Approved minutes of 3 September 2015

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

DERBY & DERBYSHIRE LMC LTD

Derby & Derbyshire Local Medical Committee Ltd Meeting
Higham Farm Hotel, Main Road, Higham, Alfreton, Derbyshire, DE55 6EH
Thursday 3 September 2014 – 13:30 to 16:30

PRESENT:	Dr John Ashcroft (Chair)	
	Dr John Grenville	Dr Ruth Dils
	Dr Kath Markus	Dr Jane Perry (Registrar)
	Dr Mark Wood	Dr James Betteridge
	Dr Jenny North	Dr Greg Crowley
	Dr Paddy Kinsella	Dr Gail Walton
	Dr Brian Hands	Dr Peter Enoch
	Dr Andrew Jordan	Dr Denise Glover
APOLOGIES:	Dr Peter Holden	Dr Peter Short
	Dr Sean King	Dr Vineeta Rajeev
	Dr Peter Williams	Rakesh Marwaha (Erewash CCG)
	Dr Pauline Love	Hannah Belcher (Contracts Manager – Area Team)
	Dr Murali Gembali	
IN ATTENDANCE:	Hazel Potter (Minutes)	Jackie Pendleton (Chief Officer -ND CCG)
	Lisa Soultana	Graham Archer (Chief Officer - LPC)
	Nwando Umeh	

15/133 WELCOME & APOLOGIES

- **Reminder to complete attendance register**
- **Reminder to complete attendance register for Santos Higham**
- **Reminder to complete new Timesheets stating to and from journeys and also BACS forms ready for payment in October payroll**

15/134 CLOSED SESSION (MEMBERS ONLY)

- **Workplace Pensions – Automatic Enrolment**

All employees of the company (LMC Ltd) and workers on the LMC Ltd payroll will have received email correspondence from the LMC office about workplace pensions and auto enrolment.

Members and employees who have qualifying status (not all LMC members do qualify but some LMC Executives and Senior Management team do) have been informed (by the LMC office) that they will be auto enrolled onto a workplace pension scheme. Within a week or two, they should receive a workplace pension welcome pack from the Government, which should answer any questions they may have, about workplace pensions, auto enrolment and the opting out procedure. Any member or employee who has been auto enrolled and who decides to opt out **within a month of the LMC adding them to the scheme**, will get back any money that they have already paid in. They may not be

able to get their payments refunded if they opt out later – any such payments will usually stay in the pension fund until the individual retires.

Individuals can only opt out by contacting the pension provider. Hazel or Sam in the LMC office are able to tell you how to do this.

We advise that LMC members and employees who qualify for auto enrolment seek independent advice about workplace pensions to help them make informed decisions about the workplace pension scheme.

Further information visit https://www.gov.uk/workplace-pensions/about-workplace-pensions

- **Succession and Workforce Planning**

An officers' meeting had been held to discuss planning for JG's retirement. The LMC's financial position was considered and it was decided that it is important not to over-react and that successful planning is likely to be evolutionary, not revolutionary.

LMC members were asked for expressions of interest for the Deputy Medical Secretary role; Dr Markus and Dr King will be taking on the role on a job share fixed term basis. This will include shadowing Dr Grenville until Spring 2016 and a further review will take place around this time. The LMC thanked and congratulated Dr Markus and Dr King. They will be commencing their new roles within the next month.

Due to the increasing number of meetings to which the LMC is invited, there is a need to review their priority to ensure that we can identify and attend the most important ones.

Lisa Soultana has accepted the position of Chief Operating Officer; this role will help sustain the LMC in the future. Lisa Soultana will be keeping an eye on the financial situation and confirmed that the request for an additional 5p to the voluntary levy has been disseminated. Lisa Soultana is keen to work collaboratively with other LMCs in the East Midlands including, but not limited to, Shropshire, South Staffordshire and North Staffordshire.

Dr Ashcroft queried whether the government's proposals regarding the collection of trade union subscriptions will affect the LMC finances. Dr Grenville stated he hoped not, as the LMC is not a trade union and that he hoped that the agreement with NHS England that deductions are made at source would be regarded differently.

- **Review of LMC Meeting**

An addition to the October LMC meeting agenda will include an open discussion regarding the role and function of the LMC meetings. Dr Markus will be leading.

ACTION: Questions to be discussed to be sent to the office and disseminated in advance of the October meeting.

