
DERBY & DERBYSHIRE LMC LTD

**Derby & Derbyshire Local Medical Committee Ltd Meeting
Higham Farm Hotel, Main Road, Higham, Alfreton, Derbyshire, DE55 6EH
Thursday 3 November 2016 – 13:30 to 17:00**

PRESENT:	Dr Peter Williams (PW) (Chair)	
	Dr Peter Holden (PH)	Dr Susan Bayley (SB)
	Dr Sean King (SK)	Dr Yadavakrishnan Pasupathi (YP)
	Dr John Ashcroft (JA)	Dr John Grenville (JG)
	Dr Gail Walton (GW)	Dr James Betteridge-Sorby (JBS)
	Dr Simeon Rackham (SR)	Dr Mark Wood (MW)
	Dr Jenny North (JN)	Dr Greg Crowley (GC)
	Dr Paddy Kinsella (PK)	Dr Murali Gembali (MG)
	Dr Ruth Dils (RD)	
IN ATTENDANCE:	Lisa Soultana (LS)	Melanie Foster-Green (MFG) (ECCG)
	David Gibbs (DG)	Jayne Stringfellow (JS) (NDCCG)
	Graham Archer (GA) (Chief Officer - LPC)	Samantha Yates (SY) (Minutes)
APOLOGIES:	Dr Peter Enoch (PE)	Dr Clare Shell (CS)
	Dr Peter Short (PS)	Rakesh Marwaha (RK)
	Dr Kath Markus (KM)	Helen Cawthorne (HC)
	Dr Brian Hands (BH)	Dr Andrew Jordan (AJ)
	Dr Pauline Love (PL)	Dr Vineeta Rajeev (VR)
	Deborah O'Connor (DO)	Stephen Bateman (SB)
		Dr Denise Glover (DG)

16/75 Welcome and Apologies

PW welcomed SR and YP to the meeting.

16/76 Co-option of New LMC Members and Resignations

PH nominated SR for co-option; this was unanimously agreed by LMC members. JBS nominated YP for co-option; this was also unanimously agreed by LMC Members.

PW announced that Dr Tarun Sharma has resigned from his position at the LMC due to workload and time constraints.

Dr Sean King announced his resignation. SK has been an active member of the LMC covering roles including Chairman and Deputy Secretary. PW thanked SK for his time at the LMC stating that SK's presence and input will be missed. Members also thanked SK for his input and support in their roles.

16/77 Closed Session (LMC Members Only)

16/78 Minutes from previous meeting

Minutes were agreed as correct.

16/79 Matters Arising

- **Closure of Community Hospitals**

PK updated that there has been no discussion or update regarding closure of community hospitals within her constituents' locality meetings.

- **Access to Funding Briefing Paper**

LS confirmed that the briefing paper regarding access to funding has been circulated to members.

- **Empowering Receptionists**

SB has developed a handout to support practices empowering receptionists. SB will utilise DDLMC social media to circulate.

Action: Comments and suggestions regarding the document to be sent to SB.

- **Partners and Salaried GPs**

JA asked members whether they were aware of the Partners verses Salaried and Sessional GP split within Derby and Derbyshire. Discussion took place confirming that a Workforce Survey completed and collated by Hannah Belcher, North Derbyshire CCG could contain these details. JA queried as to how the levy paid to the LMC works in regards to covering Partners who "pay" the levy as part of their business and Salaried/Sessional GPs who don't directly pay.

It was confirmed that in regards to contacting the LMC, the responsibility often came through the Practice Managers; therefore there was no direct way of judging which GP roles were requiring direct support. Practices pay the levy and the LMC provide support to the practice including all GPs and support staff working at the practice. JBS stated that payment of levies is part of being a viable employer and it is in the employee's interest to have a viable employer.

It is recognised that there could be conflicts of interest when contacting the LMC, DG raised that currently there is a practice manager working for two practices, one of which is levy paying and one is not. JG confirmed that during working for the LMC he had supported many freelance GPs and that Locum GP's not working for a practice are encouraged to pay a personal levy.

