Derby & Derbyshire Local Medical Committee Ltd Meeting
Higham Farm Hotel, Main Road, Higham, Alfreton, Derbyshire, DE55 6EH
Thursday 2 November 2017, 13:30 – 17:00

PRESENT:	Dr Peter Williams (PW) (Chair)	
	Dr Susan Bayley (SB)	Dr John Grenville (JG)
	Dr Brian Hands (BH)	Dr Yadavakrishnan Pasupathi (YP)
	Dr John Ashcroft (JA)	Dr James Betteridge-Sorby (JBS)
	Dr Simeon Rackham (SR)	Dr Mark Wood (MW)
	Dr Ruth Dils (RD)	Dr Greg Crowley (GC)
	Dr Paddy Kinsella (PK)	Dr Andrew Jordan (AJ)
	Dr Pauline Love (PL)	Dr Peter Enoch (PE)
	Dr Jenny North (JN)	Dr Gail Walton (GW)
IN ATTENDANCE:	Marie Souse (MS) (NDCCG)	Robert Hill (RH) (SDCCG)
	Graham Archer (GA) (Chief Officer LPC)	David Gibbs (DG)
	Buk Dhadda (BD) (SDCCG)	Clive Newman DCCGs (CL)
	Dr Chris Clayton DCCGs (CC)	Laura Grainger (LG) (Minutes)
APOLOGIES:	Stephen Bateman (SBa)	Simon Morritt (CRH)
	Dr Vineeta Rajeev (VR)	Melanie Foster-Green (MFG) (ECCG)
	Dr Murali Gembali (MG)	Dr Denise Glover (DGl)
	Dr Kath Markus (KM)	Lisa Soultana (LS)
	Dr Peter Holden (PH)	

17/48 Welcome and Apologies
Apologies noted for LMC members
Dr Holden away on GPC business
Dr Glover attending a Cameron Fund meeting

17/49 Closed Session
Members only

17/50 Welcome and Apologies
PW welcomed those joining the meeting in the open session.
Dr Chris Clayton introduced himself to members as the new Accountable Officer for the Derbyshire CCGs and was still a practicing GP.
Clive Newman Interim Director of Primary Care Development for Derbyshire, Clive Newman noted that he is focusing on general practice development.

17/49 Minutes from previous meeting
Minutes were approved and all outstanding actions have now been completed or are ongoing.
PW reminded members to complete action number 7.

17/50 Matter Arising
Covered in the agenda

17/51 For Information
Members reviewed the information documents

17/52 For Feedback
Members reviewed the meeting feedback documents
- Position statement feedback

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PLCV – it was noted that members supported the rationale behind the document however felt that process could be streamlined and would need to be reviewed. Despite letters sent out by Clinical Chairs the LMC position remains unchanged.
Peer review – members felt that NHSE had listened to concerns raised by GPs and welcomed its new position to make the peer review non-mandatory.

17/53 For Discussion

- STP Transfer of responsibilities to General Practice

CC advised that Derbyshire was a varied place with very different approaches it was noted that he would aim to level up certain areas and bring together teams within the CCGs to provide a more effective, streamlined service throughout Derbyshire. Roughly 30% of the CCGs would take a strategic role with the remaining 70% remaining integrated with healthcare providers to maintain and build relationships.
SB rose that GP representation at STP meetings is sometimes low and noted that the LMC have a strong mix of members representing over 90% of practices in Derbyshire however, felt that justification of the LMC was always needed at high level meetings. CC encouraged members to have an agreement that general practice within Derbyshire should have 1 coherent GP voice in ordered to influence the STP effectively.

