

## DERBY & DERBYSHIRE LMC LTD

**Derby & Derbyshire Local Medical Committee Ltd Meeting**  
**Higham Farm Hotel, Main Road, Higham, Alfreton, Derbyshire, DE55 6EH**  
**Thursday 5 February 2014 - 13.30 to 16.30**

<b>PRESENT:</b>	Dr Peter Williams (Chair)	
	Dr Peter Holden	Dr Peter Enoch
	Dr John Ashcroft	Dr Ruth Dils
	Dr Andrew Jordan	Dr Gail Walton
	Dr Vineeta Rajeev	Dr James Betteridge
	Dr Paddy Kinsella	Dr Sean King
	Dr Brian Hands	Dr Greg Crowley
	Dr Denise Glover	Dr Murali Gembali
	Dr Jenny North	
<b>APOLOGIES:</b>	Dr John Grenville	Dr Doug Black (Medical Director – Area Team)
	Dr Kath Markus	Jackie Pendleton (Chief Officer - ND CCG)
	Dr Jane Perry (Registrar)	Hannah Belcher (Contracts Manager – Area Team)
	Dr Mark Wood	Graham Archer (Chief Officer - LPC)
	Dr Pauline Love	
<b>IN ATTENDANCE:</b>	Hazel Potter (Minutes)	
	Lisa Soultana	
	Nwando Umeh	

### 15/19 WELCOME AND APOLOGIES

- Reminder to complete attendance register. Please can you make sure that you complete the attendance register. Hazel Potter will be taking the attendance register for the end of year to the accountant on Friday 6 March 2015 at 09.00am to process the annual payments for all LMC Members.
- Request to complete attendance register for Santos Higham.
- Dr Grenville's sick leave and meeting cover.

Apologies were received from Dr Grenville, Dr Markus, Doug Black, Jackie Pendleton, Hannah Belcher, Dr Perry, Dr Wood, Dr Love and Graham Archer.

## **15/20 CLOSED SESSION (MEMBERS ONLY)**

No items were raised.

## **15/21 MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting on the 8 January 2015 were approved and signed by the Chairman as an accurate and true record except for : -

- **15/4 EPS2** – Dr Williams wanted to add “*Dr Williams said that until dispensing is an option, it would not be a sensible option to go live.*”
- **15/17 Smoking Cessation** - Graham Archer asked for it to be changed to “Graham Archer reported that DCHS have won the tender for *Derbyshire County Councils Integrated Wellbeing Services, which includes Smoking Cessation. Pharmacy and GP contracts with Derbyshire County Council for this service terminated on 30th November 2014 and DCHS are looking to subcontract.*
- **15/22 MATTERS ARISING**  
Confirm results from election of representative and observers for the LMC Conference on 21 to 22 May 2015.

Hazel Potter confirmed; following the vote at the last LMC conference the following people were selected to represent the LMC at the LMC Conference: -

Dr Grenville

Dr Williams

Dr North

Dr Glover

Dr Kinsella – as a deputy if any of the other members are unable to attend.

Observers to attend are: -

Lisa Sultana

Dr Betteridge

Sarah Langland

**ACTION: Hazel to check that Dr Kinsella is a deputy and let her know.**

- **LMC Conference Motions**  
Hazel Potter said they need to be submitted by 23 March 2015. The conference motions were discussed and agreed as follows: -

**Dr Grenville started to rewrite the following: -**

TTC demands, in the light of the emphasis in NHS England’s *Five Year Forward View* on integration between health and social care and primary and secondary care and on co-production of prevention and care for citizens, that the Government abandons forthwith the concept of the commissioner/provider split in health and social care.

TTC demands that the Government revisits, as a matter of extreme urgency, the changes to the pensions rules that have resulted in large numbers of GPs retiring earlier than they had originally planned and their skills being lost to the NHS.

TTC notes the catastrophic retention crisis in the Primary Care workforce and demands that NHS England immediately restores a fully funded, comprehensive and accessible Occupational Health scheme for GPs and their staff.

TTC (i) believes that level 3 co-commissioning (delegated commissioning authority) by CCGs is inevitable

(ii) is concerned that CCGs will not have sufficient resources to undertake commissioning of primary, secondary and community care

(iii) is concerned that there will always be a perception of conflicts of interest if a co-commissioning CCG attempts to transfer resources from secondary to primary care

(iv) urges practices to remember that CCGs are membership bodies and that the members tell the CCG what to do, not *vice versa*.

TTC wishes the public, the press and politicians to be aware that there is no magic observation or test that allows a doctor (or anybody else) to distinguish instantaneously and accurately between a person who has cancer and a person who does not.