- **Agenda**

SY highlighted that the new agenda and meeting pattern is creating a positive amount of information sharing from LMC members, allowing for the LMC Office to share the hard work that members do for their constituents. It is recognised that the new agenda template seems to be longer and include many more items but in comparison to the previous agenda template and meeting arrangements, more work is actually being completed and shared with less items being discussed. Items in "for information" will eventually be loaded onto the new website and this section will be removed from the agenda, leaving only items that require feedback in addition to any reports/ feedback submitted and those areas for discussion and debate. In comparison to November 2015, the 2016 agenda is more concise and covers more information.

SB confirmed that the new website will include a username and password which will restrict use to only those that pay the LMC Levy.

16/80 For Information

Documents provided electronically via Google Drive and email, also hard copies provided within the meeting.

16/81 For Feedback

- **General Practice Forward View (GPFV)**

Dr Kieran Sharrock has confirmed that he is aware of the implementation teething problems and continues to report issues raised locally to the national meeting.

MFG confirmed that CCGs are required to "claim back" funding by providing evidence as to how the money was used. Erewash CCG is currently working with the local Federation to identify how to allocate funding to have the best impact.

JS confirmed that North Derbyshire CCG have been collating different ideas from practices to build a business plan which will then be fit into the funding specifications provided.

LS confirmed that as part of the General Practice Transformation Action Group (GPTAG), meeting members were encouraged to submit their needs in order to have a waiting list of areas in which to put forward for when funding is available. This is a way for Derby and Derbyshire to work together to achieve more impact.

Discussion took place regarding the timescales given for submissions, against the timescale for receipt of money and the additional pressure of the timescale to spend funding being totally unreasonable within all funding streams. GW confirmed that an “essay” is often required within a two day turn around, which you may or may not get a response from the funding providers.

Members identified that additional permanent funding would solve the issues that the on-going re-dressing of funding schemes continue to try and address in their different guises each and every year. The main issue faced by all in General Practice is the lack of time staff have to complete their job roles with the necessary “thinking” time to make the right decision. This continues to boil down to workforce issues.

- **Communication**

SB confirmed that the Derby and Derbyshire LMC Facebook and Twitter social media platforms are progressing well. SB asked that LMC Members, as part of their roles, access the Social Media platforms in order to review the queries and stories submitted. Members should provide advice to these queries if appropriate.

Action: LMC Members to be actively involved in the Social Media platforms.

- **Primary Care Development Centre (PCDC)**

PK, as a current Director of PCDC, provided feedback and overview of the functionality, structure and financial constraints current faced. CCGs provide specific funding which gives primary allocation of spaces to those within the CCGs boundaries, then paid for places to those outside the CCG. PK confirmed that the implementation of the STP will raise areas of training need; therefore practices are encouraged to contact PCDC with their training requirements. PCDC can then source specific training for the practice.

Action: Members to ensure that their constituents are aware of the services and resources provided by PCDC.

Members discussed information detailed in the report provided by Chris Locke. The report states that the PCDC is owned by Derby and Derbyshire and Nottinghamshire LMC, however this is disputed by Members. Ownership would result in liability.

Action: Clarification of ownership of PCDC to be established.

JG raised a query regarding GP-S, however it is recognised that GP-S is a standalone service from PCDC. JBS confirmed that Dr Ilona Bendefy had provided feedback within the GPTAG meeting, which is attended by organisations, providers, federations and practices. GP-S sits with both Nottinghamshire and Derby and Derbyshire LMCs as a support for those areas, it is not funded by the LMCs.

Action: LS to contact MW from Notts LMC regarding how reports for GP-S are disseminated through the LMCs.

Discussion took place regarding how the GP-S service will fit into the national plan for a GP support and mentoring service. It is believed that GP-S will be locally based (Tier 1) feeding into the new national set (Tier 2).

Action: LS to feedback information regarding national and local positioning on its release from NHS England.

- **Better Care Close to Home – Joined Up Care**

Main response deadline has passed. Responses are being collated by independent body Anglia University. Discussion took place regarding the identification of incorrect figures used within a table, however it has been recognised that these figures do not impact the overall business plan. JS confirmed that the advice of Barristers was received and the mistake has been raised and shared with MPs and the public.

