
DERBY & DERBYSHIRE LMC LTD

Derby & Derbyshire Local Medical Committee Ltd Meeting
Higham Farm Hotel, Main Road, Higham, Alfreton, Derbyshire, DE55 6EH
Thursday 2nd October 2014 - 13.30 to 16.30

PRESENT:	Dr Peter Williams (Chair)	
	Dr John Grenville	Dr Denise Glover
	Dr John Ashcroft	Dr Ruth Dils
	Dr Jenny North	Dr Gail Walton
	Dr Mark Wood	Dr Andrew Jordan
	Dr Kath Markus	Dr Pauline Love
	Dr Paddy Kinsella	Dr Greg Crowley
APOLOGIES:	Dr Peter Holden	Dr Peter Enoch
	Dr Peter Short	Dr Sean King
	Dr James Betteridge	Jackie Pendleton (ND CCG)
	Dr Brian Hands	Doug Black
	Dr Murali Gembali	Dr Vineeta Rajeev
IN ATTENDANCE:	Hazel Potter (Minutes)	Graham Archer (LPC)
	Lisa Soultana	Frank McGee (Derby City Council)
	James Cutler	Lucia Whitney (Derbys Healthcare Foundation Trust)
	Nwando Umeh	Dr Sohrab Panday (Derby Mental Health)
	Dr Jane Perry (Registrar)	Rosie Kightley (Derby City Council)

14/140 WELCOME AND APOLOGIES

In attendance – Dr Williams welcomed Graham Archer (LPC), Frank McGee (Derby City Council), Dr Sohrab Panday (Hardwick CCG Mental Health Clinical Commissioning Lead), Lucia Whitney (Derbyshire Healthcare Foundation Trust) and Rosie Kightley (Derby City Council) as guests.

Apologies were received from Dr Peter Holden, Dr Peter Enoch, Dr Peter Short, Dr James Betteridge, Dr Brian Hands, Dr Sean King, Dr Doug Black, Dr Vineeta Rajeev, Dr Murali Gembali and Jackie Pendleton.

- **1 Minutes Silence** was held for former chairman of the LMC Dr David Hunt.

- **The General Practice Awards**

Lisa Soultana and her Practice Nurse Champions were congratulated on reaching the finals of the General Practice Awards for creating the Practice Nurse Competency Framework. They will all be attending the awards dinner being held in November in London and were all wished good luck.

14/141 EXPENSES/ATTENDANCE REGISTER

Members were reminded to ensure that the Attendance Register was up-to-date for remuneration purposes.

14/142 CLOSED SESSION (MEMBERS ONLY)

No items were discussed.

14/143 ACRONYMS AT LMC MEETINGS

Members were asked where possible not to use acronyms; or if used to explain them.

14/144 COMMISSIONING OF CAHMS & CHILDRENS HEALTH SERVICES – GUEST SPEAKERS – FRANK MCGEE, DR SOHRAB PANDAY, LUCIA WHITNEY AND ROSIE KIGHTLEY

Frank McGee (Director of Commissioning, Children's Services, Derby City Council and SDCCG) presented the Integrated Behaviour Pathway with Dr Sohrab Panday (Mental Health Clinical Commissioning Lead), Rosie Kightley (Derbyshire County Council), and Lucia Whitney (Child and Adolescent Mental Health Services Consultant).

The presentation covered the National Drive, the Commissioning Approach, Design Principles, Service User Involvement, National Best Practice and the Single Point of Access, which has been trialled successfully in Derby. A discussion followed where it was explained that all of the various organisations involved in looking after Children's Mental Health issues are trying to work collaboratively to achieve a single point of access to ensure the best possible outcome for patients. There is also a pilot scheme in Chesterfield which is being trialled but the Chesterfield LMC members are unaware of this.

ACTION: Rosie Kightley to report back that GPs are unaware of the pilot scheme in Chesterfield.

Early intervention by schools, Children's Services and general practice is seen as the most effective way of highlighting any problems early on to try to avoid escalation to a Tier 4 hospital admission, which are also more costly. It was agreed that the communication between Multi-Agency Teams within Children's Services and general practice needs to be improved. LMC members also asked that a better mechanism be put in place to deal with the transition of a child attaining 18 years of age into the adult mental health system. It was pointed out that there is often a problem with the criteria for a person with learning disabilities and also behavioural issues as they fall between two areas and cannot secure support for their needs.

