



## DERBY & DERBYSHIRE LMC LTD

Derby & Derbyshire Local Medical Committee Ltd Meeting  
Higham Farm Hotel, Main Road, Higham, Alfreton, Derbyshire, DE55 6EH  
Thursday 12 January 2017, 13:30 – 17:00

<b>PRESENT:</b>	Dr Peter Williams (PW) (Chair)	
	Dr Peter Holden (PH)	Dr Susan Bayley (SB)
	Dr Kath Markus (KM)	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 Denise Glover (DG)
	Dr Ruth Dils (RD)	Dr Andrew Jordan (AJ)
	Dr Peter Enoch (PE)	Dr Pauline Love (PL)
<b>IN ATTENDANCE:</b>	Lisa Soultana (LS)	Marie Scouse (MS) NDCCG
	David Gibbs (DG)	Dr Penelope Blackwell, (PB) SDCCG
	Graham Archer (GA) (Chief Officer - LPC)	Samantha Yates (SY) (Minutes)
	Michelle Palmer (MP) BMA	Rhiann McCabe (RM)
	Emily Beattie (EB) Observing	Sarah Kirkwood (SK)
	Stephen Bateman (SBa)	
<b>APOLOGIES:</b>	Dr Murali Gembali (MG)	Jayne Stringfellow (JS) (NDCCG)
	Dr Peter Short (PS)	Melanie Foster-Green (MFG) (ECCG)
	Dr Brian Hands (BH)	Helen Cawthorne (HC) (SDCCG)

### 17/01 Welcome and Apologies

Apologies noted for LMC members.

### 17/02 Closed session

Members only

### 17/03 Welcome and Apologies

PW provided welcome to those joining the meeting in the open session.

### 17/04 Minutes from previous meeting

PK stated that in the previous matters arising regarding Closure of Community Hospitals, her locality community hospital is Babington hospital and therefore in the locality meetings that PK attends she could only provide an update on discussions pertaining to Babington hospital.

### 17/05 Matters arising

No further matters arising other than those areas covered by the agenda.

### 17/06 For Information

PW confirmed that these documents are for information purposes only and asked that if meeting attendees wished to discuss further they could do so in the Any Other Business section of the agenda.

### 17/07 For Feedback

- **General Practice Forward View**

KM provided feedback. There are monthly held east midland locality meetings and regularly held national reference groups. Dr Kieran Sharrock was nominated to be the representative for the East Midlands LMC. However it is recognised that feedback from the meetings has been minimal and that Dr Sharrock has been unable to attend all of the meetings. KM has suggested that DDLMC should be considered to attend if Dr Sharrock is unable to attend. KM confirmed that the meeting dates for 2017 have not yet been arranged.

There have been three schemes from the GPFV released so far. MS confirmed that practices in North Derbyshire have been sent a “memorandum of understanding” regarding the schemes and boundaries for use of monies. No further CCGs representatives were present to provide feedback from their areas.

MS confirmed with the meeting that the deadlines issued by NHS England regarding application for funding for the schemes have been tight. Discussion took place regarding the recycling of monies rather than allocation of additional monies.

- **LMC Secretaries Conference**

KM and PH attended the LMC Secretaries Conference in November 2016. KM provided highlights of discussions including Dr Nagpaul’s speech, clarification of complications within Indemnity Fees, recycling of monies and savings to be made.

**Action:** Motion to be added for the LMC Conference to include a clearer matrix of Medical Indemnity Insurance.

Meeting members discussed the Welsh System of collaborative working between primary and secondary care.

KM attended the STP workshop and confirmation that there was a negative response from conference delegates stating that they did not wish to get involved in their areas STP. PH attended the GPDF workshop. Both KM and PH felt that the conference was frustrating and that attendees were talked at, not giving the opportunity for real answers to questions.

PH confirmed that the BMA has completed a restructure but are currently unable to cope with the volume of work. There are terms of services across all the BMA branches but the business and operating variables of General Practice require different terms that are fit for purpose. History of the GPDF was discussed. The collection of GPDF levies from LMCs was discussed including a growing lack of contentment to continue to pay. Also if LMCs decided not to pay, are their constituents informed.