- **Press Release – Breached to Standard Hospital Contract**

It is recognised that some hospitals/departments are better than others in their understanding of role allocation and working relationships with General Practice. Letter templates to be given to Medical Secretaries to be used as appropriate.

Action: Members to circulate templates as appropriate.

- **Childhood Immunisations**

PW highlighted that the records of Childhood Vaccinations were still not being inputted onto the EMIS system and that DCHS have stated that they do not have the time resources to input the information onto this system (they are already inputting into TPP and see this as a duplication of their time).

Action: Office to chase up Alvaro for further information regarding this issue.

- **Minor Injuries Service Specification**

GC provided additional feedback from the meetings. The final deal has been agreed in the Southern Derbyshire PMCCC to a service fee of £57.80. It is recognised that some practices will save money and others will not. The

service is to be provided at the discretion of the practice, with patients being directed to Hospital if they are not providing the service or unable to provide the service at that time.

Discussion took place regarding whether the works taking place in the Minor Injuries meeting were taking into consideration recommendations made by the STP.

- **Paper submitted “In place of Strikes”**

SK “In Place of Strike” paper presents a model of industrial action that would ensure continuing care of patients but create a halt to funding structures. Members debated the paper.

Action: Paper to be put forward as a motion for the Conference of LMCs

Action: Paper to be included on the website for review and comment.

- **Conference of LMCs 2017 – Motions**

Conference in due to take place in Edinburgh in May 2017. Motions are to be submitted as soon as practicable and members are to be aware of the specific guidelines regarding the wording of motions.

Action: Motions to be submitted to the office for review in January 2017 meeting.

- **GPC Survey**

LS reminded members that the GPC Survey link has been sent out to all practices and members. It is important that this is completed and the results have an effect.

- **Brexit – Update**

PH provided an overview of the forecasted cuts to cost of living and the affect that this would have on the practice. There is on-going concern that the increase in cost of living will directly affect the mortgages of practices.

16/82 For Discussion

- **Primary Care Services England and Primary Care Support Services**

DG advised members that PCSE and PCSS are two separate services that have picked up different contracts within the privatisation takeover of NHS contracts.

Capita run PCSE. Jill Matthews, NHS England, was assigned to manage the PCSE contract. There have been a multitude of issues reported to PCSE, NHS England and the GPC. GPC requested to set up a performance monitoring system whereby practices submitted weekly feedback forms, collated by LMC. This took place throughout October. The office is currently waiting for feedback regarding this information. DG formally thanked the office for collating the information.

Geoffrey Robson, MP Coventry, took a motion regarding the poor performance of PCSE to the House of Commons to be debated. Issues with PCSE were highlighted to MP Robson through use of the letter template to MPs designed by Derby and Derbyshire LMC.

DG confirmed that PCSE are now being financially penalised for failures to meet contract requirements.

PCSS took over the contract previously ran by SBS concerning patient records. This is a separate service to PCSE, although it has the same failing markers. The patient records failure is a culmination of SBS incorrect delivery, storage and back log of patient records, and then worsened by PCSS’s approach to dealing with the situation.

Discussion took place regarding the impact on the delivery of hundreds of back logged patient documents and the requirement set out by NHS England to assess the risk posed to patients by the delay within a four week period of receipt of the document. It is recognised that different practices have developed different systems of dealing with the filing and risk assessment of the documents including coding documents received to enable swift identification.

Action: Practices to invoice NHS England all time taken to complete necessary backlog work.

PW suggested that a template letter should be developed for use by practices to send to NHS England stating that every patient is at risk. Further discussion took place regarding liability and core contract maintenance. It is recognised that there could be major risks to patients, however that it is Duty of Care where possible and appropriate to ask a patient if they have been, for example, prescribed medication from a hospital upon discharge.

Action: Letter to NHS England regarding risk to all patients to be drafted.

