

# DERBY & DERBYSHIRE LMC LTD

## LMC Meeting

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

### AGENDA

1.	<b>WELCOME &amp; APOLOGIES</b> <ul style="list-style-type: none"> <li>Reminder to complete attendance register</li> <li>Reminder to complete attendance register for Santos Higham</li> <li>Ian Mather - North Derbyshire Federation</li> </ul>	Chair
2.	<b>CLOSED SESSION (MEMBERS ONLY)</b> <ul style="list-style-type: none"> <li>Review of LMC Meeting structure</li> <li>Controlling of Practice Workload</li> <li>Workplace Pensions – Automatic Enrolment</li> <li>Levy and Mandate</li> <li>Co-Option of Brian Hands and Clare Shell</li> <li>Christmas Opening Hours</li> <li>Cameron Fund – Christmas Appeal Letter</li> <li>Reminder to complete the annual report</li> <li></li> </ul>	<b>Kath Markus</b> <b>John Grenville</b> <b>Hazel Potter</b> <b>Hazel Potter</b> <b>All</b>
	<b>MINUTES</b> <ul style="list-style-type: none"> <li>To confirm the Minutes of the meeting of 1 October 2015</li> </ul>	Chair
4.	<b>MATTERS ARISING</b> <ul style="list-style-type: none"> <li>15/117 Smoking Cessation Service</li> <li>15/77 Flu Immunisation by Pharmacies</li> <li>15/163 Clinical Commissioning Groups – Flu Immunisation for patients with BMI &gt; 40</li> <li>15/155 Annual LMC Conference 19 – 20 May 2016 – Election of LMC Members</li> <li>15/134 6 sessions cover for John Grenville after his retirement</li> </ul>	Chair
5.	<b>Developing a Vision for the Future shape of LRCs</b>	John Grenville
6.	<b>Liaison between LMC and GP Provider Organisations</b> <ul style="list-style-type: none"> <li>Ian Mather - North Derbyshire Federation</li> </ul>	John Grenville
7.	<b>Ombudsman Query</b>	Andy Jordan

8.	<b>PREMISES UPDATE REPORT</b>	<b>Chair</b>
9.	<b>INFORMATION MANAGEMENT TECHNOLOGY (IMT) UPDATE REPORT</b> <ul style="list-style-type: none"> <li>Letter from Niche Health re IGPR</li> </ul>	<b>Chair</b> <b>John Grenville</b>
10.	<b>CLINICAL COMMISSIONING GROUPS (CCGs)</b> <ul style="list-style-type: none"> <li>Primary Care Co-Commissioning Committees (or equivalent) (PCCC)</li> <li>ND CCG Primary Care Development Group (PCDG)</li> <li>Derbyshire County Drugs and Alcohol Team – Clinical Reference Group (DAAT – CRG)</li> <li>Letter from NDCCG re Basket of Services</li> <li>Gary Thompson – SD CCG</li> </ul>	<b>Chair</b>  <b>John Grenville</b> <b>John Grenville</b>
11.	<b>NHS ENGLAND NORTH MIDLANDS</b> <ul style="list-style-type: none"> <li>Primary Care Transformation Fund Letter to CCGs</li> </ul>	<b>Chair</b> <b>John Grenville</b>
12.	<b>CARE QUALITY COMMISSION (CQC)</b>	<b>Lisa Soutana</b>
13.	<b>PRIMARY CARE DEVELOPMENT CENTRE (PCDC)</b>	<b>Dr Paddy Kinsella/ Lisa Soutana</b>
14.	<b>LOCAL EDUCATION TRAINING BOARD (LETB) / LOCAL EDUCATION TRAINING COUNCIL ( LETC) / HEALTH EDUCATION EAST MIDLANDS (HEEM) / GENERAL PRACTICE ACTION GROUP (GPTAG) UPDATE REPORTS</b>	<b>Chair</b>
15.	<b>OFFICE REPORT</b>	<b>Chair</b>
16.	<b>GPC NEWSLETTER – OCTOBER 2015</b> <ul style="list-style-type: none"> <li>GPC/LMC Regional Meeting – 21/1/16</li> </ul>	<b>Chair</b> <b>John Grenville</b>
17.	<b>ANY OTHER BUSINESS</b>	<b>All</b>
18.	<b>DATE OF NEXT MEETING</b> Thursday 3 December 2015 – 13.30 to 16.30	

