Approved minutes of 6 March 2014

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DERBY & DERBYSHIRE LOCAL MEDICAL COMMITTEE Ltd

Minutes of a meeting of Derbyshire LMC and Derby & Derbyshire LMC Ltd held on Thursday 6th March 2014, Higham Farm Hotel

PRESENT:	Dr Peter Williams (in the Chair)	
	Dr John Grenville	Dr John Ashcroft
	Dr James Betteridge	Dr Greg Crowley
	Dr Peter Enoch	Dr Murali Gembali
	Dr Denise Glover	Dr Brian Hands
	Dr Paddy Kinsella	Dr Sean King
	Dr Pauline Love	Kate Lawrence
	Dr Jenny North	Dr Kath Markus
	Lisa Soultana	Dr David Portnoy
	Dr Paul Weston-Smith	Dr Rachel Tinker
		Dr Mark Wood
APOLOGIES:	Dr Ruth Dils	Dr Andrew Jordan
	Dr Kaysia Gale	Dr Peter Holden
	Dr David Portnoy	Helen Watts
IN ATTENDANCE:	Jackie Pendleton, NDCCG	
	Graham Archer, LPC	
	Sophie Moore (student)	
	Heather Hiles (student)	
	Bev Brooks (Minutes)	

In attendance – Dr Williams welcomed Bev Brooks to take the Minutes, as well as two students – Sophie Moore and Heather Hiles – who were accompanying Dr Kath Markus from Calow and Brimington.

14/33 CLOSED SESSION
No items this month.

14/34 APOLOGIES
Apologies - received from Dr Ruth Dils, Dr Andrew Jordan, Dr David Portnoy, Dr Kaysia Gale, Dr Peter Holden and Helen Watts.

14/35 EXPENSES/ATTENDANCE REGISTER
Members were reminded to ensure that the Attendance Register was up-to-date for remuneration purposes.

14/36 MINUTES OF PREVIOUS MEETING/S
a) 9th January 2014: the Minutes were approved and signed by the Chairman as an accurate record.

b) 6th February 2014: Page 6 – under the heading CAMHS (5th para), Dr Betteridge advised that a correction should be made to read…" Dr Betteridge said when he worked at RDH the protocol was that a child presenting with self harm must be seen by a **member of the CAHMS team, ie, a psychiatric nurse,** before being discharged" (rather than being seen by a 'consultant').

Jackie Pendleton advised that:

- The paper regarding the Commissioning of Children's Services is still in draft form and will hopefully be finalised by the end of next week.
- She will advise the LMC office of the most appropriate person from CAMHS to attend an LMC meeting.
- Pointed out that the Minutes were in a different order in which they were discussed to which it was explained that comments had been made retrospectively.

Subject to the above amendment, the Minutes were signed by the Chairman as a true record.

ACTION: Jackie Pendleton to advise the LMC office of the most appropriate person from CAMHS to attend an LMC meeting.

14/37 MATTERS ARISING

a) **Performers List Decision-making Panel (PDLP) and the Performance Screening Group (PSG)**

Since the last meeting, NHS England has circulated a consultation paper regarding PLDP and PSG which appears to draw back from the principle that there will be an LMC member on **both** groups. LMCs nationally are stating in the strongest terms that the relevant professional representative must be nominated by the relevant LRC. Dr Hands advised that there is no payment for these roles. However, further clarification regarding remuneration will be sought locally. Dr Grenville and Chris Locke had previously come to an agreement with Doug Black that the Area Team would pay for attendance at the PDLP and the LMCs would pay for attendance at the PSG. Dr Grenville advised that it was also agreed with Doug Black that the PDLP would have a Derbyshire member for six months and a Nottinghamshire representative for the other six months with overlap in months one and seven for the purposes of handover.

Dr Hands expressed concerns regarding the dilution of the team due to the spread over now two counties, as well as the inefficient mechanics. A comment was also made that the full extent of investigations are not made available to the professionals who sit on the performance panels. Dr Grenville agreed and the decision was taken to include this matter in our response to the Consultation and copy it to Doug Black.

ACTION: Dr Grenville to write a response to the Consultation voicing the above concerns, with a copy to Doug Black.

