DERBY & DERBYSHIRE LMC LTD

Derby & Derbyshire Local Medical Committee Ltd Meeting
Higham Farm Hotel, Main Road, Higham, Alfreton, Derbyshire, DE55 6EH
Thursday 5 March 2014 – 13:30 to 16:30

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

15/34 WELCOME & APOLOGIES

Hazel Potter asked attendees to ensure that the Fire Register for the Hotel and that the LMC attendance register are both signed.

Hazel Potter raised that the LMC were currently having IT issues in regards to the sending and receiving of emails to servers that are outside of NHS and approved NHS domains.
ACTION: **Electronic communication to be made only through NHS accounts until advised that situation has been resolved.**

Apologies were received from Lisa Soultana, Dr Peter Short, Dr Jenny North, Dr Sean King, Doug Black, Jane Perry, Hannah Belcher, and Dr Kath Markus.

Guest speaker today is Stephen Bateman, the Chief Executive Officer of Derbyshire Health United.

15/35 CLOSED SESSION (MEMBERS ONLY)

Hazel Potter confirmed that the monies raised for JG had been invested into John Lewis vouchers and Hazel thanked the LMC members for their generosity.

Donations to Cameron Fund raised over £131,000, for further information LMC members advised to access following link: http://www.cameronfund.org.uk/news/news

15/36 GUEST SPEAKER – Stephen Bateman, Chief Executive Officer of Derbyshire Health United

Stephen Bateman provided an overview of Derbyshire Health United, the current board members and where the Out of Hours Services is today in comparison to when the initiative was implemented. He provided statistical and numerical data covering localities, figures per thousand population and numbers of actual emergency calls against calls for routine issues that could wait until the next working GP day. Patient contacts are home visits, consultations at OOH centres and clinical triage telephone calls. A triage telephone call that results in a home visit or OOH centre consultation counts as one contact.

David Whitney is the new chair of the DHU board, information in presentation. There has been a 30% increase in callers up to the age of 40 years which seems to be due to ease of access. Since beginning there has been a 100% increase in out of area patients contacting the service.

Stephen Bateman highlighted that Derbyshire is a mix of many different geographic areas ranging from countryside to city with varying population and demographics.

ACTION: Stephen Bateman to update graph information and distribute electronically.

The Out of Hours service is accessed by 111or the walk in centre. It is sometimes used for a second opinion and LMC members reported that this may be especially the case when patients have visited their GP surgery and have not been prescribed the medication that they were expecting (often antibiotics). The presentation attached has details of the population figures that are using the 111 service.

DHU LMC Presentation_5 March

All agreed that the LMC thought that DHU was doing a good job in terms of quality of patient care. The LMC hoped that DHU would be successful when the 111 and OOH service contract goes out to tender again in 2016.

Dr Williams is attending a meeting this week that is looking at ensuring that more extensive information is uploaded and updated onto the NHS Spine. It is hoped that care plans will soon be able to be uploaded to the Spine as attachments.

Regarding care plans there has been a further development in regards to developing a bespoke Health & Social Care plan that will replace the DHU RightCare plan and superseding individual practice care plans. GP practices will need to speak with their CCGs to make sure that any new care plan is approved by practices. Dr Williams read out an email from Dr Love expressing concerns regarding accessing the care plans and the timeliness of completing changes to plans. Dr Kinsella also highlighted that there are many GP's that still do not have access to laptops.

Dr Williams informed the meeting that the LIB has now been newly named as the DIB; an objective of the DIB is to ensure that data are accessible by everyone. Dr Kinsella reiterated that all GPs require access.

Dr Holden asked for confirmation that if a GP completes and attaches a RightCare plan this is classed as a care plan under the admission avoidance Enhanced Service. Dr Williams confirmed that this is agreed locally.

Dr Holden raised the fact that there is a multiplicity of different electronic systems with requirements for different "smart cards". He finds that he has to carry four different smartcards. He asked whether the DIB could make arrangements for all systems to be accessed via a single smartcard.