## DERBY & DERBYSHIRE LMC LTD

Derby & Derbyshire Local Medical Committee Ltd Meeting  
Higham Farm Hotel, Main Road, Higham, Alfreton, Derbyshire, DE55 6EH  
Thursday 5 November 2015 – 13:30 to 16:30

<b>PRESENT</b>	Dr Peter Williams (Chair)	
	Dr John Grenville	Dr Peter Enoch
	Dr Kath Markus	Dr Murali Gembali
	Dr Sean King	Dr Greg Crowley
	Dr Jenny North	Dr Gail Walton
	Dr Andrew Jordan	Dr James Betteridge
	Dr Brian Hands	Dr John Ashcroft
	Dr Peter Short	
<b>APOLOGIES:</b>	Dr Peter Holden	Dr Vineeta Rajeev
	Dr Mark Wood	Dr Pauline Love
	Dr Paddy Kinsella	Dr Jane Perry (Registrar)
	Dr Ruth Dils	Dr Denise Glover
<b>IN ATTENDANCE:</b>	Hazel Potter (Minutes)	Jayne Stringfellow (ND CCG)
	Lisa Soultana	Graham Archer (Chief Officer - LPC)
	Nwando Umeh	Millie Saunders (Registrar)
	Ian Mather (North Derbyshire Federation)	Helen Cawthorne (Head of Primary Care, SDCCG)

### 15/173 WELCOME & APOLOGIES

- Reminder to complete attendance register
- Reminder to complete attendance register for Santos Higham
- Ian Mather - North Derbyshire Federation, Helen Cawthorne (SDCCG) and Millie Saunders (GP registrar) were welcomed as guests.

### 15/174 CLOSED SESSION (MEMBERS ONLY)

- Review of LMC Meeting structure

Dr Markus led a discussion identifying better and more cost effective ways of running LMC meetings. Dr Holden has provided a letter detailing that a reduction in LMC meetings would save money. Dr Markus asked if members believed that the LMC meeting represented what is truly felt and if it represents constituent members. She also asked whether the processes of feeding back information to constituents is good, and whether members are effective at submitting agenda items on their constituents' behalf.

Discussion followed and Dr Williams summarised that members need to ask themselves if they are representative of their constituents. He also asked if the committee is happy to reduce the number of LMC meetings, cancelling both the January and April meetings in 2016.

Dr Jordan asked if the guest speakers that are invited are all relevant to the meeting. Dr Enoch highlighted that the work of the LMC has changed and the meeting now extends past the 3 hours it used to take. Dr Hands noted that the LMC has a more robust Executive team that is able to take up any urgent issues in between meetings.

Dr Williams asked for a vote regarding the cancellation of January 2016 meeting, this was agreed unanimously.

Due to the increasing amount of business discussed at each meeting, Lisa Soultana suggested changing the end time of the LMC meeting to 17:00.

Lisa Soultana noted the difficult financial situation of the LMC and emphasised that consideration needs to be given to the saving made through meeting reduction. She also informed the LMC that the Executive had reviewed the LMC's staff costs and that currently two members of the office staff have been advised that they are at risk of redundancy.

Dr Williams asked for a vote regarding the cancellation of April 2016; it was a 50/50 split vote. It was decided to wait until the March 2016 meeting to address the issue again.

Dr Markus asked that we also use an action log to record any actions from each LMC meeting.

**ACTION: Hazel Potter to create action log for meetings.**

- **Control of Practice Workload**

Dr Grenville reminded members that practices had received guidance from GPC, including template letters to consultant colleagues, which had been uploaded to the LMC website. Our constituent, Dr Wong, had reworded the guidance and templates and his version was also available on the LMC website. Concerns had been raised by some members that Dr Wong's version could be viewed as aggressive and that the LMC should aim to work more closely with consultant colleagues and not irritate them,

Dr North suggested using only the original GPC template on the LMC website and removing Dr Wong's template.

After discussion it was decided to invite constituents to let the office know if they produced edited versions of the template so that we can build up a library of letters on the website thus giving other constituents choices about the style they would wish to use in any particular situation.

- **Workplace Pensions – Automatic Enrolment**

Hazel Potter provided an update and reminded meeting members that there are still LMC members who have not completed their online form to confirm or to opt out of the auto-enrolled pension with NEST. There have been 18 LMC members who have been auto-enrolled. This is due to the 6 monthly payment of LMC members' expenses within the October 2015 wage run. The software has assumed that this is an ongoing monthly amount, bringing projected annual earnings for the financial year 15/16 to the £10,000 threshold for auto-enrolment.

