



**Derby & Derbyshire Local Medical Committee Ltd Meeting**  
**Higham Farm Hotel, Main Road, Higham, Alfreton, Derbyshire, DE55 6EH**  
**Thursday 6 June 2019, 13:30 – 17:00**

<b>Present:</b>	Dr Peter Williams (PW) (Chair)	Dr Andrew Jordan (AJ)
	Dr Kath Markus (KM)	Dr Paddy Kinsella (PK)
	Dr Simeon Rackham (SR)	Dr Mark Wood (MW)
	Dr Gail Walton (GW)	Dr Susan Bayley (SB)
	Dr Greg Crowley (GC)	Dr Ruth Dils (RD)
	Dr Jenny North (JN)	Dr John Grenville (JG)
	Dr Peter Holden (PH)	Dr Peter Enoch (PE)
<b>In attendance:</b>	David Gibbs (DG) DDLMC	Andrea How (minutes)
	Claire Leggett (CL) DDLMC	Louise Thornley (actions)
	Clive Newman (CN) CCG	Laura Grainger (DDLMC)
	Hal Spencer (HS) Medical Director CRH	Hazel McMurray (HMcM) Emmet Carr
	Jackie Buxton (JB) LPC	
<b>Apologies:</b>	Dr Pauline Love (PL)	Dr Katherine Brennan (KB)
	Dr Michael Wong (MWo)	Dr Brian Hands (BH)
	Dr James Betteridge-Sorby (JBS)	Dr Heather Ryan (HR)
<b>Non-Attendance:</b>	Dr John Ashcroft (JA)	Dr Murali Gembali (MG)

### **19/01 Welcome and Apologies**

Apologies received from LMC members

Welcome to Hazel McMurray - Emmet Carr Medical Practice, Hal Spencer - Medical Director of Chesterfield Royal Hospital and Mary Lewis - Palliative EoL Team.

### **19/02 Conflicts of Interest**

PW requested that all members declare any conflicts of interest related to items on the agenda. No conflicts were declared.

### **19/03 Closed session: Feedback & Discussion**

### **19/04 Minutes from previous meeting**

Minutes were approved with no updates

All member actions completed or closed

### **19/05 Matters Arising**

### **19/06 For Information**

Members reviewed the information documents

## 19/07 Open Session: For Discussion and Feedback

- **Palliative Care**

Mary Lewis, Palliative Care Consultant at Royal Derby Hospital thanked the committee for their invitation and wished to inform them of a recently introduced pilot to assist carers in supporting palliative care to relatives, following frustration over long wait times to administer PRN injections. The team had developed a policy for Derbyshire, having been adapted from one held by Lincolnshire and which has been ratified at Ashgate, RDH and CRH. ML advised the committee that DHU and DCHS were in the process of writing standard operating procedures to support their staff. ML explained that any carers wanting to administer EoL anticipatory medicines should be referred to the Palliative Care Team for assessment; the carer needing to be robust enough and training would then be given. Incident reporting would go through DCHS/DHU which would then be referred back into the Palliative Care Team.

ML stated that what she required from GP colleagues was scrutiny of the policy and support/awareness surrounding the frustration for relatives over wait times, plus consent to speak with a lead GP in the practice for any changes to medicines. ML stated that consent forms and training checklists have already been uploaded onto SystmOne and EMIS, with the Health and Social Care summary also uploaded for 111 use to avoid confusion.

GC asked for confirmation on how much a GP should nudge carers in the direction of Palliative Care where tentative discussion had already taken place. ML suggested sharing decision making between the GP and the team would be the way forward. JN stated she would be tentative of a carer's emotional side around the giving of a "last injection". PH expressed concerns over regulatory issues with GPs supplying anticipatory medicines to carers and questioned whether this should be led by Palliative Care instead; for example, had enough thought gone into the supply of "top ups" or changes to medication. ML stated that Community Palliative Care Nurses would be required to collaborate with GPs regarding prescribing. Further concerns were raised by members surrounding the safety of EoL meds within the home, where a known drug user in the family could gain access to a lock box. ML confirmed that where there was a "known issue" of drug abuse within the family it would create an automatic exclusion to this policy. ML showed the committee an example of a stock balance sheet, which would stay with the carer/patient meds.

- **MAR Sheets/EoL**

KM informed the committee of a known community provider issue regarding the filling in of medicines administration records (MAR). DCHS nurses should have been trained to transcribe medicines but it was confirmed that GPs are still being asked to complete MARs, with a GP request to countersign every form, although a prescription is all that is legally required. PW suggested that DNs need to realise the form design means a GP does not need to countersign. PK stated that DCHS had refused to give drugs if no MAR sheet. It was agreed that KM would take this back to DCHS.

**Action:** *KM to feedback on known issues to DCHS*

- **ReSPECT**

KM asked the committee members to provide good and bad examples of ReSPECT form usage as PL will be attending the next meeting to provide feedback. KM stated that there was no electronic version of the form yet and that a patient's journey through hospital could generate multiple forms, which was considered confusing for both patients and staff.

ML confirmed that the DNACPR forms were in use at Royal Derby Hospital. HS stated that ongoing discussions were working well at Chesterfield Royal Hospital with the patient in many cases having the ReSPECT form with them. A new version of the form will be introduced at CRH and would form part of a patient's electronic records going forwards.