JA raised Duty of Candour regarding responsibility of informing patients of the potential risk. Members agreed that patients must be informed if a risk has been identified.

Action: Letter to NHS England requesting information on responsibility of informing patients of risk, to be drafted.

- **Sustainability Transformation Plans**

SB provided feedback from the two meetings set up weekly, with additional meetings arranged for different groups. SB confirmed that the meetings range from interesting, confusing and infuriating, however it is clear that the understanding of the roles completed in General Practice is not understood resulting in appalling engagement. Members discussed STP and the different updates received from different avenues. It was agreed by all members that currently the LMC needs to ensure that they remain involved.

LS has developed an LMC proposal for the STP including guiding principles on how to engage with the process. LS has liaised with Ifti Majid, Acting CEO, who is leading the STP and is working on the STP two days per week. As the proposal discusses how to engage the plan without compromising General Practice, LS hopes that it highlights the requirement for additional budget.

Discussion took place regarding the plans for STP including the move away from bed based care, but not addressing what will be put into place to “replace” or “provide” care in different sectors. Queries were brought forward regarding the evidence basis of targets set within the STP and the completed works that helped to decide what would be a target and would not.

JS confirmed that the CCGs are pushing for STPs to be made public; however the block to publish is by NHS England. Currently CCGs remain separate but are held accountable for working together to implement. JS encouraged the LMC to stay at the table.

The commissioning structures were discussed including the need to work cooperatively and not competitively during this interim period.

GA stated that the involvement of pharmacy in the STP has differed. The current implementation involved pharmacies holding minor ailment clinics.

Action: STP to be reviewed regarding areas allocated to Pharmacy.

- **Home Visiting Guideline**

The General Practice Task Force (GPTF) has produced “Home Visiting” guidance. PK highlighted that a flow chart included in the protocol required updating.

Action: Members to submit comments to Office.

- **Help Your Doctor Help You – Leaflet**

PH introduced an historical leaflet to the meeting, to bring a touch of light heartedness regarding the on-going issues GPs have faced over the past 50 years.

- **Increase funding**

PW confirmed that SB had helped to identify the author of the article that was published regarding how an increase in overall funding on a permanent basis would reduce the overall cost in the long run and need for different schemes. The authors name is Matt Sutton. PW asked that if members find any further studies or articles to evidence this need, they should forward to the office.

Action: Members to send evidence regarding the permanent increase of funding, reducing the overall cost of General Practice to the office.

Discussion took place regarding how an increase in permanent funding would help resolve the workforce issue, i.e. more permanent monies could fund more permanent working positions.

- **Pastoral Care**

The current Pastoral Care process for Derby and Derbyshire LMC requires reviewing. LS suggested that a pool of GPs be formed to help mentor and provide peer to peer support, taking into consideration that this would be a voluntary role. Nottinghamshire LMC have implemented a similar process which has been positively received by those who have used it. Several members volunteered within the meeting.

Action: Members interested in taking part in Pastoral Care to contact the office.

- **CQC Fee Increase**

Members discussed the intent for CQC to triple its annual fee. Members feel that the inspections are not fit for General Practice and that there must be better governing processes in place as the CQC’s board are making decisions that affect

practices. Members feel that CQC should be held to account regarding their failure to reflect the contract requirements of General Practice. PH suggested that CQC fees could be held in an ESCROW account and only paid once there is national recognition that the CQC are operating within General Practice and primary care standards. JBS has previously suggested that payments are made monthly instead of a lump sum payment. JG also raised that as the CQC is portrayed as a “public” service, it should be paid for by the public.

Action: PH to write a letter to GPD from the LMC, copying in Listserver regarding ESCROW account use for CQC fees.

Action: Members who wish to take part in a CQC Sub-committee to contact the office.

- **DES - Directed Enhanced Services**

JA addressed the meeting regarding the “Admissions Avoidance Register” and the poor search systems in place. PW identified that there has also been a change in coding. Discussion took place highlighting that TPP and EMIS need to be added within searched and that the QOF toolkit data is not feedback.

MFG confirmed that a working group at Erewash CCG to address DES issues has been set up and that feedback, comments and suggestions from LMC members and their constituents would be thankfully received.