LMC members who have been auto-enrolled but who have decided that they wish to opt out are reminded that they need to log in to the online system or to ring NEST directly in order to do so.

Any monies deducted for the NEST workplace pension scheme will be refunded if members decide to opt out, provided that they do so within four weeks of having been auto-enrolled.

- **Levy and Mandate**

Hazel Potter gave an update detailing that out of 110 practices, there are currently 68 that have agreed to sign the new mandate. Due to financial pressures, one practice has asked to cancel their subscription and five practices have agreed to the rise due to take place on 1 January 2016 but wish to be contacted individually if the LMC needs to raise its levy further, so that they can review the situation.

**ACTION: After 1 January 2016, contact the remaining practices and ask if they can consider signing the mandate.**

- **Co-Option of Dr Brian Hands**

Proposed by Dr King and seconded by Dr Grenville and Dr Gembali. Agreed unanimously.

- **Co-Option of Dr Clare Shell**

Proposed by Dr Williams and seconded by Dr Ashcroft and Dr Markus. Agreed unanimously.

- **Christmas Opening Hours**

Dr Grenville stated that NHS England have said, on behalf of the CCGs, that practices that wish to close on Christmas Eve from 16:30 can do so as long as they have agreed with DHU that they will provide cover. Practices must notify their CCG and must obtain their consent, which will be forthcoming. The expectation is that most practices will wish to stay open until 18.30 on New Year's Eve as practices are generally busy on that day,

- Cameron Fund – Christmas Appeal Letter

Dr Williams asked if the LMC members are happy to contribute their December mileage payments to the Cameron fund.

**ACTION: All agreed to donate their mileage payment to the Cameron Fund. Make note of this on the meeting attendance register.**

- Reminder to complete the annual report

**ACTION: Hazel Potter to email the annual report to Dr Grenville, Dr Holden, Dr Williams and Lisa Soultana as a reminder to complete.**

## 15/175 MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of 1 October 2015 were confirmed as accurate except for the following amendments: -

- Page 1 Change year to 2015
- Page 7 15/163 North Derbyshire Primary Care Development Group. Add to the 2<sup>nd</sup> paragraph "*Dr Markus said the locality data and submissions data was suspended while inaccuracies and variations are investigated*".
- Page 8 15/167 Flu Immunisation for Patients with BMI > 40. Amend "She noted that almost everyone with a BMI over 40 *including those who have type 2 diabetes...*"
- Page 10 15/170 Any Other Business. Amend "normal working week for *Junior Doctors* in the...."

## 15/176 MATTERS ARISING

- 15/170 Junior Doctors Contract

Dr King advised LMC members to keep up to date with the Junior Doctors contract dispute. The new contract penalises certain specialities and basically the Junior Doctors will get paid the same amount if working nights and/or day shifts. It is not a good contract for Junior Doctors.

Dr Ashcroft said he had attended the Conservative Party conference. He had attended a fringe meeting where Jeremy Hunt had spoken. The Secretary of State had said that he wanted change in order to introduce seven day working but it seems that it is also about saving money and reducing salaries.

Dr Grenville suggested that committee members might like to access the link to the recent House of Commons debate. He noted that many of the people speaking are medically qualified MPs. Dr Grenville's take on the situation is that Trusts are saying that they can't afford to staff their wards over the weekends and they want to do it for less money. Jeremy Hunt has said he will remove the financial disincentive to having adequate numbers of doctors on duty. Trusts will be required to cap the number of hours that they make Junior Doctors work but the financial penalties for requiring them to do so are to be abolished. It is said that the overall wage bill will not go up but the Trusts will find it cheaper to get staff during weekends. As far as GP trainees are concerned, the DDRB have recommended abolition of the Trainee supplement thus discouraging young doctors from entering General Practice at a time when the specialty is in crisis.

Dr King said his son is a Junior Doctor and he anticipates a 15% pay cut under the proposed new contract. The Consultants have agreed to cover the Junior Doctors shifts while they protest. Among his son's colleagues, not one Junior Doctor wants to work in the UK and half of his cohort are relocating to Australia.

It was agreed that Derby and Derbyshire LMC are appalled by the way that Jeremy Hunt has handled the crisis with Junior Doctors.

- 15/117 Smoking Cessation Service

A letter received from Derbyshire County Council shows that the figures for smoking cessation are dreadful. In 2012 there were 1300 quitters, in 2013; 1000 quitters, in 2014; 700 quitters and in 2015 only 300 quitters.

