary Care Nurses based at practices to cover all children registered. The Committee did not support this concept.
Action: JG to write to CCGs regarding commissioning Children's Primary Care Nurses at Practices.

Correspondence has been sent to practices in regards to the Long Acting Reversible Contraception component of the Integrated Sexual Health Service. There is currently confusion regarding the fee structure for the service and the form for claiming fees. Discussion took place and Dr Grenville confirmed that there is one fee payable for device insertion and subsequent removal and that there is a second fee for payable if the device is replaced, covering insertion, management and subsequent removal of the second device.
Action: JG to contact DCHS to ask for the specification to be clarified

15/98 PREMISES UPDATE

LS advised that all Practices should ensure that premises development proposals are ready to be sent as an immediate response upon receipt of requests for proposals for the second and subsequent tranches of the Development Fund. JA confirmed that his practice had been initially turned down; however the proposal had now been sent to the Co-Commissioning Committee for review.

LIFT building were discussed, JG informed members that Community Health Partnerships currently lease building from LIFT Companies but that they delegate the management of the head lease and underleases to NHS Property Services. It is expected that practices in LIFT buildings will shortly receive letters detailing the charges that NHS PS, on behalf of CHP, intend to make.

15/99 INFORMATION MANAGEMENT TECHNOLOGY (IMT)

There is a monthly delivery group working towards a "Single Portal View" electronic record system that can be accessed throughout primary, secondary and tertiary multi-disciplinary teams. The political view and technology are available, however there are funding requirements that have not yet been fulfilled.

JG confirmed that he attends the County and City wide Care Planning Meeting, the objectives of which are predicated on the introduction of the "Single Portal View".

15/100 CLINICAL COMMISSIONING GROUPS (CCGs)

- **Endoscopy histology - GP to chase requests**

Further issues regarding the assumption that GPs will chase investigation results have been raised. Discussion took place identifying several different hospital and GP interdepartmental issues that continue to arise.

JG clarified that when referring to a Consultant/ Specialist letters need to be clear and concise, including the symptoms of the person, the related medical history and ask for necessary investigations to be completed in order to provide details and/or advice on what can be treated and in what way. It is

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not sufficient for Specialist colleagues simply to exclude single conditions (e.g. cancer) and then abrogate responsibility for patients' ongoing health problems for which the GP has requested advice.
Action: Practices are advised to raise commissioning concerns with their CCG when instances are noted of Specialist colleagues adequately and appropriately with patients who have been referred to them.
Action: JG to write to CCGs to ask for further commissioning pathway clarification.

Further discussion took place identifying the different ways in which practices were responding to correspondence asking them to chase investigation results and requests for GPs to refer to a further hospital department. The main issue seems to be inter-departmental referrals within hospitals as there are different interpretations of the guidance in place regarding Consultant to Consultant referrals. JG noted that we need to be clear about our expectations.
Action: Anonymised copies of letter to be brought to the next LMC Meeting, currently have only received feedback from KM.

Prescribing medication upon discharge from hospital was raised. Timeliness of letters being received can take longer that the initial 4 weeks prescription upon leaving hospital. Medication details can be poor or include medication that may not be able to be prescribed by GPs. There was discussion of the medication traffic light prescribing system.
Action: If GP is requested to prescribe a "black" medication, the CCG should be informed immediately.

It was noted that Derbyshire had had a motion to last year's conference regarding this issue and that it had been debated and passed.

Primary Care Co-commissioning Committees
Discussed previously.

Agenda items within the Co-commissioning committees could cause conflicts of interest for attendees from practices; therefore meeting attendees will need to ensure they are not conflicted. Currently JG is due to attend, LS as deputy, as LMC representative.

15/101 NHS ENGLAND NORTH MIDLANDS
Currently no further engagement by NHS England North Midlands. The NHS England Primary Care team based in Nottinghamshire will continue in place for a one year handover period.

GC had received a letter regarding appraisers and information regarding their tax position.
Action: GC to send JG a copy of letter.

