DERBY & DERBYSHIRE LMC LTD

Derby & Derbyshire Local Medical Committee Ltd Meeting
Higham Farm Hotel, Main Road, Higham, Alfreton, Derbyshire, DE55 6EH
Thursday 3 March 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 Peter Enoch (PE)
	Dr Sean King (SK)	Dr Murali Gembali (MG)
	Dr John Ashcroft (JA)	Dr James Betteridge (JB)
	Dr Ruth Dils (RD)	Dr Jane Perry (JP) (Registrar)
	Dr Brian Hands (BH)	Dr Vineeta Rajeev (VR)
	Dr Jenny North (JN)	Dr Denise Glover (DG)
	Dr Paddy Kinsella (PK)	Dr Lucy Baker (LB)
	Dr Tarun Sharma (TS)	
APOLOGIES:	Dr Peter Holden (PH)	Lisa Soultana (LS)
	Dr Clare Shell (CS)	Dr Pauline Love (PL)
	Dr Peter Short (PS)	Dr Gail Walton (GW)
	Dr Mark Wood (MW)	Dr Ken Deacon (KD)
	Dr Andrew Jordan (AJ)	
IN ATTENDANCE:	Samantha Yates (SY) (Minutes)	Kate Lawrence (KL)
	Graham Archer (Chief Officer - LPC) (GA)	Jayne Stringfellow (JS) (NDCCG)
	Helen Cawthorne (HC)	Heather Peet (HP)

16/20 Welcome and Apologies
Welcome to Kate Lawrence, KL will be covering the Liaison Officer role during the recruitment of the Head of Support position.

16/21Closed Session (Members Only)
No further update at this time.

16/22 Guest Speaker – Dr Susie Bayley, LMC Member, Chair of GP Survival, GP State of Emergency
SB provided a presentation detailing social media movements including: GP Survival, GP State of Emergency. SB highlighted the capabilities of using Social Media to reach the nation and the introduction of a Facebook page and twitter account for Derby and Derbyshire LMC. SB gave a brief overview of how "#" systems work on twitter and the introduction of #LMCResource on twitter, networking with other tweeting LMC's to share resources.

Discussion took place detailing the fragmented views of different GP support media covering social media, newspapers/magazine and TV/Radio. JN stated that as a profession GPs need to identify what they want and unite behind it, providing a message of unity between GPs and a message to the public of "Where we are and why we are here". PE and JG agreed that the public need to be aware that General Practice is at a tipping point and recognise that social media could be the avenue through which to make the public aware.

Junior Doctors are NHS employees, GPs are not NHS employees. There are legality issues; as the LMC is not a Trade Union it cannot call strike action. JB identified that there is no second tier support for GPs, consultants can provide support and cover Junior Doctors. GPs are self-employed but do not have the same flexibility as self-employed/entrepreneurial businesses.

JG suggested that a there needs to be a change in terminology, need to stop using the phrases "funding" and "money" and use "resources". GPs are resources and the funding/money required for the service is part of the provision of resources. HK identified that there must be a standard of what a safe workload is, for the safety of the patient and the safety of the GP; this will inevitably help to identify the resources needed for the service. Discussion took place regarding recommendations previously provided by RCGPs.

Action: 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.

MG confirmed that GPs are expected to work from 08:00 – 18:30 on a normal working day, but there are no limits or guidance as to what is completed within those working hours. A typical working day will include the basics of providing consultations with patients, but also include reports, letters and referrals. BH included that the definition of a consultation is also required as a GP deals with all manner of basic and complex issues.

Special Conference of LMCs agreed actions to take place, but did not give thresholds/absolutes to measure against when action will be taken.

Action: To address in Annual Conference of LMCs in May.

Discussion took place culminating in the LMC needing to identify what will make GPs stay in their job role, not take early retirement or emigrate. Identification of what a GP can and should be doing and what other professions can do and should be doing.

Action: 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.

16/23 Minutes of previous meeting

Dr Denise Glover details missing from attendance list for February's meeting.

16/24 Matters arising

- **15/97 – Services commissioned by local authorities**
  The "Task and Finish" group has been meeting to discuss the transfer of services. Where meetings were face to face they will now be held through teleconferences.

  Health visiting teams will be changed to cover 'resident' rather than 'registered' children; there will be issues for children who live on the City and County border due to different funded health visiting teams. A letter will be disseminated by health visiting services.

- **General Practice Premises Solutions**
  Discussion took place regarding document that had initially been presented to the North Derbyshire GP federation by SK. Advantages and disadvantages discussed at length detailing the main methods of premises occupation.

  Financial issues for new partners and retiring partners discussed further. Premises investment companies and their procedures were compared with community investment set ups.