Action: MFG to forward email regarding working group to office, to then be sent out by the office to LMC members for further distribution.

16/83 Any Other Business

Members did not have any further issues to add from their constituents.

Local Dentist has notified the LMC of issues regarding the prescription of Bisphosphonate. The LMC has offered advice as to how this could be further communicated. Members felt that at this time a presentation to the LMC Meeting would not be beneficial as the email has been noted.

NHS England continue to push pharmacies to supply flu vaccinations, GA stated that pharmacies are paid 30% less than General Practice, however General Practice are still required to complete administration works to update medical records, of which they do not receive any funding. Most importantly it is recognised that people in risk groups must receive a flu vaccination.

Action: Motion for consideration to take to conference to include NHS England promoting better working relationships by increasing involvement of required departments and care services and improving the allocation funding/ recompense fairly to reflect any new processes.

16/84 Date of next meeting

Thursday 12 January 2017, 13:30 – 17:00, Santos Higham Farm Hotel.

Meeting closed at 17:01



LMC Meeting Action Log

Date	Agreed action	Resp	Update
07/07/16	Whole time equivalent calculator spreadsheet to be re-distributed to members.	PH	Completed
07/07/16	LMC to write a letter to EMAS to confirm if they will be circulating CPR forms.	PL	
01/09/16	LMC Strategy “time out” to be held on Thursday 2 February 2017 at the Derby and Derbyshire LMC Offices.	Members	Outlook appointment sent out to members
01/09/16	LMC members to ensure they signpost constituents to the BMA STP guide as appropriate.	Members	
01/09/16	LS has produced a briefing paper detailing how to access streams of funding, members to ensure that constituents are aware that this has been disseminated by the LMC office.	Members	
01/09/16	Members to contact office with suggestions of what would be 10 high impact areas that additional funding would support.	Members	
01/09/16	Members to feedback to meeting, as appropriate, details regarding possible take up of the GP Retainer Scheme. Update - Bakewell are trying to take two. Update - Calow and Brimington hoping for one.		On-going
01/09/16	With authorisation of MW, and with recognition of his work, leaflets to be endorsed by LMC and sent out to practices including the LMC Logo.	SB	In development
03/11/16	Empowering Receptionists - Comments and suggestions regarding the document to be sent to SB as soon as practicable.	Members	
03/11/16	LS to liaise with MW, Notts LMC regarding “non” ownership of PCDC company and seek clarification of ownership with Chris Locke.	LS	
03/11/16	Members to remember that PCDC is both a resource for training and for finding training. If a practice identified a training need, they can approach PCDC and they will find appropriate training.	Members	
03/11/16	GP-S annual report to be circulated to members.	Office	
03/11/16	Mid-term update on GP-S to be provided by GP-S by MW.	LS	
03/11/16	Office to contact Alvaro for update on Childhood Vaccinations EMIS data inputting.	Office	Contacted however no response
03/11/16	LMC Members who wish to be part of the Pastoral Care volunteer pool to register interest with office (currently listed are: GC, SB, YK, JG, PW)	Members	
3/11/2016	LMC Members to be actively involved in the Social Media platforms.	Members	
03/11/16	LS to feedback information regarding national and local positioning of GP Mentoring and Coaching Services on its release from NHS England to identify where GP-S.	LS	
03/11/16	Members to circulate hospital contract breach template letters as appropriate.	Members	
03/11/16	Motions to be submitted to the office for review in January 2017 meeting.	Members	
03/11/16	Practices to invoice all time taken to complete necessary backlog work.	Members/ Constituents	
03/11/16	Letter to NHS England to be composed re: patient risk due to back log of documents.	Execs	
03/11/16	Letter to NHS England requesting information on responsibility of informing patients of risk when risk has been identified through failure of agencies/contractors outside of General Practice.	Execs	
03/11/16	STP to be reviewed regarding areas allocated to Pharmacy	Execs	
03/11/16	Members to submit comments regarding the Home Visiting procedure to Office.	Members	

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