Graham Archer said he had a meeting with Counsellor Dave Allen regarding this matter and he had recommended writing to DCHS. Dr Williams stated that the way smoking cessation has been commissioned by the commercially orientated Local Authority has led to a decrease in the number of quitters. In his practice they are achieving quitters but do not bother applying for funding. Dr Ashcroft said that this is a public health issue and it impacts upon the

CCGs in the longer term. He wondered if the LMC and LPC should take it over and do a better job. Smoking is still the number one cause of death and we need to stop people dying.

Jayne Stringfellow suggested a joint approach to the Health and Wellbeing Board as the best way to raise awareness of this issue.

**ACTION: Dr Grenville to write a letter from the LMC and LPC to the Health and Wellbeing Board.**

- 15/77 Flu Immunisation by Pharmacies

Dr King presented a summary of the responses received from practices about the uptake of flu in 2015. There is concern that the new pharmacy specification may affect next year's plans by practices for flu vaccination.

Graham Archer fed back that at the flu meeting he attended last week, the Chair of Nottinghamshire LMC reported no issues, but last year the Pharmacist delivered ¼ million jabs and the GPs delivered 10 million jabs. He thinks the impact at national level this year will be very low.

Dr Ashcroft said there has been no explanation as to why NHS England have made this change. It gives uncertainty going forwards especially if large Pharmacies such as Boots take this up. It will cause uncertainties with the flu vaccination ordering for future years and risks destabilising a system that generally works well.

Dr Markus suggested that overall we are chasing the same people to deliver the flu vaccination to, so therefore there is no impact on the overall delivery.

Dr Betteridge highlighted that as the Pharmacists are now delivering the flu vaccination his practice had worked harder to deliver the vaccination earlier so their coverage and income has increased.

Dr Grenville said we need to say that NHS England has dealt with this very poorly. The professions should work together to show how GPs and Pharmacists can work together to increase coverage and it should be funded.

Graham Archer noted that the national specification requires that every patient who receives the vaccination from a pharmacy has to complete a questionnaire and he wonders if anyone is ever going to look at the results.

Dr Williams suggested that we should hold off our response until January 2016 when we get all of the figures.

**ACTION: Dr Williams to write to NHS England to state it appears one third of practices are considering not providing the flu vaccination next year due to the dilution of services.**

- 15/163 Clinical Commissioning Groups – Flu Immunisation for patients with BMI > 40 and no co-morbidities.

Dr Grenville reported that NHS England has declined to extend the DES. ND CCG are not interested in providing a LES for immunising this group. Erewash PCCC have said that they will commission a LES for £7.65 per jab. 0.8% to 1.4% of their total list has a BMI > 40 with no recorded comorbidities.

Helen Cawthorne said the recommendation from SDCCG is that they are unlikely to provide a flu DES for patients with a BMI > 40. Jayne Stringfellow confirmed that the ND Primary Care Development Group took this decision and noted that clinicians from each locality sat on this group. Dr Grenville said that he understood that it is under consideration for inclusion in the DES next year.

Dr Williams asked for the SDCCG to reconsider this at their next meeting and Helen Cawthorne agreed that she would bring it up at the next meeting.

Dr Ashcroft said that last year it seemed that, because the flu jab was not very effective, winter deaths had doubled.

- 15/155 Annual LMC Conference 19 – 20 May 2016 – Election of LMC Members

As the number of GPs we represent has increased we should be entitled to send more LMC Representative to the Annual LMC Conference 19 – 20 May 2016 but we have not yet been informed of the figures.

The following put their names forward as potential LMC Representatives: -

Dr Wood (absent but wishes to be considered)

Dr Grenville

Dr Ashcroft

Dr Betteridge  
Dr Williams  
Dr Markus  
Lisa Soultana as an observer

**ACTION: Hazel Potter to check how many Representatives can attend from Derbyshire LMC. Also, to email to all LMC members to request further expressions of interest in standing for election.**

- 15/134 Six sessions cover for John Grenville after his retirement  
Dr Grenville will be retiring in Summer 2016 and the office will be sending a job profile consisting of 6 sessions per week to invite all LMC members to express an interest in the role.

**ACTION: Hazel Potter to email LMC members with details of the role.**

#### **15/177 Developing a Vision for the Future: shape of Local Representative Committees (LRCs)**

Dr Grenville had attended a workshop called by NHS England at short notice and led by David Geddes, to discuss the future role of Local Representative Committees. Prior to the meeting Dr Grenville had asked LMCs in the East and West Midlands to indicate whether their practices valued the existence of LMCs. There was an overwhelmingly positive response supporting the need for LMC's to represent and work with practices. There are a number of regional LMC organisations, such as Wessex and London, but it is felt that the local LMC's still maintain their identities.