### **Dr North Motions**

This conference regrets the relatively new phenomenon of practices failing due to inability to recruit initially partners, later all clinical staff. The conference asks the GPC to work with the government to:

1. Clarify a single national process with funding that could stabilise a practice and permit it to start recruiting again,
2. Find a means of allowing the existing partners to exit the partnership in a controlled way rather than random practice collapse with all its implications on surrounding practices.

### **Dr Wood Motions**

1. Model Contract - over negotiated, not fit for purpose. Not utilised as intended, due to over-negotiated annual and study leave entitlements. More realistic amount of time may make adoption of the model contract more likely, to the benefit of employers and employees.
2. GP Workforce - steps taken to assist the return of UK-trained GPs from overseas or stop them leaving.
3. Management & Business Skills - to be included in vocational training; absence of skills in newly qualified GPs hampering aspiration of transition from sessional to principal status and role.

### **Dr Markus Motions**

1. When a practice has a rapid increase in list size due to a neighbouring practice failing, money does not follow the patient for up to 3 months as list sizes are calculated at quarter ends for payments, this puts the practice at a financial disadvantage

2. The one size fits all approach to money from NHSE – e.g. the recent IT monies for mobile working - there should be some discretion as to how the money is used at practice level - rather than 'for this and only this'

### **Additional Motions agreed at the LMC meeting**

1. GPs are not getting indemnity insurance. The problem is that some companies are charging £30,000 per year and then it is not viable for a GP to continue to work. Nottinghamshire LMC are drafting a motion for this too.
2. Having fair shares of the Health Education England budget to support the GP workforce (both clinical and non-clinical).
3. The request time for an ambulance should be based on clinical needs.
4. GP premises should get proper funding.
5. Difference between share holder owned and shareholder performed – general practice.
6. Care certificate - Health Care Assistant – Compulsory – Funding.

### **From Dr Betteridge**

7. 'That this conference believes that GP partnerships would be more inclined to self-fund improvements to partnership owned premises for the good of patients if they had the freedom to charge a commercial market rate for the private use of these facilities by other organisations'
8. 'That this conference believes that the partnership model remains an integral structure for primary care within the NHS and that newly qualified GPs would be more inclined to make a financial, and therefore service commitment if they were not saddled with tens of thousands of pounds worth of Student debt'.
9. Statins – Dr Ashcroft to email this to HP.

**ACTION: Dr Ashcroft to email Hazel Potter the motion for Statins.**

**ACTION: Hazel Potter to send one email to Dr Holden so that he can rewrite the motions correctly.**

- **15/9 Subcutaneous Fluids – Email from Dr Love**

Dr Love sent apologies and asked for her email to be read out: -

“I am assisting with the update of the policy via DCHS at present and looking into the hospital that is sending dying patients out with such fluids. When the policy has been finalised and ratified the Derbyshire Alliance for End Of Life will be advocating looking at the policy prior to commencing fluids - this will be accompanied by a comprehensive educational package around symptom control offered to primary and secondary care clinicians.” Dr Ashcroft said there is a good document called “Administration of Subcutaneous Fluids - Standardisation of Cannulas” on the Nottingham University and NHS Trust website.

**ACTION: Dr Betteridge to communicate with Dr Love.**

- **14/185 Contingency Planning – Ebola**

Dr King raised contingency planning with local practices in Buxton. He mentioned last week's snow had caused a lot of disruption as most GPs do not live local to their practices any more. One Doctor who normally travels by car was unable to do home visits. Dr Holden said that buddying was an option as practices need to do a business contingency plan.

**ACTION: This is to be added to the LMC Newsletter to encourage practices to consider their contingency planning and buddying arrangements.**

Dr Williams said NHS England has circulated a basic emergency plan that practices can amend. Lisa Soultana said contingency planning is a requirement of CQC compliance. Dr Dils commented that she had to work from home and one laptop per surgery does not provide emergency resilience. Dr Williams said that according to Nikki Hinchley, the second laptops are awaiting deployment.

### **15/23 WORKFORCE 10 POINT PLAN (10 PP)**

Lisa Soultana said this covers recruitment, retain and return but there is only a £10 million budget across the county. Dr Rajeev said there are some good ideas but in the current scenario it is not practical. Lisa Soultana said that David Farrelly is heading up certain functions within HEEM and LETB and we have a good relationship with them. He is very keen to support General Practice and understands our key issues and challenges. The 10 PP will be discussed at the next Primary Care Services Steering Group meeting so it is very important that we have an LMC representative in attendance.



Workforce10PointPlan-26-01-151 (3).pdf

### **15/24 PREMISES UPDATE**

Nwando Umeh said that following an NHS Property Services (NHS PS) and Community Health Partnership (CHP) meeting she emailed all Practice Managers re reimbursable and non-reimbursable items. CHP did not attend the meeting. NHS PS were in attendance and said they recognise what is going on but they are going through restructuring so need to take a step back to see what needs to be done. There will be a workshop held with Practices on 4 March 2015. Nwando also attended a national customer board meeting with Dr Grenville in Cambridge. It was generally positive as they had done a lot of surveys with a lot of questions and answers to use as a learning point. Complaints were taken seriously and customer services had been set up.