CC acknowledges that Derbyshire does have a financial challenge and would need to take a reasonable approach to turn things around over the next couple of years.
PK questioned the cutting of services such as local enhanced services (LES).
CC advised that given the current climate in Derbyshire a long term view would need to be taken by all on what is important and there is a risk that short sighted positions could hinder future progress. It was noted that CC is open to looking at cost saving schemes however, they would need to be ready to implement and not in the 'ideas' phase. CC advised that he wishes to support general practice in becoming self-sufficient and not have dependence with CCGs putting them in a stronger position for the future.
PW stated that that there are benefits for all (general practice and CCGs) if the right funding is available. Members discussed the importance of having the essential service defined and noted many practices have started to work collaboratively and adapt to the changing needs of patients.
Members discussed the number of highlighted areas where responsibility had transferred from other healthcare providers to general practice. It was echoed by all CCGs present that the STP wishes to do the right thing for all living and working in Derbyshire. The STP has had a few stumbling blocks however, it is hoped that moving forward positive actions can be taken considering the financial climate at present. It was confirmed that we may see a blurring of roles within the CCGs to use the budget more effectively.

- GPFV update: Teleconference with Arvind Madan: Transformation monies and Rural hubs

PW gave a updated to members on his recent correspondences with Arvin Madan Director of Primary Care NHSE, PW advised that he had shared information regarding Derbyshire on these areas for review.

- Community Pharmacy Out of stock medication and brands

GA Chair of LPC gave a brief overview of difference in cost between branded medication and generic medication with the same content produced by the same manufacturer which is sourced globally. GA advised that the knock on effects to the NHS financially is huge for all prescribed branded medication. GA encouraged all members to support pharmacy with 1. Prescribe generic medication 2. Put patients on a 28 day supply to reduce waste 3. Use electronic repeat dispensing as this saves the pharmacist time and allows for the patients to receive a faster service. Members discussed that this was a national issue however, were happy to support locally were possible. It was noted that pharmacists were also facing challenging times financially and would continue to adapt.
GA shared his concerns with LMC colleagues for the plans by Southern Derbyshire CCG to decommission the Community Pharmacy MAR sheet service (this is the provision of Medicine Administration Record sheets to social services care agency staff who administer medicines to patients living in their own home). GA wished to advise GPs of the implications of this and the effect it will have on them in practice.
Members discussed that fact that now SDCCG has decommissioned the service it was likely the other CCGs would follow suit. MS confirmed that NDCCG has agreed to decommission the MAR sheet service.
Action: Meeting with CCGs, Steve Hulme and LPC to discuss pharmacy concerns in Derbyshire

- Commissioning Gaps: Diabetic foot clinic, Simple dressings and Ear syringing

PW presented the table with a number of none commissioned services gaps that GPs feel obligated to perform unfunded. Members felt that practices were exhausted already limited resources and discussions

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would need to be had with CCGs to make sure that these gaps are commissioned and funded accordingly whether with in general practice or another healthcare provider.
MS noted that work was already taking place with DCHS regarding gaps within the District nurse contract in NDCCG. CN advised that he was a part of the original team who put together the specification and it was written with a view for this document to be reviewed, it was noted that CN was on board with going through all commissioning gaps and in the future a 'healthcare provider forum' could be created to capture ongoing issues and concerns such as these.
Action: PW to email CN all collated commissioning gaps advised by members to be reviewed by CCGs and actioned accordingly with a view to end with a position of agreement.

- CCG funding for winter pressures

Members discussed the supporting document and the current climate of falling remuneration with the CCG changes. It was felt that the current state of general practice once again had to adapt to unbalanced changes.
Members raised their concerns regarding the current funding budget for winter pressures this year. BD advised that not all CCGs within Derbyshire receive this funding and with regret a decision was made to make reductions to funds available. BD encouraged all members to work with them and agreed communication could have been better to practices. CC suggested that it was too late in the year to review the current winter pressure funding however, would like to come to a reasonable position with general practice for the future.
Action: SB/DG to write a position statement to practices, BD to have sight of the communication before it is sent.

- PLCV – Correspondence from Angus Wallace and feedback

Members reviewed the documents produced and reiterated that they don't disagree with the PLCV document however the proses for referrals was time consuming. (Minutes of 7 September 2017 for additional comments) CN agreed that if process can be made more effective then this should be considered. BD encouraged members to use the PLCV and is open to discuss effective changes. The LMC position remained unchanged.