During the discussion JBS raised that within the LMC’s defence of the General Practice, the LMC needs to take into consideration the different views of General Practice within the different generations of those qualified. JBS identified that there is a divide within General Practice between those that are ready to retire and those that are coming into General Practice or are new to General Practice. There can be a feeling of “we want it how it used to be” verses “we want to innovate and move forward.

**Action:** PW requested that LMC Members forward their General Practice based “irks” to the office for development into motions for conference.

- **General Practice Task Force**

LS provided overview of the successes of the GPTF. The status report has been published on the website. GPTF has fed into the possible extension of GP-S to begin the mentoring of Practice Managers and Nurses. LS will be meeting with GP-S on 16 January 2017.

## **17/08 For Discussion**

- **Advice in Primary Care Research – GP Survey**

Citizen Advice would like the LMC office to circulate a survey regarding “...the impact of advice services in health settings”. KM read the introduction and members agreed that the survey was relevant and could be circulated through the LMC.

**Action:** Office to contact Citizens Advice and begin the process of distributing the survey to practices.

- **PAG – Meetings Attendance**

Members discussed PAG meeting attendance at which the LMCs in the East Midlands attend on a rotational basis. A query has been received from Nottinghamshire LMC regarding each LMC partially funding a continuing representative. Members agreed that this would be a positive step forward, and felt that the representative should be changed on a 6 monthly basis to avoid institutionalisation of attendee.

**Action:** Office to agree with model but suggest that the representative change every 6 months to reduce institutionalisation.

- **CQC Fees**

Members discussed the response to the open letter sent via the LMC regarding CQC fees for General Practice. Further discussion on how other professional practices such as Dentistry are charged and inspected by the CQC were also discussed. It is recognised that “super-practices” where several sites are under one practice name, receive only one inspection. JG raised that the tax-payer pays twice for CQC services, fees are paid from the GP’s NHS contracts, if there is an issue that requires investigation, for instance the Ombudsman, the tax payer also pays for any investigation too. JA stated that the public should be aware of the overlapping expenditure faced by the tax-payer.

**Action:** General Practice CQC fees to be raised as a motion to conference.

**Action:** Public notification of overlapping fees paid by tax-payer to be made into motion.

- **Minor Injuries**

Roll out of the new Minor Injuries “sign up” has caused friction between some practices and CCGs. GC provided a further overview regarding how decisions were made but confirmed that the Minor Injuries meeting attendees were not informed of the source for the funding. It was confirmed through previous LMC Meetings that the updated service specification would be beneficial to only some practices. PW confirmed that the details regarding Minor Injuries that are discussed in the LMC meeting should be fed back by LMC members to their constituent areas.

JBS discussed how the decision to sign up to the service was dealt with by his practice and confirmed that each practice would be dealing with the change in their own way for their own medical and business reasons. This led to the debate regarding practices taking on services that are poorly or unfunded due to historically completing those roles.

- **Sustainability Transformation Action Plan**

KM confirmed that initially the weekly meeting were cohesive and although the initial plan was not perfect some changes were made and further discussions took place. However hospital trusts have not been able to make the required stipulated changes due to the impact that the changes would have on their contractual obligations and care to patients. This has caused a domino effect in the “freeing up” of funding resulting in the necessary funding for General Practice to take on further services not being made available.

Members hotly debated the ongoing pressure to take further services into General Practice and that there is currently no data evidence that regularly reports workload, such as the A&E/ Hospital Departments who are able to use their daily data to impose a colour coded alert system for the current state of their services i.e. Black Alert stipulating “severe pressure and is unable to deliver certain actions and comprehensive care”.

Members discussed the different data collation systems ran by GPs current computer systems. There are practices that also keep hard copy data. SBa provided insight into the systems that Derbyshire Health United run to collate data on Primary Care including appointments and phone calls. Members agreed that a formal process of data collection that can be used to evidence the pressures and needs of general practice needs to be formed, this would then enable had evidence to be provided at meetings such as the STP to confirm that they just cannot take on any further work.

**Action:** LMC Members to form sub-working group to review the data collection systems currently in place and look to use the GPTF to find software that could use different systems information to create a one-stop reporting system.

**Action:** SBa offered the services of the DHU data analyst team to help shape the group.

It is recognised by members that the NHS is struggling throughout all levels and the financial defects are being felt throughout.

MS confirmed that there has been great pressure for healthcare services to sign contracts and this has led to the requirement of individual CCG and service contracts.

