

DERBY & DERBYSHIRE LMC LTD

Derby & Derbyshire Local Medical Committee Ltd Meeting
Higham Farm Hotel, Main Road, Higham, Alferton, Derbyshire, DE55 6EH
Thursday 3 December 2015 – 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 Jenny North (JN)	Dr Pauline Love (PL)
	Dr Andrew Jordan (AJ)	Dr Gail Walton (GW)
	Dr Brian Hands (BH)	Dr James Betteridge (JB)
	Dr Peter Short (PS)	Dr John Ashcroft (JA)
	Dr Peter Holden (PH)	Dr Jane Perry (JP) (Registrar)
	Dr Paddy Kinsella (PK)	
APOLOGIES:	Dr Mark Wood (MW)	
	Dr Clare Shell (CS)	
	Jayne Stringfellow (NDCCG)	
IN ATTENDANCE:	Samantha Yates (SY) (Minutes)	Lisa Soultana
	Nwando Umeh	Graham Archer (Chief Officer - LPC)
	Ian Mather (North Derbyshire Federation)	

15/191 Welcome and Apologies

- Reminder to complete attendance register
- Reminder to complete attendance register for Santos Higham

15/192 Closed Session (Members Only)

15/193 Minutes of previous meeting

PW asked members to feedback items from the minutes that are not covered in the agenda.

Discussion took place regarding the current processing of documentation. Due to variables in software members asked that documentation is not embedded, and is sent out as individual documentation.

Action: SY to ensure that relevant documentation is sent without embedding.

- **15/117 – Smoking Cessation**

GA stated that there has been some interest from Pharmacies in the contract for Smoking Cessation. However due to the current contract being part of a “bundle” contract, it will be necessary to wait until expiry before further procurement. Discussion took place regarding the current responsibility for the contract.

Action: JA and GA to produce letter detailing concerns for the current contract which is to be sent via the LMC Office to the Councils.

- **15/184 – Care Quality Commission (CQC)**

Update – LS confirmed that the office has been working with a practice currently rated on their draft report as “inadequate”.

15/194 Dr Ilona Bendefy, GP-S and GP Fellowship Scheme

IB provided an update on the GP-S service, which provides mentoring, life coaching, career advice and signposting for GPs. Currently the scheme is coming towards the end of its final year and further funding has been applied for. Members discussed how mentors were assigned to GPs and how mentors are trained within their position. Leaflet and

business cards were distributed. The LMC Office currently ensures that appropriate GPs are signposted to GP-S and that the service is regularly advertised within the e-Newsletter.

IB provided an overview of the current GP Fellowship scheme, discussing the split between working General Practice sessions, project work and study days. Currently the scheme is only open to those GP's who have recently qualified. Discussion took place regarding the current salary, as there are GPs that have worked as a registrar for a number of years, meaning that their current salaries are higher than those offered within the scheme. IB stressed the benefits of the scheme for those wishing to specialise as it allows for study and project days. Leaflets were distributed and are available from the LMC Office and the GP-S service.

Action: GP Fellow scheme member to be invited to a LMC Meeting to give "shop floor" feedback of the scheme.

15/195 Matters arising

- **15/77 – Pharmacy flu immunisation**

There are national issues building, discussed on the national Listserver, regarding the rushed way in which the protocol for pharmacists immunising the over 65s was introduced and difficulties with information sharing leading to problems with recording of administered vaccinations. JG stated that the expectation of the centre is that there will be an increase in uptake; however it is probable that the uptake will be the same with those who have previously had flu vaccinations at their practice, now choosing to use the pharmacy. GA stated that the LPC had received a joint statement from the GMC and the Royal Pharmaceutical Society of Great Britain, which gave guidance on inter-professional relationships.

Discussion took place regarding the current paperwork issues and comparing the process currently taking place in different localities and within differing GP and Pharmacist relationships. GA provided examples of how the process had worked within a Practice with an attached pharmacist.

Action: GA to send copy of GMC statement to LMC Office.

- **iGPR**

JG updated meeting members on iGPR, previously discussed on 05 November 2015. There has been discussion on the Listserver regarding the use of the system and its reporting of third party information. JG stated that when the system removes all third party names from notes and reports, it also removes names that need to be included such as names of other professionals providing care to the patient; therefore it is important to review any reports being sent out.

Action: Practices must ensure that if using the iGPR system, reports are checked before they are sent and professionals' names are included.

15/196 Special Conference of LMCs

A national Special Conference of LMCs has been arranged and is due to take place on 30 January 2016 in London. Members discussed the rarity of this process. The purpose of the conference is "to decide what actions are needed to ensure GPs can deliver a safe and sustainable service". It was agreed within the discussion that the LMC needs to think about what it feels the future of the service should be and provide positive motions to direct the service to this point. PH discussed the desirability of setting out key principles for general practice and the need to provide solutions to the issues currently affecting Primary Care services.