ACTION: Nwando Umeh to raise the possibility of utilising existing smartcards to access the new Health and Social Care system at the next DIB meeting.

Jackie Pendleton confirmed that hospitals have access to RightCare plans now but that they sit on a different system which requires for staff to log out of the system they are using and then log into another system. Dr Williams confirmed that there are plans that by end of year all services will be using the NHS Spine. Dr Holden emphasised that the current DHU 'Tough books' need to be changed to ensure access. Stephen Bateman confirmed that this is currently being looked into.

ACTION: Stephen Bateman to collate and present figures for admissions and trends.

Stephen Bateman highlighted that 7-8% of patients in Derbyshire who contacted the 111 service are admitted into hospital after contact. A higher percentage of patients are admitted into hospital after a paramedic visit through the 999 service. This data is shared with EMAS in an effort to improve services.

15/37 MINUTES OF PREVIOUS MEETING

The Minutes of the meeting on the 5 February 2015 were approved and signed by the Chairman as an accurate and true record except for:-

14/185 Contingency Planning - Ebola - remove "not" on last sentence
15/23 Workforce 10 Point Plan - replace retrain with "return" on first sentence

Embedded PDF documents are not always compatible with the different computer systems and software packages used by LMC members, additional documentation for inclusion in minutes to be sent as attachments.

15/38 MATTERS ARISING

15/9 Subcutaneous Fluids

Dr Love sent an email to Dr Betteridge and the work is still ongoing. Dr Ashcroft also sent information to Dr Love.

14/185 Contingency Planning – Ebola

Dr Dils stated that credit checks are required before the issue of laptops is allowed. Discussion took place identifying that this was due to the requirement of internet contracts.

15/25 Co-Commissioning – Delegate Authority

Jackie Pendleton drew attention to the wording used in the last LMC minutes in regards to the consultation process. Jackie Pendleton was unable to attend the last meeting but

highlighted that there had been consultation. Dr Williams stated that the feeling was that there had not been a consultation and the communication received had asked for an idea, but was then taken as a final decision.

15/26 Creswell and Langwith Practice

A letter addressed to Dr Holden from Hardwick CCG was read to the meeting. The letter emphasised the view that the CCG believed that NHS England policy was that only an APMS contract could be offered after the end of the DCHS interim contract Drs Williams, Holden and Grenville noted that at the LMC Secretaries' Conference in December Simon Stephens had stated that GMS and PMS contracts would still be available where circumstances dictated. Members took the view that patients in Creswell and Langwith had suffered significant instability ever since their practice had been commissioned under APMS contracts. It was suggested that a GMS or PMS contract should be considered to bring stability to the area.

ACTION: Hazel Potter to draft letter with Peter Holden.

15/32 Maternity IT Issue

ACTION: Hazel Potter to chase up reply to letter sent after February LMC meeting.

- **LMC Conference Motions – to be agreed and submitted by 23 March 2105**

Formatting standards for conference motions to be reviewed and amendments to be made as required. There must be no more than 5 numbered parts per motion. Motions brought together by PH are those that have been raised within LMC. Members reviewed the motions and Dr Grenville agreed to redraft as necessary so that the LMC's motions are competent and are submitted on time.

Due to IT emailing issues, motions submitted by Dr Ashcroft have not yet been received within the LMC Office. He provided an overview of the motions.

ACTION: Dr Holden and Dr Ashcroft to re-send motions to Dr Grenville, copying in Hazel Potter, to allow for review and amendment to the required standard specifications for conference motions.

ACTION: If IT issues continue, Hazel Potter to contact BMA as motions are required to be submitted electronically and must come from LMC email address.

15/39 Formal Letter to be sent to Secondary Care Providers Regarding Sufficient Drugs on Discharge from Hospital

Dr Holden expressed concern that different Trusts issue different durations of drugs on discharge, some as short as one week. Dr Grenville pointed out that historically we had agreed locally that 28 days' supply of medications should be issued on discharge and that if this was not happening it was a commissioning issue.

ACTION: Dr Holden to write a letter (Dr Grenville to check before being issued) to CCGs to state this is what we expect to be in the contract and we will encourage our members raise as a commissioning complaint every issue of non-compliance.