JG advised the meeting of the updated version of the Appraisers Contract, there was confusion in regards to a section discussing intellectual property. JG stated that the formatting of the document was incompetent; however it is important that this document is read.
Post meeting note – JG discovered the formatting of the contract had been distorted during electronic transmission to him

15/102 CARE QUALITY COMMISSION (CQC)
LS held a meeting with Linda Hurst. CQC Inspection Reporting was discussed and the following key messages need to be delivered to practices:

- Information discussed within inspection interviews requires documentary evidencing.
- Focus on innovation that has impacted the population.
    - Ensuring that there is documentary evidence to support.
- A full complement of staff will be required for CQC Inspections.
- Practices will be informed two weeks before inspection.

LS confirmed that the provision of documentary evidence may well make the difference between an outcome of Good and an outcome of Outstanding. All General Practice inspections will be completed by September 2016. The current inspection process is also being updated.

15/103 PRIMARY CARE DEVELOPMENT CENTRE (PCDC)

JB and PK have attended the Leadership Programme. The programme covered common leadership themes and looked to ways that leadership can be improved in the future.

EMLA is currently working on a bespoke package for General Practice ensuring appropriate language use in order to shape to the General Practice Market.

If funding is awarded by HEEM, arrangements for Leadership Programme sessions to be facilitated by the LMC will take place.

15/104 LOCAL EDUCATION TRAINING BOARD (LETB) / LOCAL EDUCATION TRAINING COUNCIL (LETC)

HEEM has funding available for workforce development; a template was distributed in order to collate evidence of workforce needs/ challenges/ risks for services, with the requirement for the information to be returned within a month. A survey was sent out to all Practice Managers. The template was designed for single service feedback; therefore completion for 120 practices has been complicated. A snapshot was submitted requesting funding and a steering group.
Action: LS to feedback results.

Minimum data set collation is taking place; feedback for this should identify areas that require a focus.

The General Practice Transformation Action Group (GPTAG) will meet two monthly, this meeting will include attendees from the CCG, EMLA, LMC, PCDC. JB will be chairing the meeting. JB will also attend the LETC meetings as lead for LMC.

15/105 OFFICE REPORTS

No items were raised.

15/106 GPC NEWSLETTER – May 2015

No items were raised.

15/107 ANY OTHER BUSINESS

- **LMC Conference**

LMC conference took place in May. The GPC chairman gave a combative opening speech detailing the strain that GPs are under.

Conference attendees provided feedback in regards to the activities throughout the event. Attendees found the conference interesting and appreciated hearing what the issues were across the country and the common themes; there was a variance throughout the motions including highly debated points (and sometimes dramatically debated points). It appeared that there was an increase in motions passed unanimously in comparison to previous conferences.

A key area of discussion was regarding the activity of the GPCs in Wales and Scotland. Scottish GPs have stripped back their services.
Action: Access details from the Scottish Website and bring to next meeting.

A Practice Manager attended as an observer in order to gain an oversight as to LMCs in a national capacity.

Contracts were a further key area of discussion and there were some conflicting agreed motions. However there seems to be viewpoint that General Practice should move away from block contracts and to a "payment for item of service" approach.

- **GDPF**

A fund of £10,000 is available per LMC looking at practice collaborative working and federating. A proposal identifying how the funds can be used needs to be submitted, will be. LS will undertake this, looking at funding facilitators who can help steer meetings and bring people together to work co-operatively.

- **Holywell**

There has been no further information circulated in regards to any outcomes of Chesterfield Royals' takeover of Holywell Medical Group's contract. Three out of the five premises remain open. Chesterfield Royal is recruiting nationally for GPs and Specialists. The current contract will end March 2016, the contract will be out for procurement in the months before.

Reasons for the takeover were due to several events that resulted in the practices' financial viability becoming endangered. JG warned that there are other practices that will have similar issues.

Many patients misinterpreted the communication they received regarding the change of management of the contract, which led to them believing that the practice was closing. Therefore patients are approaching other local practices requesting to be registered. Discussion took place regarding the costs to a practice in taking on further patients, including:

- Administration Time
    - Notes processing
    - Transfer of notes in paper form
- Overtime for Practitioners
- Nursing home allocation
- Increase in number of complicated patients

JG confirmed that discussion had taken place at the NDCCG Primary Care Co-commissioning Committee addressing the impact of the takeover; board members had apparently not appreciated the degree of the disruption.

The 5 Year Forward View was discussed as a vertical integration model is one of the models proposed.

The meeting was closed at 17:25.

15/108 DATE OF NEXT MEETING – 02 July 2015

2/7/15

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