Further discussion included issues with the current contracts in place; continuity of the services that the government have stated should be available, faults within the system and the on-going workforce problems faced within General Practice.

JG provided an overview of motions that have been drafted using information already received from members.

Action: Drafted motions to be sent out to members for feedback no later than Friday 11 December at 17:00.

Points raised by members included the safety of patients when working under undue stress and pressure caused by a lack of resources. PK highlighted that patient safety should be the number one priority in all levels of care. PH and JB agreed that funding and contractual processes need to go hand in hand in the creation of a sustainable service in the future. The costs of defence fees and indemnity are becoming unaffordable.

15/197 Main Annual LMC Conference

Members agreed that the Annual LMC Conference will be greatly affected by the results of the Special Conference.

Representatives elected for the Annual LMC Conference will be allocated spaces to represent the LMC at the Special Conference. JG confirmed that the vote for conference representatives will take place within the meeting; each member will be given a voting form. Results will be communicated to all members on Friday 4 December 2015.

Action: Voting slips to be collated, and results to be fed back to LMC members.

15/198 Industrial action by junior doctors

Industrial action has been postponed after it was announced that the Secretary of State for Health had agreed to further talks via ACAS. It was agreed that the Junior Doctors' strategies for industrial action and their use of social media were to be commended.

Members shared information regarding taking industrial action within General Practice, noting both the positive and negative consequences, including the possible spinning of such an action by the government. It was agreed that there was no call for industrial action from General Practice in Derby and Derbyshire at this time however the effectiveness of submission of undated resignations to the BMA in the past was noted.

15/199 Premises Update Report

Premises Update Report – Appendix A

JG provided feedback. NU has met CHP with two practices and has succeeded in having some unfair and expensive charges reduced. There remain problems in defining how charges are derived and what parts of them are reimbursable and which are not, especially in buildings that were previously owned or leased by PCTs or their predecessors.

JG noted that within Derby and Derbyshire there are several varying property historical licences and lease arrangements.

15/200 Information management technology (IMT) update report

IM & T Update Report – Appendix B

PW provided insight into some of the issues regarding District Nurses projected use of TPP on tough books from January 2016, citing delays in synchronisation and lack of information that can leave records only partly completed. The system has been used remotely by District Nurses and these issues have been identified but not resolved. It was noted that the CCGs had made a significant investment in the MIG and it was hoped that this system would improve the situation.

Action: 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 and sent from the Office.

15/201 Clinical Commissioning Groups (CCGs) Derbyshire

NHS England has announced the availability of funding for practices in need, however there is currently no further information on how to access this or a definition of the criteria. Discussion took place regarding the possible perceived unfairness of providing funding to practices that may not have been well managed, when there are practices that are surviving through strategic planning and good management. Reasons for crisis may vary; therefore stringent criteria are necessary to identify the fundamental problem. Members felt that work in this area should be completed transparently and in the public eye. Further discussion took place identifying workforce as a key cause of practices becoming vulnerable, including issues such as retirement, inability to recruit and long term sickness.

JG stated that the LMC are often made aware of vulnerable practices through consulting with Practice Managers on a regular basis.

- **Hardwick Corporate Performance Committee**

BH attended and provided feedback. There are currently no issues identified within General Practice, there is an on-going issue regarding East Midlands Ambulance Services (EMAS) distribution of ambulances. BH has requested a LMC representative to be invited to all parts of the meeting.

- **Erewash PCCC**

Meeting was cancelled, citing no business to discuss.

- **North Derbyshire PCCC**

SK attended and provided feedback. There has been a Meningitis outbreak and a vaccination scheme was launched in schools by DCHS, however those that did not receive the vaccination have been signposted to their GP. The issues included adequacy of vaccine stocks and need for clarity of contracting.

SK confirmed that discussion took place regarding the re-branding of the Primary Care Investment Fund to the “Primary Care Transformation Fund” which was intended to allocate funding for premises; however there is a national problem with regulatory incompatibility that is delaying allocation of funds consequently delaying practices’ premises projects. Due to slippage in spend the fund had been renamed and its use extended to include e.g. IT projects.

- **Southern Derbyshire PCCC**

LMC representatives are currently attending as a member of the public only. JG stated that there are currently no clinicians on the committee due to the CCG’s perception of conflicts of interest, however within a face to face meeting with Gary Thompson (GT), the newly appointed Accountable Officer, this was discussed and GT will be addressing the CCG’s committee structure and providing feedback.