ACTION: Dr Holden to email Hazel Potter the GPC paper "quality first: managing workload to deliver safe patient care".

New legislation regarding drugs (including some prescribed medications) and driving came into force on 1st March 2015. It was confirmed that this had been previewed in the August 2014 LMC Newsletter.

ACTION: April LMC Newsletter to include article on Drug Driving confirming that legislation is now in place.

15/40 PAG / PLDP

- **Training**

Dr Crowley attended a PLDP/PAG training panel last year with Dr Markus. Changes within the Area Team will not be known until the end of March. From 1st April there is no requirement for discipline specific professionals on the PAG or the PLDP to be nominated by the LMC. Ken Deacon is the new Medical Director and is keen to have LMC input to both PAG and PLDP. As things stand, LMC representatives are the only people trained so they will have to be kept on.

Dr Williams attended a meeting with Ken Deacon last night (see below). As far as PAG is concerned, the LMCs will not be invited to nominate the discipline specific member. They will be invited to send a representative to be in attendance. There is no funding for LMC time. The five LMCs are to communicate and decide who should attend. It was noted that PAG may meet anywhere within the new North Midlands sub-region. In future medical and dental PAGS will meet separately. The LMCs will need to decide which LMC will be attending, then foot the bill from the LMC funding. PLDP meetings will be held much less frequently in future, possibly only twice a year, and they may be held anywhere in the Midlands and East Region, perhaps at the HQ in Cambridge. The discipline specific professional will be nominated by the LMCs. The RCGP and GMC rate of £50 per hour will be paid and an element will be included for reading time. There will be more travel involved.

Dr Holden said the pay is not terrific. There will need to be a pool of LMC nominated discipline specific members. He drew a parallel with the historical national Medical Advisory Committee (MAC). He suggested that the LMCs should pay for travel time to make it economic for those who do the work. The question of whether the payments cover locum costs was raised. Dr Holden suggested that this needs to be discussed at the LMC Executive meeting. The LMC needs to be mindful of the tension between increasing costs and the need to keep the levy as low as possible.

To enable sufficient and regular attendance at PLDP the requirement to train further LMC members needs to be considered. Dr Holden noted that a minimum requirement for nomination to the old MAC had been 5 years' service on GPC. He asked whether we should develop a pool of people from which to provide nominations. For the moment Dr Crowley and Dr Markus will continue as leads. We need to discuss with further with Nottinghamshire, Shropshire and Staffordshire LMC's. Dr Grenville said no one employed by NHS England should be allowed to sit on PDLP due to conflicts of interest. Dr Williams said that Ken Deacon appreciates this.

ACTION: Another motion to be submitted to conference regarding the need to separate the decision making function from NHS England.

- **LMCs/ North Midlands Joint Liaison Meeting**

Dr Williams had attended a meeting the previous evening between the LMCs and Ken Deacon. Unfortunately, Nottinghamshire and Shropshire had been unable to attend.

Appraisal and revalidation, Easter opening, PMS reviews, and co-commissioning were also discussed at the meeting. There had been considerable discussion of a scheme initiated by Health Education West Midlands to attract UK trained GPs back from Australia. Funding has been allocated and protected to allow appropriate re-induction courses. Twenty GPs

have taken advantage of the scheme. Dr Holden will see if this approach might work for Nottinghamshire and Derbyshire as well.

The next meeting is in May and they will alternate between Derbyshire LMC and Burton LMC Office.

15/41 Repeat Dispensing Contract Briefing

Graham Archer informed the Committee of a change to the Pharmacy Contract meaning that community pharmacists will be obliged to draw to the attention of those patients for whom it would be appropriate the advantages of the Repeat Dispensing Scheme. The scheme has not had good take-up in Derbyshire. Dr Holden and Dr Williams both commended its effectiveness. There was a discussion about the need for caution regarding 'as required' medications.