Dr Williams asked for nominations to sit on both panels and the following names were put forward:-

PDLP
Greg Crowley
John Ashcroft

PSG
Peter Williams

Kath Markus
John Ashcroft
Greg Crowley

An election took place where Members voted for one Member and one Deputy in order of preference for each of the two Panels. Votes would be collated by Kate Lawrence after the meeting and the outcome will be emailed to Members as soon as possible.

ACTION: Kate Lawrence to collate votes and advise Members of the election outcome via email as soon as possible

b) **LMC Election**

Members were reminded that they could still nominate themselves for election on the LMC, forms were available today. Dr Grenville advised that the constituency is not relevant as, given that there are fewer nominations than there are available places on the LMC, the officers have exercised the constitutional option not to divide the Committees area into constituencies.

A summary of the job profiles for Chair, Secretary, Treasurer, Executive Members, and Members have been prepared and will be uploaded on to the website.

ACTION: Lisa Soultana to upload LMC Job Profiles onto the website.

c) **Ambulance Service Response Times**

In relation to rural areas and 999 calls made from GP surgeries, Dr Grenville has received an approach from Radio Derby who have also made a request to EMAS about response times and, like us, they have found there are geographical differences and want to broadcast a piece about this. They wanted to find a patient who had been affected by a delayed 999 ambulance and Dr Grenville had said that he would ask at today's meeting to see whether anyone knows of a patient who has been affected by a delayed Red 1 call and might be willing to talk to Radio Derby. He gave the name and contact details of the reporter at Radio Derby.

Following discussion, it appeared that there are variations in the information presented to the LMC and to Radio Derby and Dr Grenville is due to be contacted again next week by Radio Derby.

ACTION: Dr Grenville to await contact from Radio Derby next week.

14/38 NEW LIAISON STRUCTURE

Dr Grenville notified the meeting that Kate Lawrence will be retiring at the end of June. As a result, there has been discussion within the office, as well as with the LMC Officers and, with the advent of new technology, a new structure has been proposed that will include a reduction of total Liaison Officer time and a change to the geographical split between North and South Derbyshire so that the whole area becomes one.

The new structure envisaged is that Lisa Soultana will become Director of Business Development and Liaison with a supporting role of Assistant Director of Business Development and Liaison; this role is currently being advertised. The LMC has become more involved in the business development of practices over the last 3 or 4 years and has plans to provide more business support services, e.g., the Practice Nurse Project (which sits within the newly formed Derbyshire LMC Services Ltd, which is different from Derbyshire LMC Ltd). This is a set of services that are on offer to individual practices on

an as required and commercial basis and is offered in addition to the traditional services that are offered to all levy paying practices. It includes services such as assisting with recruiting Practice Managers or other staff.

Lisa Soultana updated the Committee that the Primary Care Development Centre (PCDC) has been formed to help and support practices with their organisational development, business needs, leadership skills and workforce training priorities. Derbyshire LMC is a key partner in PCDC and Lisa Soultana has been appointed as Executive Lead for Derbyshire.

Lisa asked the Committee for any GP who is interested in Workforce Development and Organisational Change to be appointed as Deputy GP Lead for the PCDC to contact her directly.

14/39 LMC CONFERENCE – 22nd/23rd MAY 2014 – MOTIONS

A draft list of Motions prepared by Dr Grenville and Dr Holden were circulated. Members were asked for comments and other suggestions. The final paper will be emailed to the Committee for final comments prior to the deadline for submission of 24th March.

Comments on the current draft were as follows:-

a) No 7: Dr Betteridge commented that many Vocational Training Schemes offered some training on these issues but that there was significant variability between schemes. Dr Grenville agreed to amend the motion to reflect this.

b) No's 9, 10 & 11: Dr Wood commented that the sentiments in No's 9 and 10 seem already to have been taken on board by the CQC with their proposed new General Practice inspection regime. Dr Grenville said that he would discuss the matter with Dr Holden to see if the inclusion of these motions would strengthen GPC's hand in their negotiations with CQC.

c) Dr Wood commented on the increasing number of Sessional Doctors and its possible effect on succession planning as a whole. Dr Grenville noted that there is existing GPC policy on this extremely important issue.

d) No 22: Replace the word "centre" so that it reads as follows, "That this Conference demands that resources be made available up front when the **Department of Health, NHS England or other agencies** sends to practices electronically information that needs to be produced as hard copy for patients."