  PW confirmed that a considerable amount of work would need to be completed in order to begin strategically developing a GP led community investment scheme. It is recognised that premises issues are a national problem, however if Derby and Derbyshire are able to create a workable plan, Derbyshire could be become more attractive to young GPs planning their future careers.

  JA stated that those practices taken over by the NHS should also be given the contractual opportunity to sell their premises to the NHS. It is recognised that where PCTs were able to purchase premises, the CCGs are unable to acquire assets; however Trusts that are taken over the contracts for premises are able to purchase/invest in assets.

  Action: Ideas for community investment scheme to be presented to East Midlands/Collaborative LMC meeting for further thought and suggestions.
  Action: Draft motion to submit to Annual Conference of LMCs regarding Premises and last man standing.

16/25 GPC Newsletter

- **Contract Changes**

Exact calculations for the global sum adjustment are unknown at this time. Total increase in investment in General Practice is 4.5%; however this causes a cost neutral effect due to increase in expenses and increases in National Insurance. General Practice has again "lost out" when comparing against the investments made in acute trusts.

16/26 Annual Conference of LMCs

JG confirmed that motions submitted but not discussed at the Special Conference of LMCs will be resubmitted.

Action: SY to circulate current motions to members, members to submit motions in correct format to the office by 9 March 2016.

Members discussed issues to be raised as motions including the requirement for adequate community services, timely communications from secondary care regarding appointments/medication/discharge from hospital and unreasonable expectation of same day completion of requests received via telephone/fax.

Members also expressed that Mental Health services impose their communication processes onto General Practices; members feel that they should take into consideration the time availability of staff within General Practice.

JG confirmed that there is national guidance for the dissemination of letters, commissioning bodies have processes in place to address poor and delayed communications; GPs must contact their CCGs to inform of the issue and department.

16/27 Ambulance waiting times

JA addressed the meeting regarding the current waiting times offered by the Ambulance Service. Currently GPs are often given three options, Blue Light "999" ambulance, 4 hour wait or 2 hour wait. There was a clear perception by members that the attendance of Doctors "at the scene" results in a delay in response from ambulance services. Members felt however that GPs have the experience and knowledge to be able to identify to the ambulance service the appropriate timescale for the transfer of patients to hospital.

Action: Letter to Hardwick CCG regarding Ambulance waiting time choices.

JS included that ND CCG are aware that a new system for ambulance waiting time categories is being developed nationally.

16/28 Additional Services

- Maternity

KM stated that within the Chesterfield region Midwives who are not based in practices are requesting GPs to provide prescribed medication. Members discussed the fact that Maternity care is included in GMS and PMS contracts (as additional services) and the different services GPs are required to provide.

Action: Letter to be sent to Midwifery departments in acute trusts to ask for clarification of the systems they use in order to negotiate standard procedures across Derby and Derbyshire.

16/29 Primary Care Development Centre (PCDC)

No further update at this time.

16/30 Clinical Commissioning Groups (CCGs) Derbyshire

- **Primary Care Co-commissioning Committees (or equivalent)**
    - **Hardwick Corporate Performance Committee**

      SK attended and provided feedback including difficulties within A & E departments, the withdrawal of "Steps for Change" from IAPT

      SK informed members that it has been reported that Hardwick CCG is set to break even at the end of the financial year.

      MIG IT system was also addressed including method of explicit and implicit consent. MIG will be rolled out by Erewash CCG in the near future.

    - **Erewash PCCC**

JG attended public session and was invited to stay for part of the confidential session to discuss a practice in difficulty.

- **North Derbyshire PCCC**

SK attended meeting. JS confirmed that NDCCG have been working on criteria for premises in order to standardise applications for premises funding.

Gosforth Valley Medical Centre and Moss Valley Medical Centre are merging.

- **Southern Derbyshire PMCCC**

JG attended public session. MPIG resources are to be reinvested into Cancer services with a view to allocating a lead clinician to be based within practices. The LMC has now been invited to attend the Primary Care Panel which makes recommendations on Primary Care issues to the PMCCC.

- **SDCCG Primary Care Panel**

JA attended meeting. Two practices have received draft CQC reports stating inadequate. The meeting discussed practices with contract variations which have been in place since PCTs.

- **ND CCG Primary Care Development Group**

JG attended meeting, stating that the Engagement Fund and receipt of funding were discussed. An email has been sent to practices requesting feedback before the next meeting. Localities have been asked to identify current schemes that could be rolled out.

GA discussed a paper detailing patients views of using pharmacies in the first instance, confirming that the LPC opinion is that pharmacies could provide workload relief by re-directing patients to pharmacies off site, instead of having a pharmacy on a practice site. Members discussed pharmacy schemes within their areas.