Dr Sohrab Panday asked if, even though the GP workforce is demoralised, there should be more integrated care between Primary Care and other providers such as CAHMS. There is a lot less training for GPs on mental health than physical health. All agreed that more training on mental health would be helpful and useful.

14/145 REPORT BACK FROM LMC EXECUTIVE MEETING ON 25TH SEPTEMBER

Dr Grenville reported that the accounts from LMC, LMC Ltd and LMC Services Ltd have been approved and signed. When they have been returned from the accountants we will be able to hold the AGM. The capital position is healthy but the overall profit and loss position is finely balanced. We have a mandate to increase the levy by 5p to 50p possibly in 1p increments, but we have decided not to increase the levy at the moment. However, the time to increase the levy is getting closer.

GPC thinks that LMCs will become more active so we are looking at the development of the LMC by reviewing staff levels and office premises. James Cutler has been working at the LMC for 5 months but also for one day per week at the Primary Care Development Centre and has now decided that his future lies with the PCDC. James has done a lot of work for the LMC especially in bringing the Practice database up to date. Dr Grenville thanked James for all of his hard work and wished him well for his future. The LMC will be recruiting for his role and will also be interviewing for an apprentice for administrative support.

As the team grows the office seems to get smaller. The lease expires in October 2015 and we have viewed other, larger, office accommodation within the same complex which we could relocate to. We are also considering taking extra office space to enable a training facility which would help offset the additional costs.

The new LMC Executive structure is working well. We are all working closely with all partner organisations. There will be changes ahead especially with the reorganisation of NHS England in April 2015.

14/146 MINUTES OF PREVIOUS MEETING

The Minutes of the meeting on the 4th September 2014 were approved and signed by the Chairman as an accurate and true record.

14/147 MATTERS ARISING

14/126 CENTRE for WORKFORCE INTELLIGENCE GP WORKFORCE REPORT

Jeremy Hunt has announced that he will set up a review of the crisis in the GP workforce and Dr Grenville wondered if he had read the CfWI report which his Department had commissioned and published. Dr Williams said that LETB and LETC will be working together with NHS England regarding how many GPs are retiring early. He noted that there would need to be creative thinking about how to persuade GPs to buy into a GP practice that is in negative equity. David Cameron has announced that he wants people to be able to visit their GP between 8am and 8 pm, 7 days per week and has also announced £500m over 5 years to fund this if the Conservatives form a Government after the General Election. Dr Williams has calculated that this represents a £5 billion shortfall. Both Dr Grenville and Dr Williams had given interviews on BBC Radio Derby the previous day to discuss Mr Cameron's announcement and had emphasised that there are not enough GPs in place to cover the current GP opening hours.

ACTION: Dr Grenville to write to MPs and Prospective Parliamentary Candidates.

14/127 CCGs

- **HPV immunisation and Basket of Services**

Dr Markus said we have been given an extension till 31 March 2015. Dr Grenville said there is a difference between Derby City where HPV immunisation is being done in schools and Derbyshire County where it is being done by GPs. He noted that the HPV immunisation

schedule has been changed from 3 doses in one school year to 2 doses in 2 consecutive years. Under the old scheme a practice would have received 3 x £7.65 plus £5 per completed course for each girl within the relevant year. From October 2015 a practice delivering the service will receive a single payment of £7.65 for each girl in the relevant school year and no payment for completion of the course (as it will not have been completed). From October 2016 the service may be contracted out on an AQP basis so the income stream for practices may disappear completely. A discussion followed where it was noted that GPs are not being given adequate notice of any changes to commissioning plans. Dr Grenville said that it seems that Commissioners do give 3 months' notice when they intend to decommission a service but there is a clear pattern emerging that when they, or another Commissioner, intend to re-commission the same or a similar service practices are not receiving sufficient notice of the new service to enable them to make a considered business decision about whether to take it up or not. Graham Archer said it was the same for Pharmacists. He also said there is a Summary Care Record Pilot for 30 Pharmacists which will go live soon and end in January / February 2015. Under the new scheme, Pharmacists will have access to patients' drugs and allergies records.