- **Levy and Mandate**

Hazel Potter reported that responses to the request for the new levy mandate have been slow to come in. This may be due to the fact that we have been in the Summer leave season and Partners' meetings may have been difficult to arrange. So far 37 practices have agreed to sign the mandate. One practice has indicated that it proposes to cancel its subscription and Dr Grenville has a meeting arranged for next week to discuss this. Four other practices have raised concerns about future rises in the levy and Dr Grenville has replied to all of their queries. It is possible that they need visits to discuss their concerns.

15/135 MINUTES OF PREVIOUS MEETING

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

Vanguard Sites, page 4

- *Not realistic for patients to see their usual GP on a Saturday or Sunday, if they are already struggling to provide cover from Monday to Friday.*

Remove the paragraph that starts "Dr Holden sad that…."

15/124, page 10

Lisa Soultana said the Strategic Workforce Group meeting was held this week and it was *identified that it was important to invite representatives from CCGs.*

Shared across provider organisations across Derbyshire and that includes *116* practices.

15/126 GPC NEWSLETTER – JUNE 2015

Replace but it has barely been discussed with *and we gave it the discussion it deserved.*

15/136 MATTERS ARISING

15/117 Smoking Cessation letter from Derby City Council

The LMC have received a letter from Dr Robyn Dewis, Acting Director of Public Health, Derby City Council, describing the smoking cessation service in Derby City. The service is part of a wider "Livewell" strategy and in the year 2014/5 65% of 926 clients achieved a 4 week quit.

Dr Ashcroft asked Jackie Pendleton about the current figures within NDCCG. He noted that smoking is still one of the largest causes of premature death. Jackie Pendleton replied that the CCG are working with Public Health at Derbyshire County Council.

ACTION: Write a further letter to ask why there appears to be such a high quit rate, as there are signs that the service is difficult to access.

Graham Archer reminded the Committee that Derby City used to have a quit smoking program called FreshStart, which involved pharmacies and which was very successful, however it was decommissioned. Now there is a 12 week wait to access a "quit smoking" service. There is no signposting to the service and it is not well advertised.

ACTION: Smoking cessation to be raised with the Derbyshire County Council also.

Vaccines

Dr Hands asked members if any other practices were struggling with provision of Meningococcus B vaccines for university students as only one week's notice has been given for boosters. Discussion took place and it was noted that UKAS has sent out details to the students and the onus is on the student to present themselves for vaccination. Dr Grenville directed members' attention to the "Focus on" guidance from the BMA which is available on the website.

15/77 Community Pharmacy Influenza

After the July LMC meeting, NHS England announced a scheme nationally for over 18 year olds in the at risk groups and over 65 year olds to be able to access flu vaccines from their local pharmacy. Graham Archer confirmed that the announcement came as a surprise to pharmacies.

Graham explained that the Flu service is now viewed as an advanced service. Any trained pharmacist can deliver the service. Pharmacies will possibly capture people in the at risk groups such as asthmatics. Last year 16% of the population were in an at risk group.

Committee members thought that GPs will still deliver more flu vaccinations than Pharmacists. Discussion took place regarding the possibility that Pharmacists might encourage their regular customers to have flu vaccinations at the chemist. However, it is felt that provision of the services through pharmacy may not make an impact this year. Some practices may decide to encourage all patients to receive vaccinations through pharmacies. GC stated that it is felt that GPs can be more efficient with organised flu vaccination clinics.

Dr Markus made the point that if over 65 year old patients chose to have their immunisations at a Pharmacy this could impact upon practice immunisation clinics.

Graham Archer stated that the impact on pharmacists will include an increase in clinical waste disposal and training fees, which will be resourced from the fee received for providing the vaccination. Pharmacists have to notify to GPs the names of patients who have been given vaccinations within 24 hours. The CQC does not currently regulate community Pharmaceutical Services – this is done by the General Pharmaceutical Committee.

Dr Grenville confirmed that there had been national discussion through the list server in regards to Pharmaceutical Services not being regulated by the CQC. It does not seem logical that pharmacies are regulated differently for providing exactly the same service. Dr Grenville thought that the main driver behind this new initiative was to make it look as if politicians were doing something. He reported that he had not heard about the new scheme until yesterday.