### **17/09 Any Other Business**

- **Substance Misuse Draft Specification**

KM raised that the Local Authority held a consultation (without stakeholders) which resulted in the decision that those patients with “over the counter” substance misuse issues will now not be supported by Substance Misuse Team and will be directed to General Practice. Members discussed the increased workload pressures that this could cause and specifically that GPs are not equipped to provide psychological help in this area.

- **DVLA**

GC raised the requirement for Doctors to provide a “note” confirming that patients are “fit to drive” by request of the DVLA through patient request. Members discussed that if any agency wishes to request a “fit” note or letter from a GP, they must write to the GP specifically and pay for the report.

**Action:** PH to take the query regarding cost for provision of “fit for” notes and letter to the professional fees body.

- **BMA Press Release – Multi-Speciality Provider Contract**

Press release circulated, PW confirmed that there is no further new information within the release but it is recognised by GPS that the risk is massive.

### **17/10 Date of next meeting**

- **DDLMC Development Session,**

Thursday 2 February 2017, 13:00 – 17:00, Derby and Derbyshire LMC Offices

### **LMC Meeting**

Thursday 2 March 2017, 13:30 – 17:00, Santos Higham Farm Hotel

**Meeting closed at 17:01**



**LMC Meeting Action Log**

<b>Date</b>	<b>Agreed action</b>	<b>Resp</b>	<b>Update</b>
07/07/16	LMC to write a letter to EMAS to confirm if they will be circulating CPR forms.	PL	Completed
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	Put onto community-community server
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	Completed – on DDLMC website.
03/11/16	LS to liaise with MW, Notts LMC regarding 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	Completed
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	Completed. Report submitted for January Meeting.
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	Completed
3/11/2016	LMC Members to be actively involved in the Social Media platforms.	Members	On-going
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	Provided in Report for January Meeting.
03/11/16	Members to circulate hospital contract breach template letters as appropriate.	Members	Completed. Available on the website. Link sent to members.
03/11/16	Motions to be submitted to the office for review in January 2017 meeting.	Members	None received, carried over to January meeting action.
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	Pages – 7, 19, 20, 30, 35, 36, 46, 49
03/11/16	Members to submit comments regarding the Home Visiting procedure to Office.	Members	No further comments received. Procedure circulated.
03/11/16	Members to send evidence regarding the permanent increase of funding, reducing the overall cost of General Practice to the office.	Members	

03/11/16	Members who wish to take part in a CQC Sub-committee to contact the office.	Members	
12/01/17	DG to research the new formal sign off conditions for an updated LMC constitution.	DG	Completed
12/01/17	Allocation of delegate spaces for the LMC Conferences to be changed to population, to be added as a motion for conference.	Office	Completed
12/01/17	SY to ensure that YP receives all communication regarding the LMC Conference.	Office	Completed
12/01/17	Invites to the community-server will be sent out in due course. Members are to accept the invitation and utilise the system for discussions, reducing email threads.	SB	Completed
12/01/17	SY to contact LMC members with current details for personal and practice accounts to ensure all correct ready for the changeover of bank accounts.	Office	
12/01/17	Motion to be added for the LMC Conference to include a clearer matrix of Medical Indemnity Insurance.	Office	Completed
12/01/17	PW requested that LMC Members forward their General Practice based "irks" to the office for development into motions for conference.	Members	
12/01/17	Office to contact citizen's advice and begin the process of distributing the survey to practices.	Office	Completed
12/01/17	Office to agree with model for PAG attendance but suggest that the representative change every 6 months to reduce institutionalisation.	Office	Waiting for feedback
12/01/17	General Practice CQC fees to be raised as a motion to conference.	Office	Completed
12/01/17	Public notification of overlapping fees paid by tax-payer to be made into motion.	Office	Completed
12/01/17	LMC Members to form sub-working group to review the data collection systems currently in place for reporting over-capacity within General Practice and to look to use the GPTF to find software that could use different systems information to create a one-stop reporting system.  SBa offered the services of the DHU data analyst team to help shape the group.	Members  GPTF	
12/01/17	PH to take the query regarding cost for provision of "fit for" notes and letter to the professional fees body.	PH	
12/01/17	Leaflet promoting "What does the LMC do for you" to be developed, to send out with correspondence regarding increase to the levy.	Office	