14/128 AREA TEAM

- **NHS Friends and Family Test**

Dr Grenville spoke about the "iwantgreatcare.com" support package which is now available through the LMC Buying Group free of charge for the first year.

14/137 NEW IMAGING APPOINTMENT CARD

Dr Williams asked if practices had received the new imaging appointment cards and it seemed that most have not.

ACTION: Dr Williams to chase for the new imaging appointment cards.

14/148 CLINICAL COMMISSIONING GROUPS (CCGs)

Dr Grenville and Lisa Soultana have been holding weekly meetings with Southern Derbyshire CCG regarding their Locally Commissioned Services Framework (LCSF). The meetings have discussed securing money from the Basket of Services and the Quality Enhancement Scheme and he believes they have established where the money is and where it will flow. The CCG will have to assure themselves that practices are not being paid twice, i.e. once under the core contract and once under LCSF. A meeting is due next week with the other CCGs to discuss the Basket of Services.

ACTION: Dr Grenville and Dr Sheila Newport write jointly to practices to clarify the situation.

D-dimer

Dr Kinsella and Dr Grenville spoke about the perceived risk of near patient D-dimer testing. Dr Grenville pointed out that no investigation is 100% sensitive and 100% specific and that there will always be false negatives and false positives. He pointed out that if a CCG took expert advice and decided to commission a service, to be provided under a strict protocol, a practice that was sued if a patient came to harm following a false negative result would have a good defence if it had followed the protocol. Furthermore, the practices would be likely to join the CCG as a defendant to the action, which provides an incentive for the CCGs to get it right. In the south the CCG will continue to buy the kits and the activity level will be reviewed after 1 year. A discussion followed regarding whether 24 hour blood pressure monitoring would be commissioned under the LCSF. Dr Williams said it is difficult to get a unified view from all GP

practices and this reflects the fact that GPs are being asked to do more under the new GMS and PMS contracts.

MPIG Payment

Dr Crowley asked whether there is a mechanism for Fairer Funding practices to return to their original MPIG position, now that the Fairer Funding contract has expired

ACTION: Dr Grenville to write to the Area Team to clarify how to reclaim the MPIG money.

Minor Surgery

There was a discussion regarding minor surgery and how it is now commissioned. It was noted that it is now commissioned entirely by NHS England under Additional Services and the DES but that it might be open to CCGs to commission services over and above this

ACTION: Dr Grenville to write a note on how the process for minor surgery works.

Phlebotomy Services

Dr Grenville talked about phlebotomy services. He reminded the Committee that in the County we had come to a pragmatic agreement that where one third is covered by Essential Services, one third is covered by QOF and one third is commissioned by the CCGs to cover work originating in secondary care. He explained that in the City most patients attend CCG commissioned Phlebotomy Clinics but that funding has not kept up with demand and there is a funding gap. In Devon and Cornwall GPs have very recently been told by the Area Team that phlebotomy is an Essential Service and the LMCs are challenging this. GPC will be involved and it appears that this may well become a national issue. It is likely that this development means that a national solution will have to be found. The counterpoint to NHS England Peninsula's position is that there is no funding at all in GMS or PMS contracts for phlebotomy and CCGs are nervous about this. Dr Williams said that in Wales they class it as an Enhanced Service. Dr Ashcroft said that in Nottingham they do it as an AQP.

Minor Injuries

Dr Grenville said this should not be in the basket of Services and GPs are not contracted under their GMS or PMS contracts to deal with acute minor injuries. The minor injuries service used to be a LES and was designed for rural practices. Unless a specific service has been commissioned, if a patient phones the surgery and asks to be seen with an acute minor injury a GP should say "No" and signpost them to A&E or a Minor Injuries Unit. However, if a patient has made an appointment regarding a minor injury after the acute phase the practice would need to deal with it, either by referring or advising. But if a patient simply turns up with an acute injury the practice must do whatever is necessary to prevent further harm before referring to A&E or MIU for definitive treatment, if that is required.

ACTION: Nwando Umeh to mention minor injuries in the next LMC Newsletter.