Graham Archer highlighted that the percentage of at risk patients under 65 who are vaccinated remains at 40% year on year. At the time of the swine flu pandemic, people worried whether General Practice would be able to cope. The inclusion of flu vaccinations within pharmaceutical services will provide capacity for a pandemic if and when it happens. There is a lot of effort to find services for pharmacists to undertake. If pharmacists become attached to practices, as has recently been proposed, it could put more pressure on practices. Politically it is thought that having pharmacists attached to practices should encourage patient to more self-care via pharmacists and not via GPs.

Dr Grenville confirmed that NHS England nationally are preparing patient group directives.

15/121 – Neonatal Hepatitis
There has been no further update regarding seroconversion for infants.
ACTION: Dr Grenville to write to the four CCGs and cc NHS England.
POST MEETING NOTE: Dr Grenville has subsequently met the vaccination and immunisation team at NHS England and has circulated practices with further details.

15/137 New GMC Consultation – Changes to the information we publish and disclose about a Doctor's fitness to practice
Dr Grenville detailed the GPC consultation subjects. Hazel Potter had forwarded the documents to LMC member in order for a response to be formulated for this (September) LMC Meeting. However no responses have been received.
ACTION: Hazel Potter to add to Octobers Agenda

15/138 DNACPR Forms
Discussion took place regarding DNACPR forms, Dr Grenville confirmed that NSL staff have been told that they should not insist on red bordered forms but that black and white forms (copied forms) must be checked for an original signature, which all patients should carry with them.

Currently the UK Resuscitation Council's guidelines recommend original (not photocopied) signatures on DNACPR forms. Dr Grenville reported that he is in contact with the UK Resuscitation Council's working party on unified DNACPR forms. Dr Love confirmed that she has received an email regarding the working party.

If a patient is not carrying his/her DNACPR form and Clinicians are not aware that he/she is not for resuscitation there is a risk that resuscitation will be attempted, even if that is against the patient's known wishes.

Dr Grenville mentioned that he has an Advanced Decision To Refuse Treatment form, which he has photocopied and which he makes available to those who need to see it. He has used this as an example in his communications with the UK Resuscitation Council and he will keep pressing for a sensible solution. He reported that he would be attending a regional meeting with CQC next week and he will bring the matter up there.
ACTION: Dr Grenville to bring up at next CQC Meeting.

Dr Markus asked for clarification that a DNAR CPR form does not have to have a red border, it was agreed that this was correct.

15/139 Control of Practice Workload

The LMC has circulated to practices GPC guidance on controlling practice workload. Our constituent Dr Michael Wong has adapted this to make it easier for practices to follow. It is an excellent document. Dr Wong has shared his version widely and has uploaded it to DNUK. The LMC commended the document and agreed that it should be placed on the LMC website.

ACTION: Document to be included on the LMC website.

Dr Grenville hopes practices have courage to act on the guidance.

Discussion took place regarding continuing issues of cross department referrals between hospital consultants. GPs are still receiving letters from consultants, asking the GP to refer to a different clinic; an example given was a recent letter from a general ophthalmology clinic asking the GP to refer to the glaucoma clinic. Dr Grenville asserted that practices need to deal with these situations as stipulated in the guidance; it is based on what the BMA have produced. Members noted that consultants need to understand that GPs and consultants have equal clinical responsibilities. They also need to recognise that there are limits to the work that GPs are contracted to do.

CCGs need to design whole care pathways which allow providers to deliver the entire range of services that are appropriate for the problem that has been presented.

Dr Wood noted that the issues we discuss within the LMC are likely also to be discussed at Consultant Committee meetings. Demand for services is increasing and financial resources are decreasing; the patient is in the middle and should be the shared collaborative focus. Better communication between GPs and Consultants is required. Dr Grenville noted that there used to be cross representation between the LMC and the Consultant Committees at the acute hospitals.

ACTION: Write to Consultant Committees to ask if LMC can be an attendee.

15/140 Christmas Opening Hours

Dr Michael Wong had asked the LMC to clarify the position regarding opening times at Christmas and New Year.

Jackie Pendleton stated that Nottinghamshire and Derbyshire CCGs have decided to remit the question of Christmas Eve and New Year's Eve opening to local System Resilience Groups.

There was a discussion about Christmas and New Year's Eve opening hours and members generally agreed that opening on the afternoon of Christmas Eve was a waste of time but that demand on New Year's Eve tended to be that such that remaining open until the normal time (18.30) was appropriate. There was further discussion regarding what might happen about bank holiday opening if the government insists on 7 day GP working. Dr Grenville stated that if NHS England or CCGs offer payments to practices to open outside their contracted hours it is for practices to decide whether or not to take this up.