Discussion took place regarding the different structures of LMC's nationally and what they are achieving. Dr Grenville confirmed that General Practices hold the position of being independent advocates for their patients and the LMC's are advocates for General Practice.

Further discussion took place regarding LRC representation for those professions, such as Optometrists and Pharmacists that are principally provided by large chain organisations, such as Boots. Dr Ashcroft highlighted that the Local Pharmaceutical Committees have a different constitutions to LMCs, as Pharmacists are not governed by the same laws and legislations binding General Practice.

It was raised that the outcome of "DevoManc" could provide a further layer to CCG, Locality and Federation working, with a view to devolution in Yorkshire and North Derbyshire.

#### **15/178 Liaison between LMC and GP Provider Organisations**

- Ian Mather - North Derbyshire Federation

Ian Mather confirmed that the North Derbyshire Federation had spent the last few months getting fit for purpose by way of a new business model. The basic need is to look at how the mechanics of the federation approach could help practices to work more closely with each other.

Discussion took place to identify which areas were being reviewed, including back office functions and layers of irrelevant bureaucracy..

Dr Betteridge reported that the Birmingham super-partnership (BHX) had signed a partnership agreement that formed an organisation covering 250,000 patients. They have a model in place that increases the sharing of properties. Ian Mather stated the BHX had used the toolkit that had been developed by the Royal Colleges of GPs.

Dr Markus voiced concerns regarding the size of North Derbyshire and whether this approach would work across the very different localities.

Ian Mather stated that North Derbyshire Federation has a back office function that can work across all practices and can deal with specific issues individually. This can help with practice business infrastructure to ease the burdens.

Discussion took place regarding preparation of bids and input by practices. Concerns were expressed regarding funding being used recreating the wheel.

Dr King advised that premises need to be looked in order to share the risks currently identified.

### **15/179 Ombudsman Query**

Dr Jordan provided an example of a recent Ombudsman case, where the partners in a practice had been fined, although they had not had direct involvement in the event. Discussion took place regarding the case, identifying that the Ombudsman has the power to direct that compensation be paid to a patient when an organisation is found at fault, in order to restore the patient's position, as far as practicable, to that existing before the fault. Therefore, although every clinician should have personal professional liability insurance, the Ombudsman can still direct compensation from the partners of a practice.

There is no right of appeal against an Ombudsman's finding. Practices should be aware that the Ombudsman's compensation awards tend to be much lower than those of Courts, if complainants choose to litigate.

Dr Grenville pointed out that the Ombudsman will investigate the way the complaint was handled, as well as the complaint itself.

Dr Jordan remained concerned about the vicarious liability of practices for the errors and omissions of its employees and felt that many GPs would, like himself, be unaware of the Ombudsman's powers.

**Action: Ombudsman information to be included in the Newsletter.**

### **15/180 Premises Update Report**

Please see - Appendix A

### **15/181 Information Management Technology (IMT) Update Report**

Please see – Appendix B

- Letter from Niche Healthcare re iGPR

A letter had been received from Niche Healthcare regarding their product, iGPR. Dr Williams confirmed that iGPR is a commercial bolt-on to SystemOne. It is an automated way to produce insurance reports and also responses to Subject Access Requests under the Data Protection Act. iGPR provides reports instantly but, in Dr Williams' experience, it slows the system down. Insurance companies have indicated that they will pay £20 for reports generated by iGPR.

Dr Grenville noted that the language used in Niche Healthcare's publicity material could cause some confusion among practices as to what constitutes a request by an insurance company for a report, as compared to a Subject Access Request.

Further discussion addressing time and cost requirements for hard copy reports for insurance companies and electronic versions took place. Members felt that patients may often need further advice in the form of a letter, detailing what they are allowing access to.

### **15/182 CLINICAL COMMISSIONING GROUPS (CCGs)**

- Primary Care Co-Commissioning Committees (or equivalent) (PCCC)

LMC representatives attend PCCC in the North (Public and Confidential sessions), Erewash (Public session) and Hardwick (Public session). Currently there has been no invitation from Southern Derbyshire CCG to attend, this will be addressed directly with the new Chief Officer of SD CCG, Gary Thompson.