Additions to the list of Motions were as follows:-

Following a suggestion by Dr Ashcroft:

e) That this Conference:-
   (i) Insists that the constitution of and operating procedures of Performers List Decision Panels and Professional Advisory Groups to be set up by NHS England must conform with the principles of natural justice and
   (ii) Urges the directors of General Practitioners Defence Fund to consider, whenever appropriate, mounting of a judicial review if the principles in part (i) are breached at any time.

Following a suggestion by Dr King:

f) That this Conference requests that all drugs started in secondary care should initially be prescribed in secondary care and that in this regard:-
   (i) The responsibility for considering advising on contraindications, side effects and interacting resides with the initiating clinician.
   (ii) The responsibility for patient counselling resides with the initiating clinician.
   (iii) The responsibility for baseline investigations resides with the initiating clinician.
   (iv) The responsibility to provide management plans when starting new medication resides with the initiating clinician.
   (v) The responsibility for on-going monitoring, e.g., blood test or ECGs, resides with the initiating clinician until agreed and accepted by the patient's primary care clinician.

Following suggestions by Dr Ashcroft:

g) That this Conference:-

   (i) Recognises that e-cigarettes may be extremely useful in helping smokers to quit
   (ii) Calls upon interested GPs, and others, to collect data on the use of e-cigarettes among their patients and on outcomes.
   (iii) Calls upon GPC to negotiate the inclusion of code XaaNL "user of electronic cigarettes" in the QOF, to facilitate the collection of data.
   (iv) Calls upon the UK governments to introduce legislation to ensure that e-cigarettes are marketed as quit-smoking aids and not as entry portals to nicotine addition.

h) That this conference recognises the importance of the huge public health gains from the fall in teenage pregnancies in the last few years and:-

   (i) That one of the principal drivers has been the increased use of LARCs.
   (ii) That the QOF has probably had an important role in fostering this change in practice.
   (iii) That con003 should continue in the QOF and, if necessary, at the loss of con002.

i) That this Conference calls for ambulance services to be required to report on missed target times in terms of total times by which targets have been missed as well as by percentage of calls where targets have been missed.

j) In the context of assisting change, Dr Wood queried how many of the motions had come from LMC members and how many from external sources, to which Dr Grenville advised that several had come direct from practices. Dr Wood suggested a method of generating wider engagement in this process by circulating the current draft Motion list to Sessional doctors in the North and South and to the local RCGP Faculty Board.

ACTION: Dr Wood to circulate the draft Motions to a wider audience as above once the additional Motions as discussed today have been added

14/40 CCGs

a) FUTURE OF COMMUNITY HOSPITALS

Debate took place regarding the future of community hospitals and comments were made as follows:-

Dr Weston-Smith opened the debate and commented on the move against community hospitals, citing Heanor Hospital in particular and the proposal to rebuild without inpatient beds. He believes that the building should be a new-build, rather than a refurbishment, following the finding asbestos within the building. As a result, inpatients have been transferred to Ilkeston and have come under the care of Ilkeston GPs. He commented that there has been an extension to one of the local Care Homes to cope with dementia patients. The transfer of Heanor patients to Ilkeston has resource implications for both Heanor and Ilkeston GPs. Dr Ashcroft commented that revised arrangements are currently under consideration and a significant driver is the desire for cost reduction, which he believes is mostly unjustified. The MIU work that his practice and others carry out is also going to cease.

Dr Kinsella advised that a definite decision about the inpatient beds at Heanor has not yet been made and will be going back to public consultation. The pay issue is for formal negotiation with DCHS. Dr Weston-Smith expressed the importance of supporting the principle of community hospitals; a significant pay reduction is being faced, and the time spent there should be refunded to at least the level of breaking even.

Dr Kinsella commented that there is a real danger that there will be a step-down version in private nursing homes.