JS confirmed that local community meetings feed into the PCDG.

- **ND CCG Primary Care Planning Committee**

PL attended meeting, no further update at this time.

16/31 Premises update report
KL is taking responsibility as LMC representative and is arranging further meetings with NHPS.

16/32 Information management technology (IMT) update report
No further update at this time.

16/33 NHS England North Midlands

- **End of life**

PW provided update on behalf of PL.

The ECTP designed by Resus Council is not designed to be a unified DNACPR form as most EOL leads had been led to believe.

Following a meeting in London it was confirmed that this is for all people that may need emergency treatment e.g. Someone undergoing a hip replacement may wish to go through the form with their GP or Consultant as to what would happen in the event of an emergency during or after surgery – so they could say that they wish to go into ITU but do not wish to have CPR commenced in the event of a cardiac arrest.

It can also be used with Long term conditions patients such as an escalation plan if their condition becomes worse. It is not intended for EOL patients in particular. PL had explained that we have our H&SCR (Health and Social Care Record) which has our care plans on and there is not an intention to mandate the ECTP but to give those CCGs and hospitals who do not have care plan a guide.

Derby and Derbyshire will still be using the original DNACPR form in its present state until PL attends the next East Midlands DNACPR meeting - and hopefully come up with a plan.

JG stated that during this time it is important for patients to be made aware of and use Advanced Directives in line with their care.

- **Vaccinations and Immunisations**

A school age immunisation service has been procured by NHS England North Midlands from Derbyshire Community Healthcare Services. Practices have posters with relevant details and contacts regarding vaccinations, however there are parents that prefer their child to receive their vaccinations at their GPs and still wish for it to remain so. Further issues were made apparent upon a Meningococcal B outbreak in Dronfield, where practices were expected to deliver the vaccinations but were not reimbursed for up to 4 months.

JN gave an example of vaccinations not being given at a school due to poor records access within DCHS's IT systems. Discussion took place regarding further communications issues, whereby the details of the vaccinations given are not fully updated across the county's different IT systems.
Action: PW to address issue in the next DIDB meeting.

16/34 Care Quality Commission
Members took the opportunity to discuss in depth current and possible future issues regarding the CQC and CQC inspection process of General Practice. Legal rights and powers of the CQC were deliberated and how the concerns could be crafted into motions for conference.

It is felt by members and by their constituents that not only is the CQC not fit for purpose, it is a bureaucratic mess involving continuing delays and stress throughout the General Practice workforce. Members agreed that any action taken against the CQC would need to be unanimous across the Derby and Derbyshire area.

16/35 General Practice workforce and Transformation update reports
As chair of GPTAG (General Practice Transformation Action Group), JB updated members on recent HEE funding agreements and General Practice Task Force (GPTF). JB confirmed that the task force will be providing an array of services that will be free to levy paying practices, providing a team of professionals and experts to practices to help with all manner of workforce issues. The task force, through GPTAG, will be working closely with CCGs, Federations and Providers.

16/36 Cameron Fund elections
The Cameron Fund will be holding elections for two new members, to include coverage of Derby and Derbyshire. Details are included in meeting pack sent out to all members.

16/37 Office Report
Received without comment.

16/38 Any Other Business

- **Annual General Meeting**

Due to take place on 05 May 2016 before the LMC meeting.

- **Urgent Prescription for General Practice**

Information packs and posters have been issued to practices by the BMA.

- **Diabetic Education**

A new Diabetic Education service is to be procured. Members discussed associated Quality Outcomes Framework targets.

- **Shared Records**

HK highlighted that in conversation with a hospital Consultant, it appears that not all consultants have access to shared medical records. PW highlighted that this may be due to the non-issue of Smart cards needed to access the computer systems. JP confirmed that all Juniors Doctors have Smart card access.
Action: PW to raise in I&MT

- **Inter-Consultant Referrals**

JA confirmed that there continues to be consultant reluctance to perform interdepartmental referrals. Members discussed processes in place to report issues surrounding this.
Action: Practices to write letter to CCG detailing issues as CCG have processes in place.

The meeting was closed at 16:45

16/38 Date of next meeting
Thursday 5 May 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	
03/12/15	LS to provide feedback as to funding decisions made in GPTAG, as appropriate.	LS	
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 RCGPs 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	
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	
03/03/16	Draft motion to submit to Annual Conference of LMCs regarding Premises and last man standing.	JG	
03/03/16	SY to circulate current motions to members, members to submit motions in correct format to the office by 9 March 2016.	SY	Completed
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 as CCG have processes in place.	All	