Dr Holden said the big problem is practices are being charged on invoices with no explanation of what they are being charged for. The Area Team held a meeting at Cardinal Square and they still do not know what is happening.

Dr Crowley suggested that practices can apply for section 106 money if they have new estates that are being built locally.

## **15/25 Clinical Commissioning Groups (CCGs)**

- Letter from Chaand Nagpaul to CCG Chairs regarding workload

Dr Dils said they had been told about managing their workload with templates. Dr Holden said he enclosed the letter to be published to empower GPs to say “No”. For example, if a practice keeps a record of the number of blood tests, they can ask for remuneration. He also discussed a document about GPs reducing paperwork from 2001.

**ACTION: Dr Holden will forward the document to be uploaded onto the LMC website.**

- **GP Pressures Debate in Parliament on 5 February 2015**

Unfortunately this was not very well attended. Dr Betteridge sent his “tweet” to the office to be included in the minutes. “Shocking to see how empty the House of Commons is for important debate #GP Debate #RCGP# Put Patients First # Your GP Cares # Disgust”

- **Co-Commissioning – Delegated Authority**

Dr Williams read out an email that had been sent to him from Jackie Pendleton regarding changes to North Derbyshire’s constitution consequent upon co-commissioning that all had agreed would be the level 3 option. She confirmed that all four Derbyshire CCGs had applied for the level 3 option. He wanted to understand if the changes are made how they would be communicated. The Area Team was unclear about whether this was a final or a draft change. Jackie Pendleton’s email made it clear that it had been changed. Dr Williams said in his locality meeting they would like to know if they park all of the QoF points for diabetics, or at least have it on QoF that there is no change. Dr Holden said it shows a total lack of understanding about QoF which actually has 60% used as overheads. He continued to talk about indemnity as anything on top of QoF needs to be fully costed.

**ACTION: Dr Williams to write to the CCGs. Lisa Soultana to draft the letter then the LMC will send it out.**

Dr Williams said that when they asked if we wanted to go to level 3 co-commissioning that was taken as the final decision. It was not a consultation and we should make the point that it was not our decision. Dr Kinsella said it will not change the GMS contract. Dr Holden suggested that GPs stick together and decide not to do certain types of work, then it will become the CCG’s problem. He said it is interesting that now that coil fittings have been outsourced where they were being charged more, it has now returned to practices and the GPs are getting paid a better rate for fitting them.

## **15/26 AREA TEAM**

- **Creswell and Langwith General Practices Formal Notification**

The company providing services at the Creswell and Langwith practice had relinquished its contract at very short notice because its insurer had suddenly increased the company's premium due to a perceived problem with the standards of the medical records. DCHS had taken over the contract on a caretaker basis. Dr Holden said the GPs at the practice still need to check they have their own personal professional indemnity insurance.

**ACTION: Lisa to compose a letter with Dr Williams to write to the GPs at Creswell and Langwith to ask them to check they have indemnity insurance cover, using the same information that Nwando Umeh put on the Newsletter about Crown indemnity.**

There was a discussion about what would happen after one year and whether there would be other practices who would want to take on the contract. Dr Williams asked if it could be made

into a GMS practice again as it has failed as an APMS practice. Most practices have to use their overdraft to cover their bills. Patients still need the service of a GP practice.

**ACTION: Dr Holden and Hazel Potter to draft a letter to Jackie Pendleton to ask if the practice can be a GMS practice again.**

- **Creswell and Langwith Patient Notification and Statement**

Dr Hands said that six years ago he was sent to the practice in Creswell and Langwith to sort out their records as it was struggling then. He asked why it is not possible to resurrect a viable practice. Dr Williams explained it is in a poor ex-mining community and a lot of doctors have left, as there was no prospect of career progression due to lack of funds. It became unviable due to the huge increase in indemnity insurance. Dr Jordan asked if the Area Team has set precedence here as if it happens again, would they bail them out. Dr Ashcroft commented that Circle had pulled out of managing Hinchingsbrook Hospital. Dr Holden said it was down to the high volume of A and E admittances as they only had a limited budget.

- **Out of Area Patients**

Dr Williams asked for a show of hands for how many GPs are registering out of area patients. The Area Team are working hard and have given assurance as the national system says if a patient wants a home visit, they should phone 111 and then they will know if their practice is providing a home visit in their area. If a patient who moves outside the practice (outer) boundary and wishes to become an OoA patient, they must de-register as a patient and re-register as an out area patient, if the practice agrees. If the practice does not agree and the patient does not re-register elsewhere in a reasonable timescale the practice should request removal under GMS/PMS regulations due to being outside the practice's area. Dr Betteridge said they have made this clear by highlighting patient notes. Dr Ashcroft said that students are not always given the option of keeping their existing GP when they move to attend a university that is not in their home town. Dr Williams has a letter and a protocol from Bakewell that he is happy to share with the LMC.

