DERBY & DERBYSHIRE LMC LTD

Derby & Derbyshire Local Medical Committee Ltd Meeting
Higham Farm Hotel, Main Road, Higham, Alfreton, Derbyshire, DE55 6EH
Thursday 4 February 2016 – 13:30 to 17:00

PRESENT:	Dr Peter Williams (PW) (Chair)	
	Dr John Grenville (JG)	Dr Ruth Dils (RD)
	Dr Kath Markus (KM)	Dr Peter Enoch (PE)
	Dr Sean King (SK)	Dr Murali Gembali (MG)
	Dr Peter Holden (PH)	Dr James Betteridge (JB)
	Dr Andrew Jordan (AJ)	Dr Jane Perry (JP) (Registrar)
	Dr Brian Hands (BH)	Dr Vineeta Rajeev (VR)
	Dr Jenny North (JN)	Dr Susan Bayley (SB)
	Dr Paddy Kinsella (PK)	Dr Taran Sharma (TS)
	Dr Mark Wood (MW)	Dr Denise Glover (DG)
APOLOGIES:	Dr Gail Walton (GW)	Dr John Ashcroft (JA)
	Dr Clare Shell (CS)	Dr Pauline Love (PL)
	Dr Peter Short (PS)	Dr Nick Coxon (NC)
	Rakesh Marwaha (RM)	Dr Clare Shell (CS)
IN ATTENDANCE:	Samantha Yates (SY) (Minutes)	Lisa Soultana (LS)
	Nwando Umeh (NU)	Graham Archer (Chief Officer - LPC)
	Jayne Stringfellow (NDCCG)	Helen Cawthorne (SDCCG)

16/01 Welcome and Apologies
PW welcomed SB and TS to the LMC Meeting. SB and TS provided personal introduction, brief background and discussed their interest in the LMC.

PW proposed the co-option of SB, seconded by JB and approved by the committee.

PH proposed the co-option of TS, seconded by SK and approved by the committee.

PW informed members that KM had been interviewed for the post of Medical Secretary. PW strongly recommends the recruitment and asked members if there were objections. Unanimous vote of confidence received. KM will begin in post on 01 August 2016.

KM thanked members and gave insight into her background, ideas and appointment, thanking Kate Lawrence for encouraging KM to join the LMC. KM also stated that upon appointment she would continue to complete a day a week in practice. KM is looking forward to helping the LMC move onwards and upwards.

Members were also informed that NU had been successful in gaining employment as a Commissioning Manager for Southern Derbyshire CCG and would be leaving the LMC. NU thanked the LMC for their support and gave special thanks to LS, JG and PH.

16/02 Closed Session (Members Only)
No further update.

16/03 Minutes of previous meeting

15/203 – Care Quality Commission
Members discussed timeliness of CQC processes, including the change of "Registered Manager status", which can take several months often requiring a DBS check to be recompleted adding further delay.

15/205 – General Practice Workforce, Training and Education Update Reports
JB and NU attended the PCDC Primary Care Workforce Models workshop.

16/04 Guest Speaker – Gary Thompson, Chief Officer Southern Derbyshire CCG
GT provided an overview of developments under consideration by SD CCG, in line with government policies, standards and target.

In reference to the requirement of transformation within healthcare, SB asked what SD CCG viewed as transformation within General Practice. GT stated that the ultimate destination for Southern Derbyshire was to reshape the entire system and create an accountable care organisation with appropriate decision making input.

GT stated that from April 2016 the CCG will begin moving towards taking on specialised commissioning, with a view to taking it on fully by June 2016.

PW asked where SDCCG see General Practice fitting into specialised commissioning; taking into consideration the current state of emergency General Practice is in. GT highlighted that the move to specialised commissioning would also take into consideration commissioning by population, discussing that the move from tariff payments to actual costs payments would benefit primary care.

HK raised the issue of increasing indemnity insurance within general practice which is stopping newly trained GPs from staying in the country, therefore what would SD CCG be doing to tackle this problem. GT recognised that this is a direct problem for Derbyshire and that the CCG were reviewing.

GT informed members that SD CCG will be holding an internal restructure consultation, in order to shape the CCG into an effective commissioning body dedicating teams to specific areas.

In regards to community commissioning, JB pointed out that those practices that border with other counties would lose out on population based commissioning, if CCGs in the other counties were not also implementing the same funding measures.

JG emphasised that there is the expectation for CCGs to be run like a business, but the government does not allow for business style accounting. For example business are able to run a deficit in a particular year, as they know that this will be turned around the year after, the requirement for CCGs to balance the books each year does not reflect usual business practice.

Discussion took place regarding the possible merging of primary care and secondary care. It was recognised that where models of working performed well, changes would not be made, however the same model of working may not work across the county.

JS confirmed that ND CCG are also looking at implementing a more community and population based system.

16/05 Matters arising
Members asked that in addition to all reports being sent as individual documents as part of the meeting pack, that documents which are embedded in reports that are submitted to the LMC Meeting, should also be saved and sent as separate documents.
Action: SY to read through submitted reports and save all embedded documents separately.

