

DERBY & DERBYSHIRE LMC LTD

Derby & Derbyshire Local Medical Committee Ltd Meeting
Higham Farm Hotel, Main Road, Higham, Alfreton, Derbyshire, DE55 6EH
Thursday 5 May 2016 – 13:30 to 17:00

PRESENT:	Dr Peter Williams (PW) (Chair)	
	Dr John Grenville (JG)	Dr Susan Bayley (SB)
	Dr Kath Markus (KM)	Dr Andrew Jordan (AJ)
	Dr Sean King (SK)	Dr Murali Gembali (MG)
	Dr John Ashcroft (JA)	Dr James Betteridge (JB)
	Dr Ruth Dils (RD)	Dr Mark Wood (MW)
	Dr Brian Hands (BH)	Dr Vineeta Rajeev (VR)
	Dr Jenny North (JN)	Dr Peter Holden (PH)
	Dr Paddy Kinsella (PK)	Dr Gail Walton (GW)
	Dr Tarun Sharma (TS)	Dr Greg Crowley (GC)
APOLOGIES:	Dr Peter Enoch (PE)	Dr Denise Glover (DG)
	Jayne Stringfellow (JS) (NDCCG)	Dr Jane Perry (JP) (Registrar)
	Andy Gregory (AG)	Stephen Bateman (SB)
	David Gibbs (DG)	Dr Pauline Love (PL)
IN ATTENDANCE:	Samantha Yates (SY) (Minutes)	Marie Scouse (MS)
	Graham Archer (Chief Officer - LPC) (GA)	Lisa Soultana (LS)
	Helen Cawthorne (HC)	

16/39 Welcome and Apologies

16/40 Closed Session (Members Only)

16/41 Guest Speaker – Lisa Soultana, General Practice Task Force (GPTF)

Details regarding the GPTF project have been regularly issued since January 2016. LS provided a question and answer session for members. LS confirmed that training of Change Facilitators has taken place and that the team of Change Facilitators are from different general practice job roles and experiences i.e. GPs, Nurses, Practice Managers.

Change Facilitators will help the GP workforce make their own changes. 11 expression of interest forms have been received to date and all will be supported by the GPTF. Intelligence gathered from the GPTF project will be shared (all identifiable information will be removed, if applicable as per confidentiality requirements) with project partners and stakeholders including change constraints, best practice, ensuring that due process is shown and lessons are learned throughout practices in Derbyshire.

16/42 Minutes of meeting held 3 March 2016

Minutes confirmed as accurate.

16/43 Matters arising

JA, GA and JG will be attending a meeting with Derbyshire Community Health Services (DCHS), Derbyshire County Council and Public Health England (PHE), to discuss smoking cessation contracts in place. Members provided feedback from their areas regarding their concerns on funding and the effect on success rates.

Action: JA, GA and JG to raise concerns in meeting. Feedback to be provided as appropriate.

HK confirmed that as part of the STP Smoking Cessation has been listed as a priority.

16/44 GP Forward View

SB provided the GP Forward View LMC statement. This has been circulated to levy paying practices, locums and organisations.

Members discussed various issues regarding the crisis in General Practice. Discussion included the Kings Fund report, the Public Accounts Committee report, RCGP communications and the fact that EPRR and LHRP risk registers do not include the possible collapse of General Practice.

Members also discussed the growing expectations of the public which increases the conflict faced by General Practice staff from aggressive patients who believe that they should be entitled to same day appointments at a time convenient to them which may not be a time available at the surgery.

MS confirmed that ND CCG were completing an extensive review utilising lay members to work on patient expectations and the culture surrounding their use of General Practice. HC confirmed that SD CCG have added this ongoing issue to the Leadership Group meeting.

JA stated that new figures released show that there are 18,000+ doctors in the UK who are choosing to work in hospitals rather than in General Practice because of the perceived working environment.

16/45 Contract

Few changes have been made to the PMS and GMS contracts. It is believed that this will be discussed further by LMCs at the annual conference.

16/46 Primary Care Support England (PCSE)

KM and DG met with Robert Ramsden and Justine Burns from PCSE. The office has received a considerable number of complaints and issues from practices, including but not restricted to the movement of medical records using unmarked vans and inexperienced couriers, lack of prescription pads and access to needles. KM confirmed that PCSE had agreed that they had had “teething” problems but that they stated that pilot sites were running well.

The pilot site was contacted by DG after the meeting who states that the new systems were not running well.

Action: LMC Members to be copied into emails sent to practices to ensure they can support their constituents.

16/47 Primary Care Development Centre (PCDC)

No further update. To be removed from standard agenda.