Jackie Pendleton stated that the next North Derbyshire Strategic Resilience Group meeting will be held on 04 September 2015. The CCG will not be asking if NHS England want practices to open, if so how many and for how much money.

Action: Dr Grenville to write a letter to what they will do regarding Christmas opening

15/141 Health Education East Midlands (HEEM)

- **Primary Care Workforce Commission Report**

The findings of the report were discussed. It is recognised that the underlying problem is that there are not enough GPs, too much work and that we don't know how working practice will be in 5 years. Members discussed whether there is a need for more GPs or other practitioners; general consensus was that it is GPs that are needed. It is important in Primary Care that patients can see expert diagnosticians. GPs are trained for this and take the risk.

Lisa Soultana attended the Strategic Workforce Group which recognises the need to focus on the transition phase, before transformation is completed.

Dr Betteridge attended a meeting with the Editor of Pulse, meeting attendees included GP Zoe Norris, who has recently been penetrating social media in regards to GP needs. Dr Betteridge was the only GP Partner in attendance, all other GPs were Locums.
Action: Hazel Potter to share link to HEE's Primary Care Workforce Commission presentation as it did not run.

15/142 PREMISES
Nwando Umeh confirmed that there have been no further developments and keeps in contact with practices in CHP premised. She has worked on problems regarding invoices that have not been itemised and attends premises meeting to feedback to the Senior Management Team.

The next tranche of the Practice Infrastructure Fund was discussed. Practices need to be prepared with a draft bid. Dr Ashcroft confirmed that he was given an hour to respond to the query of what help his practice needed. Jackie Pendleton stated that there has been no further update regarding this funding. At the previous Nottinghamshire and Derbyshire Primary Care Strategy group, meeting members were asked what funding could be used for and it was suggested by Nikki Hinchley from GEM that it could be used for IT Infrastructure. A total of £250m over a period of 4 years has been promised. It is not clear whether this promise will be kept.

A strategic response is required concerning the rate of new build property developments. The need to plan ahead is vital. Jackie Pendleton confirmed that the CCG is required to produce a strategy by December 2015, but currently the workshops to discuss this issue have not taken place. Dr Kinsella stated that in South Derbyshire if a practice submits a bid, they are being told by the CCG that they are looking at the whole locality. Dr Grenville expressed concerns that bids could be prioritised at a national level and if there is competition with major cities, smaller localities may have no chance.

15/143 INFORMATION MANAGEMENT TECHNOLOGY (IMT)
Dr Markus and Nwando Umeh have attended IM&T meetings. It has been agreed by GEM that SMS texts will be provided for a further year.

In DIDB meeting held in July, there has been work to improve information sharing between Derbyshire Health and Social Services. There are currently 5 work streams addressing information sharing governance. Discussion took place.

DIDB is dealing with the implementation of the Multi-system Interoperability Gateway (MIG). Jackie Pendleton confirmed that this allows different systems to share information, is proven to work well and is cost effective.

Dr Betteridge noted that Right Care plans are being replaced by Summary Care Records. There is difficulty in obtaining consent from patients in nursing homes. Dr Betteridge provided the example that if a patient is discharged from hospital to a care home with an end of life plan, it is difficult for this information to be shared. Jackie Pendleton advised that the process will require consent to be gained at the time of renewal of their summary care record.
Dr Grenville confirmed that within a 111 assessment the patient is always asked whether information can be shared with other agencies. Patients almost always say yes but he has concerns, having listened to many recorded calls, that this consent is not properly informed.

Nwando Umeh reported that within the Information Governance (IG) work stream, in trying to get an information sharing framework across Derbyshire, discussion has included "What assurances do GPs need to feel, to be comfortable about sharing information?" Dr Ashcroft proposed that assurances would need to be a nationally signed off agreement by the Information Commissioners Office.

15/144 CLINICAL COMMISSIONING GROUPS (CCGs)

- **North Derbyshire Primary Care Development Group (PCDG)**

Dr Wood reported that the PCDG is now a bi-monthly meeting. Draft minutes will be sent for comment and then ratified at the next meeting. Dr Wood is keen that there is representation from all localities.