15/42 PREMISES UPDATE

Nwando Umeh reported that she had attended a meeting with NHSPS and CHP in regards to Premises contracts. She confirmed that there were questions from practices about increases in non-reimbursable costs. Practices asked why they were unable to be provided with a breakdown of these. NHSPS and CHP said they that they had inherited debt from PCTs due to previous netting out of payments. NHSPS had apologised for the situation.

Dr Holden described the mechanisms that some PCTs had used in the past to produce paper savings and advised the meeting that there was now a shortfall of £750m, which would need to be found by Government. Dr Holden advised once more that practices should not sign leases or other agreements with NHSPS until they are satisfied that they represent a true picture. Practices should not pay invoices without a thorough and clear breakdown.

15/43 CLINICAL COMMISSIONING GROUPS (CCGs)

- **Easter Opening**

Dr Williams referred to an email from NHS England offering to pay practices to open on Easter Saturday. Jackie Pendleton said North Derbyshire and Hardwick CCGs, as co-commissioners, had decided to offer only the same rate of pay to GPs that DHU are paying i.e. £95/hour. She confirmed that it is not to be a pre-booked surgery and will be open for three hours. She noted that Easter Sunday and Monday are usually busier than Easter Saturday.

Graham Archer said NHS England wanted special opening of pharmacies for Easter Sunday. There are some pharmacies that will open for two hours only. Dr Grenville noted that there is no clarity about where the funding is coming from for these initiatives There was a discussion about whether the funding could be used for alternative solutions to the expected pressure on out of hours services over the Easter weekend. Dr Holden drew attention to the recent changes by the Medical Defence Organisations regarding out of hours work and to the very sharp increases in premium for those GPs who do extensive out of hours work. He advised strongly that GPs need to look at the terms contained within their MDO contract when considering whether to undertake any out of hours work, including Extended Hours.

- **Co-Commissioning conflicts of interest guidance**

This guidance was discussed. It was noted that the CCGs were content that conflicts of interest in commissioning primary care could be adequately addressed.

• **CCGs Letter**
Dr Williams has sent the CCG letter and also circulated a list of who has gone to level 3 which states who has opted for level 3 commissioning.

• **GPC Guidance**
GPC Guidance on co-commissioning was noted.

Dr Williams reported on progress of North Derbyshire's 21st Century commissioning project. He noted the similarities with the recently announced Manchester model for joint health and social care commissioning project.

15/44 AREA TEAM

• **Publication of NHS payments to general practice and publication of GP earnings**
Dr Williams highlighted the recent publication of NHS payments to general practices and the forthcoming contractual requirement for practices to publish GPs' earnings from March 2016. There was discussion about how to calculate and display GP earnings. Dr Holden said there is no guidance from GPC but that the intention was to show how much a GP would earn for a basic 37.5 or 40 hour week (or pro-rata for part-time GPs).

Dr Grenville commented that on analysing the data regarding NHS payments to practices, unsurprisingly, the largest practices get the most funding while the least funding goes to the smallest practices or to those that have gone out of business during the year.

ACTION: Dr Holden to re-circulate his spreadsheet regarding GP numbers required according to practice size and other factors

15/45 CARE QUALITY COMMISSION (CQC)
Dr Grenville confirmed that there have been two further CQC reports published, 1 scores as outstanding and 1 scores as good. Overall scoring for CQC reports has totalled 2 outstanding and 4 good in Derbyshire. We have 10% of outstanding in entire country so far.

Dr Ashcroft asked to add an extra item. He asked what should be carried in emergency drug box. He noted Nigel Sparrow's guidance on this, suggesting that GPs should consider carrying opiates. Dr Grenville noted that there was a lack of agreement professionally about this. He suggested that the solution is likely to vary from practice to practice, depending on such issues as geographical location. He advised that CQC's *modus operandi* is that they will want to see minuted discussions of practice meetings showing how a practice arrived at its particular decision.

15/46 Primary Care Development Centre (PCDC)

• **GP Leadership Programme Selection Panel**
Dr King submitted a report on a meeting he had attended on behalf of Dr Grenville. There will be a PCDC Administrator starting 10th March to be based in Derby.