16/48 Clinical Commissioning Groups

- **Sustainability and Transformation Plan**

The Sustainability and Transformation Plan (STP) covering the whole of Derby and Derbyshire has been sent in draft form to the office. It is to be submitted by June 2016. JG gave an overview of the STP to members. Discussion took place regarding the definition of “places” which is intended to involve practices within areas/localities working together to achieve improved health and social outcomes. JG recognises that there are mixed feelings among Derby and Derbyshire practices towards “places” and the rationale by which CCGs have begun to define them. He noted that the patient numbers in the proposed ‘places’ are relatively small for capitation based budgeting across health and social services and money will need to be set aside for risk pools which could lead to significant inefficiencies.

HK confirmed that on attendance at different meetings, the meaning of the STP and the message being sent to practices changes. The Belper 5 have a positive outlook on the STP, however the practices do recognise that contracting variations may be of concern in implementation.

Communication is an ongoing issue in regard to the STP. CCGs have disseminated some information and presented in meetings, however it is felt that information isn’t being given due emphasis. JG stated that practices have indicated that they feel the information is cascaded down without ensuring that all those involved are actually receiving or understanding it.

Members were concerned that there is a mismatch between STPs and the General Practice Forward View.

Members discussed at length what transformation means and that on-going funding is required, not just pots of “one-off” project monies. Further concerns were raised as to how the STP fits into work streams already in place, such as 21st Century and Joined-Up Care. JA indicated that Erewash CCG are already operating Vanguard sites that will be

affected by the STP and questioned whether results from this pilot have been taken into consideration within the development of the STP.

JB suggested that a patient care journey diagram for practices and for patients, showing how care services link together, would be beneficial for everyone.

Members recognise that funding is the main issue in evolving services, then time to actually make changes and benefit from them. There is an ongoing assumption that changes can be implemented with immediate effect with no money, and that benefits can be reported in the next month.

Clinical Commissioning Groups

- **Primary Care Co-Commissioning Committees or equivalent**

- **Hardwick CPC**

SK attending meeting in May, the April meeting was cancelled. SK has received confirmation that Part A and Part B are public and that the LMC are not invited to attend the confidential Part C session.

SK noted that the provider contract for Creswell and Langwith practice has been delayed due to varying requirements between practice, provider and NHS England; DCHS remain caretaker at this time.

- **Erewash PCCC**

JG attended both meetings and confirmed that the Vanguard project was discussed in the confidential session. No further business to report.

- **North Derbyshire PCCC**

SK attended both meetings and confirmed that a paper authored by MS depicting the current GP workforce position was presented, showing that a large proportion of the workforce is nearing retirement.

- **Southern Derbyshire PMCCC**

JG attended the meeting held in March; the meeting for April was cancelled. SD CCG discussed distribution of section 106 monies to localities currently affected by heavy housing construction. Discussion took place regarding the decision making hierarchy, allocation of monies and the requirement for further clinical input.

HC confirmed that processes for dispensing the funds were being developed and presentation at the PMCCC was to gain insight into what needs to be taken into consideration.

- **Southern Derbyshire Primary Care Panel**

JG attended the meeting. There has been an application for a list closure which has been accepted in principle. The LMC has developed a checklist for application for list closure but it appears that this has not been used.

- **Southern Derbyshire Minor Injuries Meeting**

GC and JG have attended meetings. Due to previous contract variations throughout City and County there is on-going work to define what is defined as a minor injury, where treatment for minor injuries currently take place and where it may take place in the future, taking into consideration geographical locations of patients and their ability to reach those treatment points.

Action: Feedback as appropriate to LMC Meeting.

MS confirmed that there is currently a review in the North of the County of services provided in the “Basket” of services, including Urgent Care services. HC stated that SD CCG are looking to provide a service based on need and at no point has a discussion taken place regarding decommissioning of the entire minor injuries service.

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

PW provided feedback. Quality and funding have been discussed, including the discussion on the need to fund practices that are doing well, not just those facing problems. PW has highlighted at the meeting that in order to continue providing quality care those practices need additional funding no matter what their care standard currently is. JA confirmed that there is a clear correlation between positive CQC results and the amount of funding practices receive.

- **North Derbyshire Consultant to Consultant Referrals/Reducing Workload**

KM provided feedback on “Building Bridges” meetings taking place in the Chesterfield and North localities dedicated to improving working relationships between primary and secondary care in order to reduce bureaucracy and move forward. KM stated that meeting face to face was beneficial, allowing for “quick wins” to be discussed and set in motion. These included hospitals ensuring that “Fit for Work” notes cover an appropriate amount of time, ensuring that all colleagues are up to date with BMA guidance in regards to the responsibility in following up investigations and other simple issues such as the location and address of the Health Visitors team.

KM stated that as part of improvements and to ensure that the reduction of workload is on both sides, general practice is asked to ensure that the most recent blood pressure test results are included on every referral and that A&E visits are followed up by the GP, where appropriate.

KM felt that the meetings were very positive.