- 2 week template letters

Chesterfield royal hospital and neighbouring hospitals in Sheffield have produced templates for referrals. The templates are designed to work within System1 and speed up the admin process as there is no need for a referral letter to be created also. Currently the templates only work in System1 however, it is likely that EMIS will be able to support the templates in the future. The LMC requested to be consulted if any further forms were to be produced.

- Primary Care Support Services - Letter from Dominic Hardy

Members reviewed the letter sent to Dominic Hardy, Director of Primary Care Delivery and his response.
DG expressed his concerns that senior management within NHSE were seemingly unaware of the ongoing issues practices were having with PCSE. Members supported DG in a response to ongoing issues with PCSE.

- Flu and Boostrix for antenatal patients

PW confirmed that the trust have made a U-turn in their advice for midwifes to administering flu jabs to pregnant women. It was noted that midwifes work on a different system to general practice and a patient could run the risk of having a flu jab twice if practices are not informed by patient or midwife.

- EMAS response times

Members discussed incidents in practices where EMAS have deemed a response for an ambulance as a low priority as a Practice is deemed a 'place of safety' it was discussed that for some incidents the priority level should have been higher and resulted in patients being put at risk. CN encouraged members to share with the practices to raise concerns and cases with the EMAS team in Hardwick. It was noted that SDCCG have a different way of reporting concerns such as these.
Action: CCGs to review and consolidate process for reporting a significant event and update the LMC of progress.

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17/55 AOB

- Southern Derbyshire CCG to decommission the Community Pharmacy MAR sheet service

As discussed in Community Pharmacy Out of stock medication and brands

MS advised that all practices in Derbyshire were to be re-inspected by CQC using a new approach a focusing on the application of systems and process.

MW raised that GP-S were looking for funding to continue there working in supporting general practice. He noted that the GP-S model for Derbyshire and Nottinghamshire is being used and adapted by other counties. He encouraged any members with influence to support this service. MW also raised the importance of the system supporting sessional GPs via the sessional GP support groups.

17/58 Date of next meeting

- **DDLMC Senior Team Meeting**

Thursday 7 December 2017, 13:00 – 16:00, DDLMC Office, Heritage Gate, Celtic House 3rd Floor, Derby

- **LMC Executives and Senior Management Meeting**

Thursday 7 December 2017, 16:00 – 17:00, DDLMC Office, Heritage Gate, Celtic House 3rd Floor, Derby

- **LMC Meeting**

Thursday 11 January 2017, 13:00 – 17:00, Santos Higham Farm, Main Road, Higham, Alfreton, Derbyshire, DE55 6EH

- **Annual General Meeting (DDLMC, DDLMC Ltd, DDLMC Services Ltd)**

Thursday 11 January 2017, 13:00 – 17:00, Santos Higham Farm, Main Road, Higham, Alfreton, Derbyshire, DE55 6EH

Meeting closed at 17:10

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LMC Meeting Action Log

	Date	Agreed action	Resp	Update
24	02/11/2017	Liaise with local LMCs and take a unified action on reporting deaths in the community with EMAS/Coroner/Police. SB to invite Dr Hunter to a LMC meeting discus reporting deaths in the community in more detail	SB	Completed – PL to attend a meeting with Dr Hunter 16.11.17
25	02/11/2017	Meeting with CCGs, Steve Hulme and LPC to discuss pharmacy concerns in Derbyshire	CCGs/GA	
26	02/11/2017	Email CN all collated commissioning gaps advised by members to be reviewed by CCGs and actioned accordingly with a view to end with a position of agreement.	PW	Completed
27	02/11/2017	Position statement to practices regarding winter pressures, BD to have sight of the communication before it is sent.	SB/DG	Completed
28	02/11/2017	Review and consolidate process for reporting a significant event and update the LMC of progress.	CCGs/CN leading	

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