Jackie Pendleton advised that the situation in each hospital is different due to different payment mechanisms. She also cited the North Derbyshire and Hardwick Care Home alignment schemes. She commented on looking at the clinical model and recognising that an integrated care team will need access to some beds somewhere. They do not have to be in a community hospital, it is a question of the model of care being right and of properly resourcing it.

b) Dr Grenville had attended a LETC meeting yesterday which looked at workforce needs for the future, at which he and Lisa Soultana were the only representatives from primary care. Pat Oakley from King's College Health in London led the meeting and had commented on her belief that we will see major changes after General Election on 6th May 2015. Moreover, Simon Stephens will be the new CEO of NHS England from next month. He is a member of the Labour Party and Health Advisor to Tony Blair, he has run healthcare in Germany and the Netherlands and, more recently, private insurance schemes in the USA. He is a "do-er". General Practice will change. A meeting with Sheila Newport recently had confirmed her opinion that general practice will look different in 10-15 years time with complex co-morbidities, and we will be at the centre of an integrated system of health and social care. Dr Grenville noted that we still have a divide between healthcare and social care. Funding streams come from different places with healthcare coming from NHS England and social care coming from Local Authorities. We therefore need to accept, acknowledge and take control of the integrated services; alternatively, someone else will do it, possibly the Acute Trusts. It is important that our constituents be thinking about these longer term strategic changes. In the short term, we have to ensure we have sufficient General Practice workforce to be able to move towards this. If General Practice disappears within the next 12-18 months, which it may well do, there will be not be any Practice to develop. There are a number of Practices who are in severe danger of going under. If this happens, there will be a major problem, and, bearing in mind that this is Derbyshire where standards and cooperation are good, larger cities may have problems as early as the summer. We need to preserve what we have in a way which ensures our survival as a group of professionals in order to allow us to develop later when the rules change.

c) Dr Crowley asked for an idea of where we might be regarding recruitment and financial budgets. Dr Grenville explained that there is a major problem with the flight of senior GPs, largely due to pension changes and workload pressures. The only way that some practices can continue to function is to recruit locums, which is very expensive.

d) **111 Service** - Jackie Pendleton advised that there are currently discussions taking place nationally around what the 111 service might look like going forward. There seems to be recognition that there needs to be earlier assessment by clinicians. There are concerns regarding the impact of 111 on ambulance services.

e) **Enhanced Services/Basket of Services –** Jackie Pendleton advised that all North Derbyshire CCG Practices will be receiving a letter regarding the future of Enhanced Services as some services which currently sit within the Basket of Services (BoS) will no longer be commissioned by CCG's. Every Practice that signed up for fairer funding has signed a legal contract variation which is in place until September of this year. Thereafter, the strategy for procurement methods and providers of Enhanced Services will change and be open to other bodies. We have to move to the NHS standard contract.

As part of the NHS standard contract, there will the opportunity for an additional 2.5% of the value of the contract as CQUINS. Work is in progress as to what the quality targets will look like.

Dr Ashcroft enquired about other CCGs? Dr Grenville replied that guidance from Monitor says if the member practices decide that it would be in the best interests of patients to procure a single tender provider, then that is legal. Others, however, take the view that this is not what the legislation says. This matter is very likely to be taken to court and the in which the decision goes will clearly define the direction of the NHS over the next c20 years. In the meantime, it is our remit to work with and preserve what we have under the current rules until such time as we are ready to make the changes as discussed. Dr King asked if there could be further discussion at some point about the where this is going. Dr Grenville advised that the Area Team has been told that it must review all of its PMS contracts within the next two years. Regarding MPIG, Jackie stated that there was a discussion to be had between the CCGs and the Area Team as to who owns the budget that originally comprised MPIGs and that was transferred in the County to the Basket of Services budget.

The global sum figure will be increased on 1st April from £66.25 but the exact size of the increase is unknown. Given the uncertainty, and that this is going to be the biggest shift in money since 2004, Dr Grenville recommended that all Practices should contact their banks to arrange an overdraft facility in the event of need. It is not known exactly what the new sum will be but Dr Grenville had seen a figure of £73 mentioned. This will be funded from the reduction of the QoF points and the abolition of some of last year's DES's.

Income streams will change, especially Global Sum and QoF and the effect on practises will not be known until the end of the 1st quarter. Current predictions of income are based on the assumption that practises will score the same percentage on QoF year on year, and they will earn 100% of the recycled monies.