16/49 Syrian VPR Partnership

JG and HC discussed the county plan for accommodating Syrian refugees. HC confirmed that there are currently 800 unrelated open applications for asylum in the Derbyshire region which reduces the number of refugees that can be helped. Derby City has not felt able to offer any places

LMC members discussed the funding availability for refugees and risks to allocation of funding if refugees move areas. HC confirmed that further consultation meetings will be held, to which the LMC are invited.

16/50 Information Management Technology (IMT) update

PW confirmed that the MIG Shared Information Agreement has been distributed by Arden GEM using email services provided by the LMC Office. There has been a steady return of signed documents.

Action: LMC members are to encourage constituents to return. All questions to be directed to the LMC Office who will forward on to relevant contacts.

DIDB has made the decision to reduce the use of fax machines between health, and social care providers, e.g. council, DCHS, GP's and hospitals. This will mean the use of faxes for routine communication will cease. The reason for this is so that organisations outside of general practice can work out how to receive NHS net communications re patients. GP's may retain fax machines after this, but recognising they cause many security breaches of data. However, pharmacies may not have alternative means in the short term. PW confirmed that the first step in reduction of use will begin in October 2016 and that members and their constituents need to ensure they keep up to date with the communications that will be released regarding this issue.

16/51 Public Health England

Previously reported at the LMC meeting were the concerns regarding HPV vaccinations in schools due to lack of accessibility to notes and updating details. This has now been resolved.

PHE arranged a meeting to discuss outbreak contingency planning. JG confirmed that a levy-paying practice drew attention to the LMC office, that a non-levy paying practice that had provided services during the meningococcal outbreak in Dronfield were still chasing payment to cover costs.

Members discussed legislation in both the old Red Book and the 2004 contract regarding requirements from general practice during outbreaks, JG confirmed that the need for PHE to provide key funding details and assurances as to how expense will be reimbursed is required immediately.

16/52 NHS England North Midlands

Members discussed the Whistleblowing Policy released by NHSE. PH highlighted that the policy does not take into consideration the set up and internal workings of General Practice. He agreed that all employers and employers should fully support whistleblowing but the policy needs to be reviewed and re-written if it is to be implemented.

16/53 Care Quality Commission (CQC)

Members discussed comparison statistics provided. MS confirmed that CQC have stated that they will have finished North Derbyshire CQC inspections by September 2016. National target for the completion of all inspections throughout general practice is October 2016.

16/54 GPC Newsletter

No further update.

16/55 Office Report

No further update.

16/56 Any Other Business

PW asked that conference representatives remain after the LMC meeting to discuss the agenda.

PW highlighted that the July LMC meeting will be the last meeting attended by JG as Secretary of the LMC.

Meeting closed at 16:55

16/57 Date of next meeting

Thursday 7 July 2016, 13:30 – 17:00, Santos Higham Farm Hotel.

LMC Meeting Action Log

Date	Agreed action	Resp	Update
03/12/15	GP Fellow scheme member to be invited to a LMC Meeting to give "shop floor" feedback of the scheme.	SY	Guest Speaker slot to be removed.
03/12/15	LS to provide feedback as to funding decisions made in GPTAG, as appropriate.	LS	Completed, GPTF project.
03/03/16	Members interested in developing a possible premises funding solution to contact the office.	All	
03/03/16	Letter to be sent to RCGP asking for a finite resolution as to what is a safe workload for a GP during a day and working week.	Execs	
03/03/16	To address threshold for motions agreed in the Special Conference of LMCs, in Annual Conference of LMCs in May.	Attendees	Completed, Conference took place on 18-19 May 2016.
03/03/16	LMC Members to identify reasons they entered into the profession and what will make them stay, to be fed back in the next LMC meeting.	All	
03/03/16	Ideas for community investment scheme to be presented to East Midlands/Collaborative LMC meeting for further thought and suggestions.	LS	Meeting took place on 23 June 2016.
03/03/16	Draft motion to submit to Annual Conference of LMCs regarding Premises and last man standing.	JG	Completed Conference took place on 18/19 May 2016.
03/03/16	Letter to Hardwick CCG regarding Ambulance waiting time choices.	Execs	
03/03/16	Letter to be sent to Midwifery department in acute trusts to ask for clarification of the systems to be put in place, this system to then be implemented across all practices to ensure that the same service is provided.	Execs	
03/03/16	PW to address DCHS access to child immunisation and vaccination information through IT systems in the next DIDB meeting.	PW	
03/03/16	Practices to write letter to CCG detailing issues regarding referrals and investigation as CCG have processes in place.	Members	
05/05/16	JA, GA and JG to raise concerns regarding current smoking cessation contracts in meeting with Council, DCHS and PHE. Feedback to be provided as appropriate.	JA/GA/JG	
05/05/16	LMC Members to be copied into PCSE emails sent to practices to ensure they can support their constituents.	Office	
05/05/16	Minor Injuries meeting feedback as appropriate	Members	
05/05/16	LMC members are to encourage constituents to return MIG SIA documents. All questions to be directed to the LMC Office who will forward onto relevant contacts.	Members	