- **North Derbyshire PCDG**

JG attended and provided feedback. There has been focus on the basket of services, as the current specification is not achievable. It is recognised there have been changes made without clinical input, which has caused issues. Clinical input is now needed to identify the issues and support in resolution.

Discussion took place regarding CCG structures. Consensus within the meeting is that the CCGs are not fit for purpose. Clinicians are often unable to attend meetings, due to work pressures, therefore decisions are made without clinical shop floor contribution.

15/202 NHS England North Midlands

Primary Care Support Services (PCSS) run by Capita, has procured financial responsibilities for NHS Services. Current levy payments for the LMC are deducted directly before payments are made to practices. Monies are paid directly to the LMC on a monthly basis in two invoices, one for PMS contracted sites and one for GMS contracted sites.

PCSE have announced a new scheme, whereby LMCs should provide a purchase order to their department, who will then arrange for payment. JG highlighted that there is a misunderstanding by Capita that the NHS pay for the LMC services and not practices. There is concern that this will cause a delay in cash flow and general confusion, in what is already a financial insecure environment.

PH stated that Jill Matthews, who is well known to us locally is overseeing the transition of PCSS for NHS England is working closely with Capita, providing an oversight as to how services function.

15/203 Care Quality Commission (CQC)

LS confirmed that the LMC are currently working closely with a practice to prepare a detailed factual accuracy report following receipt of their draft inspection report.

Members discussed timeliness of CQC processes, including the change of “Registered Manager” status, which can take several months often requiring a VBS check to be recompleted adding further delay. Changing GP Partner details can take over 12 weeks.

15/204 Primary Care Development Centre (PCDC)

No further update.

15/205 General Practice Workforce, Training and Education Update Reports

LETC/LETC/HEEM/Workforce Meeting Update Report – Appendix C

Health Education England (HEE) has identified slippage monies. The Primary Medical Services (PMS) steering group have made the decision that the pot of £1M will be shared equally across the East Midlands. LS confirmed that discussions on how to use the funding will take place in the General Practice Transformation Action Group (GPTAG), with the possibility of identifying key members to form a small working group to ensure the best impact.

Action: LS to provide feedback as appropriate.

JB confirmed that both he and NU are attending a workshop focused on how to invest in a sustainable move forward.

Action: JB and NU to provide feedback as appropriate.

LS affirmed that HEE investment in General Practice Nursing will be instigated in the near future, including the provision of salary support to allow for nursing roles to be covered whilst training is completed.

15/206 Office Report

No further update.

15/207 GPC Newsletter

No further update.

15/208 Any Other Business

JA raised a query regarding the “Children Needing Support” Services pro-forma. It is extremely lengthy and uses several drop down menus. PW confirmed that although the pro-forma had been circulated, Children’s services will accept referrals by letter, phone and fax.

JG informed members that Children’s Services and Derbyshire police have developed an information sharing protocol, and have asked the LMC to sign. As the LMC is not involved with patient information, it would be inappropriate for the LMC to sign it. CCGs may have signed up; therefore practices need to be aware of the protocol.

The on-going issues regarding “ear checks” was discussed further as patients who are visiting local Specsavers for vision services are receiving a hearing check and then being informed that they must go to their GP for a referral to further services or to have their ears syringed.

The meeting was closed at 17:04.

15/209 Date of next meeting

Thursday 4 February 2016 – 13:30 – 17:00, Santos Higham Farm Hotel.

LMC Meeting Action Log

Date	Agreed action	Resp	Update
05/11/15	After 1 January 2016, contact the remaining practices and ask if they can consider signing the mandate.	SY	
05/11/15	All agreed to donate their mileage payment to the Cameron Fund. Make note of this on the meeting attendance register.	All	Timesheets completed in December updated to reflect attendance and monies for Cameron Fund – to be sent to Smith Cooper Accountants by NU
05/11/15	Email the annual report to Dr Grenville, Dr Holden, Dr Williams and Lisa Soultana as a reminder to complete.	SY	Update – annual report articles received and to be put into template
05/11/15	Dr Grenville to write a letter from the LMC and LPC to the Health and Wellbeing Board.	JG	
05/11/15	Dr Williams to write to NHS England to state it appears one third of practices are considering not providing the flu vaccination next year due to the dilution of services.	PW	In-progress
05/11/15	JG to discuss SDCCG PCCC with SDCCG Chief Officer.	JG	JG met with GT, waiting for feedback.
03/12/15	SY to ensure that relevant LMC Meeting documentation is sent without embedding.	SY	
03/12/15	JA and GA to produce letter detailing concerns for the current Smoking Cessation contract which is to be sent via the LMC Office to the Councils.	JA, GA	
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	Drafted motions for the Special conference to be sent out to members for feedback no later than Friday 11 December at 17:00.	On-going	Email sent out on 07/12/15 - currently collating feedback from members.
03/12/15	Voting slips for LMC Conference representative to be collated, and results to be feedback to LMC members.	completed	LMC members emailed on 04/12/15
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	

LMC December Meeting Meeting Update Report



Topic: PREMISES

Actions taken since 30th October 2015:

- 11 November 2015 - Meeting held between CHP and reps from SDCCG and Meadowfield and Village Street Surgery. LMC rep (Nwando Umeh) also in attendance.