Dr Betteridge gave feedback that HEEM had approved the idea for bringing in GP fellowships. The GP fellowship would give a GP twelve months to work within CCG and opportunity to implement other initiatives to encourage keeping trainees within the area. Dr Helen Mead, Dean of General Practice within HEEM has approved. Dr Kinsella agreed that there is a need to encourage GP trainees to remain within the area.

Nwando Umeh confirmed that there has been good feedback from the training sessions completed through PCDC. Dr Grenville stated that there has been much good training but

overall there is the requirement to get GP's and practice managers into mind-set of how to move things forward.

15/47 LOCAL EDUCATION TRAINING BOARD (LETB) / LOCAL EDUCATION TRAINING COUNCIL (LETC)

Dr North is unable to attend today's meeting. Dr Grenville said the hub and spoke network (CEPN) is moving forward. Jackie Hewlett-Davies is leading on this .The current offer is £10,000 for the first year as a training hub. Moss Valley practice in Eckington has been selected as the Derbyshire site.

15/48 OFFICE REPORTS

Hazel Potter mentioned that we will be moving office on 23 April and will notify people in due course once the IT is working again.

15/49 GPC NEWSLETTER – FEBRUARY 2015

No items were raised.

Dr Williams provided feedback on the GPC roadshow. He stated that it was great chance to network and he met a new GP called Raj who is keen to join the LMC Areas addressed within the GPC Roadshow included: -

- Shared Parental Leave
- Contract changes including Seniority
- GP earnings being published
- Online services
- PMS reviews
- Carr-Hill Formula review
- Formula for workload in practices
- Out of area registrations
- CQC
- Future of general practice
- Difference car models with vertical integration
- Sessional GPs
- Elections of regional representatives
- Enhanced Services for Dementia patients including all patients requiring a care plan from 01/04/2015

From 1st April 2015, practices will be required to provide access to patient electronic notes. However it is recognised that there are Clinical Systems that currently are unable to provide this level of remote access. Practices will be required to provide the access once systems are upgraded. Discussion took place between members in regards to the processes that will need to be in place to ensure good decision about access to the data, for example a 15 year old girl who is currently on a contraceptive pill may not want parents to see this information. Dr Dils asked whether there guidance to help the decision making process and to support GPs in the decisions they have made. Dr Williams highlighted that there is guidance in the SFE for 2015-16.

15/50 ANY OTHER BUSINESS

- **Bespoke Health and Social Care Budget**

  Dr Love's letter has already been discussed.

- **Letter to Dr Holden from Nottingham QMC regarding spinal work**

Dr Holden had received a letter from the QMC rejecting a referral for Spinal Work. It was agreed that if hospitals are commissioned to provide healthcare and fail to do so, it is a commissioning issue that needs to be raised with the commissioning teams. The decision should not lie with the QMC, they are not able to state that they no longer deal with this area of healthcare for Derby and Derbyshire patients. In principal it seems that they have decided to shut the service.

ACTION: Letters to be drafted to be sent to the local CCGs to clarify who provides specialist services. Letters can be sent to Dr Grenville for further support.

Dr Grenville thanked everyone for the Get Well Soon cards, presents and flowers. He also thanked the superb support from the office and LMC and Executive teams.

Graham Archer informed the meeting members that the NHS Pharmacy Team will be booking in visits to complete Medicine reviews for patients who are being prescribed seven or more different medications. The visit is up to an hour to check what they're taking, check cupboard where store medication, also check date of drugs.

Dr Ashcroft provided feedback from the vaccination meeting that he recently attended. He confirmed that issues had been highlighted regarding funding running out and the requirement for further vaccinations. He raised that there were several key team members leaving, which may have an effect on the future of the vaccination scheme.

Dr Ashcroft confirmed that he had attended the Smoking Cessation meeting, however feels that currently the processes are not fit for purpose.

Dr Holden reminded the LMC members that expenses need to be sent to office by the end of the week as end of year accounts are due to the accountants.

The meeting was closed at 17:30.

15/51 DATE OF NEXT MEETING – 02 April 2015