Due to annual leave together with financial constraints, it was agreed that the April LMC meeting would be cancelled.

JG held a "Master Class" on 07 January 2016. Feedback was received from the members of the executive team that were able to attend. The presentation for the Master Class was sent out for information for all members. KM confirmed that it would be impossible to try and download JGs encyclopaedic knowledge, therefore a further Master Class (or several) would be ideal.
Action: SY to arrange further Master Class.

16/06 Premises
PH encouraged members to advise their constituents in NHS Property Services premises to "hold fire" on signing any contracts regarding premises as information on a deal with NHS Property Services is imminent. The new deal includes a 15 year lease, which will be made available with breakpoints.

There are continuing concerns over facilities charges, PH advised that all practices challenge for a full breakdown of charges. Facilities Management charges cannot be recovered from NHS England and may also attract VAT . Practices, if worried, can pay part of the bill with a covering letter stating that it is being paid under protest.

NU confirmed that a centralised billing process is to be put in place; it is currently used in London. Charges are split into four clear headings, allowing for clear auditing. A date for implementation is not available at this time.

Discussion took place regarding differences between impact on Owner Occupied and Business Lease property arrangements when approaching Partnership "last man standing" issues.

Current issues surrounding premises include those who are newly qualified deterred from entering into partnership with premises ownership and the difficulties of obtaining monies through business loans due to large student debts and people wanting to purchase their own personal home before investing further in what could potentially be extremely risky. JB identified that there need to be improvements in the training programs for Doctors regarding finances and financial management.

The CCGs are unable to acquire assets. Members identified possible solutions to "buying out" retiring GPs including arrangements with federations, larger practices and members themselves.
Action: Members interested in developing possible funding solutions to contact the office.

16/07 Information management technology (IMT) update report
PW stated that after several years of input the draft Derbyshire Community Wide Information Sharing Protocol had been produced. Members were advised to read the documentation sent through with the meeting documentation pack, PW wishes for the LMC to sign off on the protocol to encourage practices to use it.

Discussion took place regarding the MIG (Multisystem Interoperability Gateway) viewing portal, which allows for practitioners to view records from different agencies. Erewash is running the MIG pilot. A question and answer session took place between members.
Action: Discussion to be developed into a "Q & A" Guide by SY and NU.

It was highlighted that if MIG was to be nationally rolled out there should be national, and not just local, guidance.

Having discussed pros and cons and the systems to be put in place, PW asked if members felt that the protocol was a benefit to practices. It was unanimously agreed that it would be a benefit.

- **DIDB**

Discussions within the DIDB meetings have focused on access to End of Life data. Members discussed difficulties in accessing "End of Life" data; HK informed the meeting that EPACS was a further system from which the data is available. The Spine does not have the facilities to store the information.

It was recognised that there are a number of systems that have been put in place and failed. PL, end of life care lead, has been a driving force in making the information accessible.

16/08 Special Conference of LMCs
Members expressed disappointment at the poor media coverage of the conference. Attendees gave feedback from the day, citing that although there were many opinions, there seemed to be few actions or ideas to take forward. Nevertheless the speeches at the end of the conference were stirring and inspirational. The final resolution from the day was for the GPC to canvass in six months' time the willingness of GPs to submit undated resignations if negotiations for a rescue package for general practice have not been successfully concluded.

Who to address undated resignations to will vary according to contracts in place; GMS practices will resign from their GMS contract, PMS contracts will require individual GPs to resign from each contract and APMS providers will resign from their APMS contract.

Several members stated that GPs need to be all in the fight together and division should be prevented; without full support it will be easy for the government to continue as it wishes.

AJ highlighted that issues not debated by the Special Conference can be submitted as motions to the annual conference.

16/09 Annual LMC Conference
Motions submitted for the Special Conference which were not selected will be re-submitted for the Annual Conference. The committee noted the success of the tactics employed by the Junior Doctors and agreed that General Practice needs to learn from this.

JG reminded members that the agenda for the Special Conference included motions aimed only at ensuring that GPs can deliver a safe and sustainable service. However the Annual LMC Conference can focus on wider issues. Members must think about what needs changing now, what is going wrong and how they feel it can be improved.
Action: Members to submit motions to the office for consideration by 22 February 2016.

16/10 Primary Care Development Centre (PCDC)
HK provided an overview of the PCDC, how it was developed and funded and where, as a service, it is now. Core funding will end on March 2016. HK asked members what they felt the PCDC should look like moving forward.

Members discussed their view of PCDC. It was recognised that currently it is difficult to put forward ideas of what PCDC should look like, as the outcome of the current general practice crisis and possible transformation would have a direct effect on its objectives.
Action: Members to feed back further thoughts in the next meeting.

16/11 Clinical Commissioning Groups (CCGs) Derbyshire

- **Hardwick Corporate Performance Committee**

SK attended the last two meetings and provided feedback including the ongoing difficulties being faced by EMAS.