14/149 AREA TEAM

Dr Grenville said that NHS England is reorganising on 1st April 2015. The number of Area Teams is being reduced by about 50%. Nottinghamshire and Derbyshire are going to be merged with Staffordshire and Shropshire. He has not received a consultation document yet. Senior managers at Area Teams are at risk of redundancy which is bad for morale.

ACTION: Dr Grenville to write to NHS England expressing our concerns about a further reorganisation.

- **Contract Changes for 2015 to 2016**

Dr Grenville said the office has sent the link for NHS Employers' description of the contract changes for 2015 to 2016 to all Derbyshire practices along with Chaand Nagpaul's letter to the profession, as they provide different viewpoints on the same facts.

Dr Ashcroft attended the Tory conference and had a conversation with Lord Howe regarding the recruitment and retention crisis in General Practice and the need for the underspend on VTS recruitment to be spent wisely within General Practice.

The Area Team has sent a letter, that has clearly been drafted at national level, regarding Christmas Eve and New Year's Eve closure which requires surgeries to stay open until 18.30 on Christmas Eve. Graham Archer said Pharmacists have received a similar letter. It was suggested that as long as there is a GP on call and a receptionist this will meet the requirement if historical data show that demand is likely to be low.

14/150 CARE QUALITY COMMISSION (CQC)

Dr Grenville reminded the committee that the new CQC inspection regime will start on the 1st October. Some practices are being inspected for the first time and other have already been inspected under the old regime. CQC are not allowed to discuss how or why they choose some practices twice. Lisa Soultana said that practices will receive a letter two weeks before the inspection, requesting significant amounts of information to be returned within 5 working days, so it is advisable to make sure you have all of the information required in readiness. Descriptions of the information required will be contained within Nwando Umeh's new circular called "on Closer Inspection" and will be uploaded to the LMC website. CQC inspections do focus on access to services by various population groups, such as working people. They also focus on disabled access to surgeries.

14/151 PRIMARY CARE DEVELOPMENT CENTRE (PCDC)

- **Memorandum of Association** - This has been signed.

Dr Kinsella reported that the word 'Nottingham' has been removed from the PCDC logo. However, the email and website remain the same at the moment as Chris Locke will review these after the Area Teams merge.

Lisa Soultana said the Practice Manager and Practice Nurse advisory groups have been identified and training will come out soon.

James Cutler spoke about East Midlands Leadership Academy (EMLA) and noted that Derbyshire practices had so far shown more interest than their Nottinghamshire counterparts. The Operational Leadership series had a huge response. He has been raising awareness during his practice visits and he trying to get feedback from EMLA.

Lisa Soultana has established a new initiative where 3 to 4 Practice Managers are meeting to discuss how they work more closely together with each other. It is called "The Club" and starts in October 2014.

14/152 LOCAL EDUCATION TRAINING BOARD (LETB) / LOCAL EDUCATION TRAINING COUNCIL (LETC)

Dr Grenville, Dr North and Lisa Soultana reported on a recent LETC development meeting about how the workforce will develop to deal with structural and organisational changes. There had been a significant discussion about the tension between radical change and the need to continue 'business as usual', especially among the (many) Trust Human Resources representatives present. Following this meeting we held our own Joint Strategic Workforce Development meeting with David Farrelly, a new appointment at Health Education East Midlands with a brief to work with Primary Care, and senior staff from the CCGs and the Area Team. It was noted that the LETB and LETC axis is historically secondary care focused and we need to develop a structure and pathway that is more Primary and Community Care focussed. We seem to be making some progress, by virtue of David Farrelly's appointment and a new East Midlands Primary Care working group chaired by Doug Black. There will need to be huge changes in the make-up and skills of both the health and the social care workforces if the ambitions for integrated working are to come to fruition. LETB have identified a £5m underspend in this financial year, due in part to the significant under-recruitment to VTSs and another possible £5m. LETB has earmarked £15K for a scheme called 'Pre VTS placements'. However, £1.3M is to be targeted towards developing the workforce and leadership skills in the community; David Farrelly has responsibility for this budget and we need to secure as much money as possible for Primary Care.

14/153 PRACTICE PREMISES

James Cutler is setting up a meeting with the Area Team and LIFTCo. Section 106 money was discussed and the Area Team is responsible for creating networks to secure this money.