At the last meeting discussion took place regarding the collation of data nationally to create a General Practice dashboard. There have been a number of dashboards over the years, however simple data which differentiates between good and bad general practice is unavailable.

Dr Markus stated that data received quarterly is benchmarked against data from 2 years ago. If a practice is in a state of flux where list size increases rapidly, the data cannot be successfully used to measure changes in quality and performance

- **Primary Care Co-Commissioning (PCCC)**

Dr Grenville had attended the Erewash PCCC where a paper on financial assistance to practices in crisis had been discussed. This had led to a discussion about what might happen to practices that fail.

- **Royal Primary Care**

Kath Markus reported that an Option Appraisal meeting has been arranged to discuss the future of the list currently being care taken by Royal Primary Care. Diaries were such that Dr Markus was the only LMC officer who could attend. It was recognised that her attendance could be perceived as representing a conflict of interests. Following a discussion, in which Jackie Pendleton participated, it was agreed that Dr Markus should discuss the option appraisal paper with Dr Grenville and Dr King and should attend the meeting on behalf of the LMC to report the outcome of that discussion.

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

Dr Wood confirmed that the DAAT is coordinated by the County Council and meets every month. There are 29 accredited surgeries, however only 25 of those practices are currently seeing patients. There is a mismatch between GP Providers and patients.

The DAAT is struggling to provide services in rural areas and there is pressure for general practice to take patients on. There are only three keyworkers across the whole county for substance misuse services.

Dr Grenville stated that the service was entirely budget limited. Dr Betteridge added the service is overstretched, the push for patients to come off Methadone is too quick and discharges are too quick.

15/145 NHS ENGLAND NORTH MIDLANDS (formerly AREA TEAM)

The primary care hub is providing a resource to the CCGs until March 2016. There has been no further update or development as to what will be in place after March 2016.

15/146 CARE QUALITY COMMISSION (CQC)

Lisa Soultana confirmed that there has been no further update, but added that the CQC have been inspecting as many practices as possible over the last quarter.

Reports are currently published, on average, 3 months after inspection.

15/147 PRIMARY CARE DEVELOPMENT CENTRE (PCDC)
No further update at this time.

15/148 LOCAL EDUCATION TRAINING BOARD (LETB) / LOCAL EDUCATION TRAINING COUNCIL (LETC)
The General Practice Transformation Action Group (GPTAG) has been set up and includes many stakeholders such as Area teams, University, CCG, Secondary care, GP provider organisations (such as Alexin) and HEEM. The GPTAG aims to coordinate strategies from all stakeholders in one place to promote joined up thinking about Primary Care across Derby and Derbyshire. Development and support for this group is taking place from within the LMC. Already there have been many actions, not just for LMC but other interested parties. A keen interest in ANP roles as a compliment to GP workforce will discussed at the next meeting. The group meets every two months.

15/149 OFFICE REPORTS
No items were raised.

15/150 GPC NEWSLETTER – JULY 2015
Contract negotiations have not started yet as a mandate has not been received from Ministers. There are links within the GPC newsletter that that can be looked at for further information.

GPC does not publish a newsletter in August.

15/151 ANY OTHER BUSINESS
Dr Markus reported that there continue to be issues in claiming for contraceptive implants and IUDs, since DCHS has taken over as provider. The Finance Manager at Calow and Brimington has stated that the forms take approx. 1 hour per patient to complete. Details required on the form seem to be more for auditing purpose than for claiming. Lisa Soultana confirmed that via teleconference with DCHS, it was confirmed that DCHS are keen to improve and make changes. JG confirmed that there will be a meeting in September. He explained that responsibility for sexual health services had been taken over by the County Council, which has now subcontracted the entire service to DCHS. DCHS have stated that they are bound by contractual obligations. In North Derbyshire the GP part of the work has been secured on behalf of practices by the GP Federation. If DCC stand their ground then GEM IT needs to be asked to devise a way for practices to be able to submit data more easily.

Dr Markus believes that it is unworkable as they will have to go into individual patient records for the details. Dr Grenville confirmed that this message will be passed on in the meeting. If practices decide not to participate and there is a subsequent rise in teenage pregnancy, it will be the fault of the commissioner (DCC).

Lisa Soultana reported that there is a practice in need and asked if anyone has any capacity to provide GP cover in the next two weeks, based in South Derbyshire.

The meeting was closed at 17:05.

15/152 DATE OF NEXT MEETING – 1 October 2015