- **Erewash PCCC**

LMC representative attended public session only. JG confirmed that Erewash were good at bringing appropriate confidential session agenda items to the public session. Erewash are supportive of general practice, an example being the funding of flu vaccinations for morbidly obese.

- **North Derbyshire PCCC**

SK attended the last two meetings and provided feedback regarding the public sessions. The confidential session which NDCCG try to keep to a minimum was not reported. JS agreed that ND CCG's ongoing aim is to be transparent and ensure involvement from those agencies that can provide support and input.

- **Southern Derbyshire PMCCC**

JG confirmed that the LMC are still not invited to attend and that we observe the Public session as members of the public, despite correspondence regarding the value that the LMC can provide. JG emphasised that the only clinical member of the PMCCC is the Chief Nurse and that the committee can be quorate in her absence.

HC provided insight as to how SD CCG completes the decision making process confirming that when an issue is raised of a clinical nature, appropriate research, input and recommendations from clinicians is submitted to the next meeting for consideration. HC feels that this has worked without detrimental effects. SD CCG has also re-established a Primary Care Panel, from which recommendations will be taken to the PMCCC meetings.

- **North Derbyshire PCDG**

No further feedback.

16/12 NHS England North Midlands
JG thanked GA for drafting a detailed letter regarding Stop Smoking Services. JG and GA agreed that the letter will be reviewed further before sending.

- **Support for vulnerable GP Practices: Pilot programme**

JG confirmed that the guidance for the programme relies heavily on CQC inspection outcomes. This criterion is not sufficiently discriminatory in Derbyshire as we have a very low proportion of practices rated 'inadequate' or 'requires improvement'. Other important areas to consider include finances, age structure of a practice (retirement), premises arrangements etc.

Members agreed that the amount of money allocated for the programme will not answer the current need.

HC and JS discussed actions put into place by the CCGs and agree that there are practices who would struggle to match fund. Currently both CCGs are looking into the processes of match funding and what can be done from their resources.

16/13 Care Quality Commission (CQC)
CQC have released information on their increase in fees for general practice. The LMC has responded to the consultation.

LS stated that from receipt of the factual accuracy report, there is a 10 working day limit for the submission of factual accuracy corrections. It is extremely important that if a practice wish to use the LMC for support, the office is notified as soon as practicable.
Action: Feedback to constituents that office to be contacted as soon as practicable.

16/14 Ambulance waiting times
To be discussed in next meeting.

16/15 General Practice Workforce, Training and Education Update Reports
JB provided feedback from attendance to LETC. Neil Pearce is the interim chair of the LETC after Sue James has retired. It has been recorded within the LETC minutes that funding ear marked for primary care and general practice which has not been spent, should still remain in primary care and general practice, not diverted to other care agencies.

JB informed members that workforce needs also need to be focused on practice nurses, as the bursary for nursing has now been removed which leaves students requiring a student loan. To add to this issue, universities have capped the number of student places. Although there will be spaces for students whose placement is funded by a provider organisation.

LS confirmed that all key information is included in the report disseminated with the meeting documents. LS informed the meeting that the General Practice Taskforce is now running. The taskforce will be helping to facilitate change, will be working across all CCGs and will be addressing all issues no matter how big or small.

16/16 Office Report
Received without comment.

16/17 GPC Newsletter
Received without comment.

16/18 Any Other Business
GA verified that the Pharmacy profession will be faced with austerity measures, including cutting back on pharmacists in favour of the "click and collect" online option. A saving of 6% is the target.

EPS will shortly be rolled out for dispensing practices.

The meeting was closed at 17:20

16/19 Date of next meeting
Thursday 3 March 2016 – 13:30 – 17:00, Santos Higham Farm Hotel.

LMC Meeting Action Log

Date	Agreed action	Resp	Update
03/12/15	SY to ensure that relevant LMC Meeting documentation is sent without embedding.	SY	To go through submitted reports
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	GA to send copy of GMC statement regarding flu vaccinations to LMC Office.	GA	
03/12/15	Practices must ensure that if using the iGPR system, reports are checked before they are sent and medical professionals' names are inserted.	All	
03/12/15	PW to produce letter stressing the importance of information sharing processes within IT systems across general practice, practice nursing and district nurses. Letter to be signed by JG.	PW/JG	
03/12/15	LS to provide feedback as to funding decisions made in GPTAG, as appropriate.	LS	
03/12/15	JB and NU to provide feedback regarding workshop focused on how to invest in a sustainable move forward, as appropriate.	JB, NU	
04/02/16	SY to read through all submitted reports and save all embedded document separately		
04/02/16	SY to arrange further Master Class.	SY	Dates sent via Doodle
04/02/16	Members interested in developing a possible premises funding solution to contact the office.	All	
04/02/16	Members to submit motions to the office for consideration by 22 February 2016.		
04/02/16	Members to feed back further thoughts and ideas of PCDC services in the next meeting.	All	
04/02/16	Feedback to constituents to submit CQC Factual accuracy report to the office as soon as practicable.	All	