**Action: JG to discuss with SDCCG Chief Officer.**

Members agreed that the LMC can add value to the meetings and that attendance at the closed/ confidential sessions would allow for the LMC to provide support and liaison. It is recognised that the CCGs have different attitudes towards what constitutes as "Conflict of Interest"

- ND CCG Primary Care Development Group (PCDG)

Lisa Sultana deputised for Dr Mark Wood in the last PCDG meeting. Lisa confirmed that membership to the group is currently under review and that it may be suspended as the locality model is outdated due to the work completed in "21<sup>st</sup> Century".

ND CCG is looking at the governance structure over 8 communities, with an overall aim to get full representation. CCG need to decide how to best support practices and influence spending especially around prescriptions.

Jackie Pendleton has now left her position at the CCG. Mark Smith, Chief Finance Officer, is the interim replacement until recruitment takes place. Jayne Stringfellow is the Deputy Accountable Officer who will be in place until the end of March 2016.

- Derbyshire County Drugs and Alcohol Team – Clinical Reference Group (DAAT – CRG)

No further update – next meeting 10/11/15

- Letter from ND CCG re Basket of Services

Basket of Services specifications will be reviewed and NDCCG have asked for suggestions for prioritisation of the process. Current suggestions include anti-coagulation and Phlebotomy. The committee also suggested that those services that require outlays for capital equipment e.g. ECGs, 24 hours blood pressure should be prioritised. Decisions will be made at PCDG with final overview provided by the PCCC.

The LMC hope to help practices provide elements of Basket of Services in most cost effective way. It is about extending and resourcing the scope of general practice in a defined way on an on-going and regular basis.

- Gary Thompson – SD CCG

Gary Thompson, newly appointed Chief Officer of SD CCG will be attending the February 2016 LMC meeting as a guest speaker and will have a standing invitation to attend thereafter.

- New contract

There has been no further update regarding any new contract and the profession is not aware how seven day services will be defined.

#### **15/183 NHS ENGLAND NORTH MIDLANDS**

- Primary Care Transformation Fund Letter to CCGs (previously GP Infrastructure Fund)

There has been approximately £2.5 million allocated to CCGs, Dr Williams confirmed that the funding can be spent on IT infrastructure and premises.

Access to funding may be through “improvement” schemes; however information has not yet been released as to required criteria. Dr Grenville noted that large capital schemes cannot be completed within one financial year and welcomed the announcement that slippage of funding would now be allowed between financial years.

Members highlighted that areas of improvement should include those city practices with inadequate premises. The training capacity criterion was highlighted as a fruitful area for exploration.

#### **15/184 CARE QUALITY COMMISSION (CQC)**

Lisa Soutana confirmed that the office has been working with a practice rated as “Inadequate”. After a lot of hard work, especially from the practice manager, the practice has been raised to “Requires Improvement”. Since this result a further practice has also received “Inadequate”. The Liaison and Office team are working with the practice.

Overall Derby and Derbyshire’s results from CQC Inspections are very good.

The CQC are currently out to consultation to increase their fees seven-fold. The CQC represent the public, but have been instructed to be self-funding. Dr Grenville stated that he expects that this will be discussed in the LMC secretaries’ conference. Suggestions have been made to use the Freedom of Information Act, to find out further details about the financial processes for CQC.

#### **15/185 PRIMARY CARE DEVELOPMENT CENTRE (PCDC)**

No further update.

#### **15/186 LOCAL EDUCATION TRAINING BOARD (LETB) / LOCAL EDUCATION TRAINING COUNCIL (LETC) / HEALTH EDUCATION EAST MIDLANDS (HEEM) / GENERAL PRACTICE TRANSFORMATION ACTION GROUP (GPTAG) UPDATE REPORTS**

Please see – Appendix C

#### **15/187 OFFICE REPORTS**

Succession planning was discussed at a discussed at an executive strategy meeting this morning. Members were asked to consider expressing an interest in a six session commitment as Medical Secretary. It was noted that PH no longer wishes to be considered.

If no internal candidate is appointed, the position will be advertised externally; however the LMC would need to make a decision quickly as an external candidate could have up to a 6 month notice requirement.

**Action: HP to send email will send role information to LMC members.**

**15/188 GPC NEWSLETTER – OCTOBER 2015**

- GPC/LMC Regional Meeting

Next regional meeting to take place on 21 January 2016, JG to attend with LS.

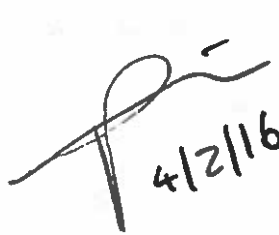
**15/189 ANY OTHER BUSINESS**

No further update

The meeting was closed at 17:30.