ACTION: All Practices to be advised to contact their banks to arrange an overdraft.

f) **24-Hour Blood Pressure Service** – Dr Kinsella advised that notice has been given on providing the 24-hr blood pressure service, and mention has been made of practices being given access to machines to lend to patients. Dr Grenville expressed concern that this would entail unresourced extra work for practices.

14/41 EPS NOMINATION

Dr Grenville advised that DHIS, now part of GEM CSU, have been tasked with putting together a Guidance Booklet on 'nominations' for the Electronic Prescribing Service (EPS), which is currently being piloted. This service involves practices having the ability to write a prescription on their software which is then electronically transferred to the pharmacy of the patient's choice (the 'nominated' pharmacy), thus cutting out the middle steps. The patient also has the choice of a paper prescription if that is preferred. The patient has the right to change his/her nomination at any time and as often as he/she wishes. There are significant Information Governance and Consent issues around this; for instance, it is deemed necessary for patients to be informed each time the ownership of their nominated pharmacy changes – this is a frequent occurrence of which the LMC becomes aware but practices very often do not.

With regard to the production of a leaflet by GEM CSU, Dr Grenville has suggested that they write three separate sets of guidance:-

i) Pharmacist, i.e., change of ownership, etc
ii) Prescribing practices
iii) Dispensing practices

This would avoid the need for GPs to find their way around information which is relevant only to pharmacists and not to themselves. Unfortunately, NHS England has directed that it all has to be in one document.

Dr Tinker commented that, from a patient's point of view, the EPS system is much better.

Graham Archer advised that there is support for GP practices once the system goes live. He explained that pharmacies have to buy their own systems which operate differently and their support has to come from their systems supplier. No prescribers or pharmacies can opt out. Most pharmacies will be ready for EPS. There are many rules about consent forms, etc, what you need to know about nominations, and there are risks, especially with acute prescriptions. He tabled a paper which included the need to check each time as to whether a patient wanted to use EPS.

[Sophie Moore and Heather Hiles left the meeting]

14/42 AREA TEAM

Jackie Pendleton commented on the draft Primary Care Strategy – we have until the end of March to comment and then it will be going out to Practices as a further draft.

14/43 PREMISES

Kate Lawrence advised that a meeting had taken place on 27th February between Derbyshire LMC, Nottinghamshire LMC, NHS Property Services and LIFTCo. A little progress has been made and Peter Jones, LIFTCo's General Manager, has been very helpful. There are outstanding issues relating to bills that have been issued by NHSPS in respect of practices' past occupation of premises previously owned by PCTs; bills have been issued with scant information as to what they relate to with no details outlined of

what sums were reimbursable by NHSE and what sums a Practice had to pay. These bills have been withdrawn, credit notes issued (a technical accounting procedure), and new invoices will be forthcoming. Communications to Practices would be dependent on national decisions by NHSPS and would come from the Centre.

[Dr Gembali left the meeting at 4.25pm]

Dr Grenville commented on:-

i) Practices, especially in what were previously Health Centres, will find that they are going to have to make payments they have not made in the past. These were previously made by PCTs and a lot of netting off had occurred. They netted off things that they should not have paid, e.g. practices' gas and electricity bills.

ii) There is a paper being circulated in the last 24 hours from Leicestershire & Rutland and Lincolnshire Area Team – they have been asked to write a paper on rent abatements. The criteria for eligibility for rent reimbursement is that you deliver your primary medical services contract, and there is debate about whether we charge rent to the District Nurses, if there are any, or renting out to private providers. Leicestershire & Lincolnshire have written a paper going forward. Dr Grenville commented that there is no certainty on whether the rent reimbursement is for the provision of core services between the hours of 8.30am – 6.30pm, or whether it is for 24 hours. If it is subsequently decided to extend hours, is more rent reimbursable? The paper has not considered this matter. Derbyshire LMC will be commenting.

14/44 e-DSM

Dr Grenville had attended a meeting called by DHIS at GEM CSU regarding the problems being encountered by practices and other agencies with TPP's e-DSM data sharing system. He commented on the big societal problem of data sharing and the lack of understanding from patients on what this actually entails. DHIS are trying to work out what the problems are with regard to information sharing within the local health community. There was discussion about the need for patients to give explicit consent for their data to be shared and how this could be achieved within the limited time resources available to practices.

14/45 14/26 PHARMACY LES WITHDRAWALS

This problem has now been resolved.