**ACTION: Hazel Potter to ask Jill Smith for the letter and protocol which will be uploaded onto the LMC website and included in the next newsletter.**

### **15/27 CARE QUALITY COMMISSION (CQC)**

Lisa Soultana said the CQC Inspectors are returning from April to June inspecting practices in SD CCG and ND CCG. There have been a further 63 inspections nationally. 53 rated good, 1 outstanding, 2 inadequate. One of the Practice Managers in Derbyshire she had reported to CQC about an inspectors unreasonable behaviour during their inspection. The practice was later informed that the inspector no longer works for the CQC and a letter of apology was received. If you have any concerns regarding the CQC inspections you can raise them with Janet Williamson who is attending as a guest speaker in April 2015. Dr Betteridge asked if there is adult safeguarding on practice with the CQC as you are required to report it at an CQC inspection. He asked if they have a complete report for adult safety and if it is only for members of staff? Dr Dils said recently she had to communicate with the adult safeguarding at Chesterfield and they had been marvellous. As always, Lisa offered support for any CQC queries.

**ACTION: Hazel Potter and Dr Dils to send a letter of thanks to Chesterfield safeguarding.**

### **15/28 Primary Care Development Centre (PCDC)**

- **Developing GPs as Medical Leaders Training**

Lisa said, if you are interested in attending the training the proforma needs to be completed and submitted by no later than **5pm on Friday 20 February 2015 and should be emailed to: [info@pcdc.org.uk](mailto:info@pcdc.org.uk)**. I would suggest also copying in James Cutler and emailing him with any queries at: [james.cutler@pcdc.org.uk](mailto:james.cutler@pcdc.org.uk)

The applications would be short listed and the successful candidates would be informed by Monday 2 March.

James Cutler also suggests it would be beneficial (but not compulsory) to attend an evening meeting on **Tuesday 17 February from 7pm to 9.30pm at the Derbyshire Hotel, DE55 2EH**, just off junction 28 on the M1 motorway. This meeting would explain the course in more detail.

The course will include four 1:1 coaching sessions which will be arranged individually.

There will also be 3 mandatory workshops for which backfill money is available on: -

24 March	13.30 – 16.30
22 April	13.30 – 16.30
20 May	13.30 – 16.30

Lisa is on the selection panel and Dr King offered to be part of the panel.

#### **15/29 LOCAL EDUCATION TRAINING BOARD (LETB) / LOCAL EDUCATION TRAINING COUNCIL ( LETC)**

- **Building the Workforce – the New Deal for General Practice**

Lisa Soultana said we are building effective relationships with LETC and HEEM. Any new Health Care Assistant appointed after 1 April 2015 has to have a Care Certificate within 12 weeks of being appointed. Lisa Soultana is asking for a budget to be earmarked for General Practice. Lisa highlights the point of fair shares of workforce and transformational change budgets for General Practice with workforce colleagues. Dr Holden said it is at our peril to have documentation for everything that we actually do. We are in danger of absorbing the obligation without the budget.

**ACTION: LMC Conference Motion to be added to cover the above.**

#### **15/30 OFFICE REPORTS**

Dr Hands asked about the office move and was told we are still waiting for the legal side to be completed prior to signing the new lease.

#### **15/31 GPC NEWSLETTER – JANUARY 2015**

No items were raised.

#### **15/32 ANY OTHER BUSINESS**

- **Audit of potentially avoidable appointments and reducing bureaucracy (England only)**

Dr Williams said from the BMA email that Karen day sent on 28 January 2015, they have developed an audit tool. We need to make sure this information is passed on to Primary Care.

- **Maternity IT Issue**

Dr Williams said he had received a letter from Chesterfield Royal Hospital which will change the way midwives work. There is new software for women in labour which require her to allow access to her records. Midwives can use wifi in the practice to access the records. However, any



update from the midwife will not be updating the normal GP clinical records. This raises a clinical risk, for example blood test results. Also, if the lady forgets her password, it could be dangerous. Dr Holden has raised this issue with IT and they admitted they had not considered this. He does not think it should be implemented at the end of March until it is resolved.

**ACTION: Hazel Potter and Dr Williams to send a letter to state it is OK if the information the midwife uses is a duplication of clinical records, but not if it isn't.**

- If attending a meeting on behalf of John Grenville, please bring anything of interest to the following LMC meeting.

**15/33 DATE OF NEXT MEETING – 05 March 2015**

There being no further business, the meeting closed at 16.26pm.