**15/190 DATE OF NEXT MEETING**

Thursday 3 December 2015 – 13.30 to 16.30

  
4/2/16

### LMC Meeting Action Log

Agreed action	Responsible Person/ Organisation	Update	Status
Hazel Potter to create action log for meetings.			
After 1 January 2016, contact the remaining practices and ask if they can consider signing the mandate.			
All agreed to donate their mileage to the Cameron Fund. Make note of this on the meeting attendance register.			
Hazel Potter to email the annual report to Dr Grenville, Dr Holden, Dr Williams and Lisa Soultana as a reminder to complete.			
Dr Grenville to write a letter from the LMC and LPC to the Health and Wellbeing Board, Public Health England.			
Dr Williams to write to NHS England to state it appears one third of practices are considering not providing the flu vaccination due to the dilution of services.			
Hazel Potter to check how many Representatives can attend from the Derby LMC. Also, to email to all of the LMC members how are interested in attending to enable absent attendees to express an interest in attending.			
Hazel Potter to email LMC members with details of the role Medical Secretary Role			
Ombudsman information to be included in the Newsletter.			
JG to write to SDCCG Chair regarding PCCC attendance.			
iGPR to be added to the agenda when Dr Holden is attending, including printing patient notes.			

# LMC November Meeting

## Meeting Update Report

### Topic: IM&T

#### IM&T Working Group

Date of last meeting: 15 September 2015

Following the last update on the IM&T Working Group, please find attached a copy of the latest IM&T Enablement Team Workstream Update (September 2015). It covers information on Summary Care Record (SCR), Patient On-line Access to Records (POLAR), Prime Ministers Challenge Fund (Southern Derbyshire CCG), Prime Ministers Challenge Fund (Erewash CCG), GP IT Capital Projects, Mobile Working (2014-15) amongst others,



IMT Workstream  
Update Sept 2015.doc

Discussion Points with LMC: Awareness of above.

#### Derbyshire Informatics Delivery Board (DIDB)

Information Governance Workstream - Date of last meeting, 5 October 2015

- 4 sub workstreams were created from the IG Workstream to work on the information governance issues surrounding the use of a MIG, which has been agreed by the Derbyshire Informatics Delivery Board (DIDB) should be purchased for Derbyshire. The Medical Interoperability Gateway (MIG) enables clinicians to securely share up-to-date patient data – whatever system they use and wherever they work in the UK.
- Workstream 1 and 2 are working on producing a template information agreement with an overarching framework or protocol in place. First refresh draft of an already existing protocol has been developed and will be submitted at the next DIDB meeting for signoff.
- Workstream 3: tasked with exploring the possibility of a multi-agency IG training material that can be used across all agencies.
- Workstream 4: tasked with producing information and engagement material for the public on the benefits of sharing their data across health and social care agencies for the purpose of direct care.
- After discussions, it was agreed that there was no need for a memorandum of understanding for agencies as the MIG would only provide the facility to view records not update them. Individuals can only update records in their own organisational system.

Discussion Points with LMC: Awareness of above

#### Intelligent General Practice Reporting Tool (iGPR)

Quite a number of practices contacted the LMC about the new integrated system known as Intelligent GP Reporting (iGPR) which allows companies to electronically request copy records and reports. The tool has been produced by Niche Health and is available to EMIS, INPS Vision and TPP SystemOne practices. The Practice accepts this and reports/medical records travel electronically to the company. Concerns were raised about the Information Governance and security surrounding its use. Practices also received information from EMIS that 'All features of the system have been approved and acknowledged by the RCGP/BMA'.

#### Actions taken:

- We pressed the GPC with every query received and sought clarification on the use of this new tool. As a result, we received advice and guidance some days before other LMCs received same, which we then cascaded to our practices.
- GPC also confirmed that the information practices received from EMIS was untrue as the Joint IT Committee does not 'approve' third party software.
- GPC Guidance attached below



Discussion Points with LMC Awareness of actions above.

# LMC November Meeting Meeting Update Report

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## Topic: PREMISES

### On-going issues discussed at the October LMC meeting:

- Continual problems with invoices on reimbursable and non-reimbursable elements with regards to practices occupying CHP buildings and increased costs.
- Introduction of CHP management fees of 2% of operating costs
- One practice is in a situation where CHP is not receiving any invoices for cleaning at Alferton so they have nothing to base forecasts on. CHP has now quoted £20,162 which has been based upon costs incurred in similarly sized buildings elsewhere. The practice is now left with the issue of affordability as this cost is unreasonably high.
- Practices have the ability to source own services providers in NHSPS owned premises but not with CHP owned premises.