14/45 LETB/LETC

The Practice Nurse Project will be showcased on 12th March at the LETB/LETC Celebration Event. As a result of sharing it with Sue James, the commissioners will be satisfied and we can start disseminating the Practice Nurse Competency Framework (PNCF) and the Practice Nurse Competency Development Plan – further information will be provided in due course. Dr Markus has had a receptive response from sharing the PNCF. Jackie Pendleton has also received favourable comments.

Dr Love advised that the End of Life team have been given £38k + £20k for End of Life education. East Midlands has also received funding for dementia.

14/45 CQC

There is a new "Scope of Registration" document dated August 2013 which gives more information about diagnostic and screening procedures, in particular endoscopies. This document is on the LMC website, and all practices are recommended to read it.

ACTION: All practices to read the document on the LMC website.

Dr Wood notified the Members that he has recently joined the CQC team as a Specialist Adviser, and he can facilitate and assist work with the Liaison Officers. He confirmed that the inspection regime for primary care will change on 1 April and commented that all inspection teams will include members with primary care experience and that patient reference groups will be involved.

14/46 END OF CURRENT COMMITTEE

The current Committee will dissolve just prior to the next meeting. At the beginning of the next meeting in April, the Chair and the other Officer positions will be elected.

Dr Weston-Smith and Dr Tinker are not putting their names forward for re-election. Dr Grenville said a personal thank you to both, and expressed what a pleasure it has been working with them; they have been very helpful and contributed greatly. Dr Hands thanked Dr Williams for chairing over the last four years, commenting that he has carried out the role with charm, style and knowledge.

14/47 OFFICE REPORT

No comments made.

14/48 ANY OTHER BUSINESS

1) **HV Data Entry into GP Clinical Record –** Dr Williams is concerned that there is no Health Visitor information entered into the GP records whatsoever, unless there has been an incident regarding child protection, as HVs have been told that they should not enter any information into other systems which includes EMIS. The majority of babies have no data from the HV which means that if the HV has any soft concerns, the GP doesn't know about it. Thus, there is a potential child protection issue. This is unsafe and is not consistent with the agreement about information sharing that was reached last year. It was identified that the same concern applies to midwifery at Chesterfield Royal Hospital as midwives are not entering data that can be read by Practice systems. No-one knows whether the midwives are entering data in the notes for Derby, so Dr Hands will look into this.

ACTION: Dr Williams/LMC to write to DCHS to request that:-

a) **On-going development information should be entered by HVs into GPs notes.**
b) **Bev Brooks to send a summary to Dr Williams to assist with the construction of the letter.**

2) **Locum Superannuation reimbursement**

Dr Markus enquired whether resources for locum superannuation amounts would be back-dated to April for PMS practices. Dr Grenville stated that this was his understanding. An amount will be added to the contract baseline but it won't be very much.

3) **GPs involvement with Inquests**

Rachel Tinker raised the issue of GPs getting into problems with Inquests, i.e. sending a GP who does not know the patients. She asked whether an article could be included in the Newsletter as to where advice can be sought? Dr Grenville advised

that if a GP is called to an Inquest, the GP should either contact his/her Defence Organisation or contact himself.

ACTION: Article to be included in the Newsletter.

4) New Shared Care Protocols

Dr Markus commented that in North Derbyshire there is a draft policy regarding New Shared Care Protocols which seems to be a huge amount of work and she is hoping that the LMC will be involved in this. Dr Grenville commented that we need to look at the price very carefully and to ensure that roles are very clearly defined, and that there is no loophole that work can be moved into general practice without realising it.

5) Flu Update Meeting

Dr Ashcroft commented on the 50% uptake of the child flu vaccination which is good, particularly given the roll-out with lack of notice. For older children it is being proposed that the immunisation will be rolled out across primary schools and then into secondary schools. Proper consent is required in connection with live vaccines and Dr Ashcroft asked whether the LMC knows anything about this as General Practice seems to have been sidelined. Dr Grenville commented that the matter was under discussion but that there would be a greater burden for urban practices whose patients may attend many different schools than for practices where schools were more dispersed.

14/49 DATE OF NEXT MEETING – 3rd April 2014

There being no further business, the meeting closed at 5.10pm