14/154 MOBILE WORKING

Dr Markus said that all practices have been offered a laptop, via Greater East Midlands Commissioning Support Unit (GEM CSU), to enable mobile working. There is a requirement to purchase a Vodafone 3 year contract to run the laptop. Her practice area is a mobile phone black spot so they would not be able to use the laptop in the way envisaged. She has asked if they could buy another laptop and use it at home instead but has been told that she cannot do this and must use the money to purchase the Vodafone 3 year contract which will not be usable by her practice. Dr Markus does not want to waste £800 of NHS money and asked if we could do anything about it. Dr Williams said that EMIS works on his normal mobile phone contract but he has been told the security is not sufficient to use it.

ACTION: Dr Grenville will raise this issue at the Local Implementation Board (LIB) meeting as it is being rolled out locally and is poor value for money.

14/155 REINSTATE AUGUST MEETING

A vote was taken on whether to hold an August LMC meeting and the majority requested this.

ACTION: Ask Dr Holden, the treasurer, if we have the extra money required to hold the August meeting and if he agrees, implement the August meeting.

14/156 AREAS OF WORK UNDERTAKEN BY GENERAL PRACTICE

A Derbyshire Practice Manager had compiled a list of 25 new tasks that have been dumped on General practice in the last 18 months without resources. We have sent a copy of the list to GPC for information. Sadly, the PM who compiled the list has now resigned.

14/157 RISK MANAGEMENT RE BLOOD RESULTS

Blood results are sent through every day on a continuous basis to GPs inboxes. Dr Williams said the majority of practices do not check their inboxes just before they leave in the evening and wondered what happened if an abnormal blood test result has been reported but not actioned. He said that if a patient were to come to harm due to a delay in actioning a blood test result it could put the GP in a difficult situation. Following discussion it was clarified that the laboratories have robust policies on ringing through seriously abnormal results and practices should be able to rely on these.

14/158 GMC CONSULTATION ON SANCTIONS

Dr Grenville reported that the General Medical Council (GMC) is consulting on changes to its guidance to the Medical Practitioners Tribunal Service regarding sanctions when a finding of impairment to practice has been made. This is an important consultation. Among other things, the GMC proposes to remove the option of no sanction in cases where serious harm has resulted but the doctor has remediated in the meantime (cases can take up to 3 years to be determined). Dr Grenville noted that this would change the GMC from a standard setting and monitoring body to a retributive body.

ACTION: Dr Grenville to draft a response on behalf of the LMC. LMC members to read the consultation document and send comments to the office. All GPs to be encouraged to respond to the consultation, either directly or via the LMC. The link to the consultation document is [here](#)

14/159 OFFICE REPORTS

No questions were raised.

14/160 GPC NEWSLETTERS – SEPTEMBER

No questions were raised.

14/161 ANY OTHER BUSINESS

- **EPS**

Dr Markus discussed Electronic Prescribing Service (EPS). She noted that there is a strict format of prescriptions that can be handled by EPS, in terms of directions and quantities, and that SystemOne practices have issues with this as historically SytemOne has used different formats. Repeat prescriptions will have to be re-formatted individually and in a large practice this could involve tens of thousands of items. EMIS practices do not appear to have this issue to the same extent.

Graham Archer noted that he has raised this issue previously and has emailed the Medicines Management teams at the CCGs advising that practices need to tidy up their systems well in advance of implementation. He also noted that while practices have been getting some support from GEM CSU pharmacies have not.

Dr Williams said that his practice has asked if they can have a dummy run and Dr Markus said that IT have not addressed these problems.

ACTION: Graham Archer to send his email to Dr Grenville.

ACTION: Hazel Potter to invite the EPS Support Team to the LMC as guest speakers to discuss these issues.

- **UPDATE TO PHARMACISTS' CONTRACTS**

Graham Archer said Pharmacists have a new contractual requirement to report harm to the National Reporting and Learning System. It is not clear if this applies to both dispensing and prescribing incident. He also noted that a single error in a pharmacy may be a criminal offence. There will also be a requirement for a Pharmacist to ask patients with repeat prescriptions which items are actually required.

14/162 DATE OF NEXT MEETING – 6th November 2014

There being no further business, the meeting closed at 5.20pm.