Action – To request a copy of the Lease

### Actions taken:

- Received a copy of the Lease for the GP Surgery mentioned above.
- Kath Markus in her role as Deputy Secretary will help address issues relating to ongoing premises issues.
- Our colleague at Nottinghamshire LMC, Dave Smith is helping with developing a common approach with the commissioners to resolve these ongoing issues but feel that ownership and initiative should come from the commissioners.
- The LMC has been invited to an Area Customer Day in Nottingham from 11am to 2pm on Wednesday 18<sup>th</sup> November and the topic for the day will be Lease Regularisation and Market Rent and will involve interactive activities to elicit our views on this important area of work. Nwando Umeh will be attending with the view of feeding back to the committee the discussions and outcome of the day.
- Chased up with CHP about proposed visits to all of Derbyshire practices over the next four weeks to discuss any queries/problems. CHP advised that they are behind schedule but will follow through with the visits. Practices have been kept informed of this delay.

### Discussion Points with LMC: Awareness of actions above.

- Views on Lease Regularisation and Market Rent are welcome for discussion on the Customer Day on 18<sup>th</sup> November.

# Meeting Update Report

## Topic: LETC/LETB/HEEM/WORKFORCE

### General Practice Transformation Action Group Meeting

#### Meeting Feedback:

- ☐ Development of core skills for all roles in General Practice to develop an across board similarity in order to solidify more funding for increased skill base.
  - o Front of house training
  - o Qualified and unqualified clinical roles

People either do not know or do not understand the role of different nursing staff, and that there are some nursing staff members who use the title "advanced" when they have completed rudimentary professional add-ons, rather than additional qualifications.

Identified that nursing staff moving from hospital to general practice settings also need to complete further training and often require support .

- ☐ Discussed how the members could start to work together and market Derby and Derbyshire as a good place to work to attract GPs and nurses.
- ☐ HEEM confirmed via Jayne Fitch that devolved funding will no longer be divided on head count, which will suit General Practice.

#### Actions:

- ☐ Meeting members to review how nursing roles and titles can be shared across boundaries.
- ☐ Meeting members to find out what is already out there and look at ways of communicating across all boundaries.
- ☐ Access a copy of Advanced Clinical Practitioner job description/ personal specification.
- ☐ Access funding from HEEM to help market Derby and Derbyshire
- ☐ To feedback pilot results for pharmacy in general practice as received

#### Discussion Points with LMC:

- ☐ Primary Care Development Centre (PCDC) have completed works to the statistical information provided by the results of the Minimum Data Set (Healthcare Workforce Statistics England March 2015: Experimental Statistics produced by the Health and Social Care Information Centre (HSCIC) Version v1.0 published 2 September 2015
- ☐ Amanda Battey will now be the Locality Lead for Derbyshire LETC, Jackie Brocklehurst is now on secondment within HEEM.
- ☐ Twitter account set up got GPTAG\_portal

Lisa Soultana, Chief Operating Officer, Derby and Derbyshire LMC – 28 October 2015 2 | Page

### **Strategic Workforce Group Meeting**

**Meeting Feedback:** apologies given due to helping a practice in need

**Actions:** N/A

**Discussion Points with LMC:** N/A

### **Local Education Training Council (LETC)**

**Meeting Feedback:** no further meeting since 29 September 2015

**Actions:** N/A

**Discussion Points with LMC:** N/A

**Primary Medical Services Steering Board Meeting – 6 October 2015**

### **Meeting Feedback:**

Many LMC's across East Midlands, including Derby and Derbyshire LMC made various challenges to the board, to include the logic and reasoning of implementing pilot 2 of the CEPNs, before the scoping exercise was analysed and learning from current pilots. We specifically asked for a longer notice period (gave 2 weeks on this occasion) for preparing and submitting proposals. General Practice ideally requires at least 3 weeks to consider offers and prepare and submit their bids and or proposals. Challenged the unfairness and inequity of access to Learning Beyond Registration Funding for many nurses working in General Practice.

**Actions:** Complete business case and submit

### **Discussion Points with LMC:**

- ☐ There has been a memorandum of understanding between Health Education England and the Chief Inspector of General Practice regarding accredited GP training practices.
- ☐ Slippage reinvestment principles and framework to underpin the reinvestment of any in year slippage against LETB 2015-16 budget.