GC stated that he was aware there were patches geographically where the form was not in use across all areas. HMCM concurred that Sheffield Hospital would not recognise the ReSPECT form, preferring to use the old DNR form instead.

**Action:** *KM to provide feedback for PL to take to meeting*

**Dr Mary Lewis left the meeting - PW thanked ML for attending.**

- **Key themes from the office**

DG presented further examples of practice enquiries received; 160k letters archived by Capita, pension queries and community partnership to supply fruit and vegetables within practice setting.

- **Expected Clinical Workload for Sessional/Salaried GPs**

RD stated that within the North Sessional Group questions had been asked surrounding a formalised plan of what a session should look like, e.g. “what should I be looking for in a job” and “can I say no”. With no practice benchmark SB noted it was a difficult situation for sessional GPs and support via the LMC was a piece of work that needed to be done. RD agreed to coordinate the use of a questionnaire to sessional group members. PH stated he had a document which he could circulate to the committee regarding GP liabilities.

*Action: RD to send survey to all sessional GPs*

*Action: Office to upload PH document to Fourteen Fish*

- **Occupational Health and MMR Catch Up**

DG stated that he had taken an action from the execs at the last meeting to write up a paper on the regulations regarding staff and their MMR vaccination. DG confirmed that if staff need and want the MMR vaccine, they must do so through their own GP and not through place of work.

- **Equality and Discrimination**

SB confirmed that following the letter sent to the chair of the GPC surrounding allegations of sexism within the BMA, a response had been received from Dr Chaand Nagpaul. This had been uploaded onto Fourteen Fish for member comment, but SB advised that the committee wait for the independent review from the GPC. SB noted that the policy document written by KM needed sign off at committee level. PW asked the committee if there was any dissent, none was given, and PW thanked all.

- **Enhanced Services Review**

KM informed the committee that the CCG have conducted a review across Derbyshire, with the North better aligned than the South of the county. Specifications have been reviewed pan Derbyshire, with some, e.g. Spirometry, having been updated. Anything that comes out must be properly costed and a monthly newsletter will be going out to all practices.

- **EMAS Meeting Update**

KM told the committee that there had been no response from EMAS to the invitation sent to meet with the LMC. KM informed the members that she had attended a recent meeting with Leon Roberts, MD of East Midlands Ambulance Service, with the focus being on response times and “place of safety. KM had been assured that there are four categories of call outlined by EMAS with “Category 1” being for life threatening only. Ambulance response times should not be affected if that call is from a GP surgery. It was also confirmed that Ambulance Crews can confirm expected death.

The issue surrounding access to patient records and care summaries was also discussed by the members, with concerns expressed that EMAS have the necessary IT access but aren't using it.

KM passed on thanks to all members for their feedback on the new “Siren 4 forms”, which will be introduced by Summer 2019.

It was noted that JBS had raised the transfer of clinical responsibility eighteen months ago. PW expressed concern that after callout, ambulance crews were stating patients should receive a follow up visit by their GP, which was proving frustrating and requested that KM feedback to EMAS.

*Action: KM to take feedback regarding GP follow up visits to next EMAS meeting*

- **Feedback From MSK**

KM informed the committee that she had met with Ruth Cooper, who could not attend the meeting today. It was acknowledged that there were long wait times for the service and that DCHS were looking to increase capacity. It had been stated that twenty-five percent of referrals were not of a sufficient quality for triage and could as much clinical criteria be included as possible. KM stated that it was requested GPs pass on a “positive message” when referring patients, informing them that there was a clinical need to go through triage and physio, as per the nationally dictated MSK referral process.

- **Feedback DN Specification**

KM stated that the specification had been circulated after the last meeting, with the live document sent to all practices and uploaded to Fourteen Fish. It was considered that areas of the specification were being misconstrued owing to grey areas. CN requested that issues on ambiguity should be collated and fed back., as these things will arise but offered reassurance that they will be picked up by the CCG and resolved.

**Action:** KM to send letter regarding Fourteen Fish document/comments to Kath Bagshaw and Louise Swann

**19/08 AOB**

PW brought up the matter of cover for Quest periods, with the request for practice to submit their dates for 2020 and to bear in mind that 111 cover cannot be provisioned across one Wednesday; with an even spread needing to be met cross county. The CCG will be putting out a letter to practice.

**Action:** PW to put information onto WhatsApp group

Jackie Buxton (LPC) raised the need to identify lead pharmacists within PCN geography.

**Action:** Office to supply list of CDs and practice/PCN areas to JB

Meeting closed 16:00

**19/09 Date of Next Meeting**

- **LMC Executives and Senior Management Meeting**

Thursday 4 July 2019, 13:00 – 17:00, DDLMC Office, Heritage Gate, Norman House, Ground Floor Derby DE1 1NU

**LMC Meeting**

Thursday 1 August 2019, 13:00 – 17:00 Higham Farm Hotel, Main Road, Higham, Alfreton, Derbyshire, DE55 6EH

	<b>August</b>	<b>October</b>	<b>December</b>
Agenda Item and Paper Suggestions/submissions	Friday 19 July	Friday 20 September	Friday 22 November
Agenda and Meeting Papers	Thursday 25 July	Thursday 26 September	Thursday 28 November
Feedback for Agenda items	Monday 29 July	Monday 30 September	Monday 2 December
LMC Meeting	Thursday 1 August	Thursday 3 October	Thursday 5 December