Items discussed included:

- History of billing process
- Leases
- Introduction of Management Fees
- Outstanding invoices
- Discrepancies in invoices
- Non itemised bills
- Cost increase
- Practices not being able to source their own services i.e. cleaning

Resolutions reached

- CHP advised practices if unsure or believe bills unjustified, don't pay for it or pay 80% on account while CHP sort things out. LMC advised practices to keep all records and keep LMC copied in all correspondence
- Figures can be tweaked if practices are paying for what they aren't getting
- Lease looked at and clarified at what percentage practices should be paying on reimbursable and non-reimbursable items of their bills, for example, Meadowfields paid 9.14% on rent which is reimbursable and 13.65% on non-reimbursable elements.
- Agreed that the same percentage should be used across the board
- In light of the above, scrapped invoices for 14/15 and reissue new invoice to reflect the agreed percentage as per lease.
- Costs completely removed which practices did not pay in the good old days but are paying for now, e.g. water fountain (Soft FM)
- Produce invoice to cover the use of electricity only on contractual hours and not 24 hours
- Some practices are paying for spaces they don't use and this would be sorted out by looking at the lease
- Agreement reached to scrap management fee from bill if not in the lease
- Tender for cleaning up in April 2016, CHP aims to retender for all practices

Further Actions

- CHP to investigate why domestic waste collection not within rates, at present it is charged separately from clinical waste
- LMC to look at lease and identify where it addresses the introduction of management fee
- LMC to keep GPC aware of the local issues regarding premises

Discussion Points with LMC: **Awareness of actions above.**

18th November – NHSPS workshop on Lease Regularisation and Market Rent
In attendance, Nwando Umeh and Jenny North

Items discussed included:

- Move to market charging
- Awaiting DH consultation and confirmation expected in Dec 2015
- Working on a model head of terms and lease agreement which would be adapted to different buildings
- Draft strategy on how it will all work being worked on
- Would not concentrate on debt recovery
- Not a point of getting accurate picture of finances, what they are charging and what they are receiving
- Working towards a service charge that has been set against budgets with FMP and actual services used and reconciling it at the end of the year
- Looking at leases to link to service contracts
- new leases will be on cost recovery with a clause to move to market rental
- Introduction of cost of rent plus 5% management fees and cost of service charges plus 10% service charges
- Billing has been centralised and shared service centre is now in London HQ
- Going forward, bills will be spilt into 3, possibly 4 to include adhoc costs. Sections will be divided into service cost, FM cost and Rent making it easy for the customers to query and understand the billing process.
- Individual practice queries

Actions taken from above meeting:

Organised a meeting for 2nd December 2015 for two practices in Derbyshire to meet with Martin Royal (Regional Director East Midlands and East) and his team to sort issues out relation to increased costs and other related issues

Discussion Points with LMC: Awareness of actions above.

LMC December Meeting Meeting Update Report

Topic: IM&T

IM&T Working Group

Date of last meeting: 17 September 2015

Nwando Umeh did not attend due to conflicting practice managers meeting however please find documents to include, minutes, agenda, action log, and terms of reference discussed on the day



IMT Working Group
Notes 15th September



IMT Working Group
TOR - Nov 2015 - dra



IMT Workstream
Update November 20



IMT Working Group
Agenda 17.11.15.do



IMT Working Group
15th September - Act

Discussion Points with LMC: **Awareness of above.**

Derbyshire Informatics Delivery Board (DIDB)

Information Governance Workstream - Date of next meeting, 2 December 2015

Further update to be provided at the next LMC meeting

LMC December Meeting Meeting Update Report

Topic: LETC/LETB/HEEM/WORKFORCE

General Practice Transformation Action Group Meeting

Meeting Feedback: no further meeting since last LMC meeting.

Actions: N/A

Discussion Points with LMC: N/A

Strategic Workforce Group Meeting

Meeting Feedback: no further meeting since last LMC meeting.

Actions: N/A

Discussion Points with LMC: N/A

Local Education Training Council (LETC)

Meeting Feedback: Meeting to be held on 25 November 2015 – verbal feedback only

Actions:

Discussion Points with LMC:

Primary Medical Services Steering Board Meeting

Meeting Feedback: no further meeting since last LMC meeting.

Actions: N/A

Discussion Points with LMC: