

19th June 2014

All Executive Officers

**MINUTES OF AN LMC EXECUTIVE OFFICERS' MEETING HELD AT THE LMC OFFICES ON THURSDAY
19th JUNE 2014**

Present:

Dr P Fielding	(PF)	(Chairman)
Dr S Alvis	(SA)	
Dr R Hodges	(RH)	
Dr J Hubbard	(JH)	
Dr T Yerburgh	(TY)	
Mr M Forster	(MF)	(Secretary)

Action/Lead

ITEM 1 – APOLOGIES

Nil

ITEM 2 – MINUTES OF THE LAST MEETING (15th May 2014)

Agreed.

ITEM 3 – MATTERS ARISING

Nil

ITEM 4 – LMC BUSINESS

Gloucestershire Medical Benevolent Fund. The Charity Commission had approved in principle the addition of ‘the provision of timely and appropriate support to general medical practitioners who are experiencing exceptional stress and difficulties when carrying out general medical practice in Gloucestershire’ to the aims of the charity.

- The change would have to be approved by the LMC main meeting and the minutes submitted to the Charity Commission who would then have 60 days to make any formal objections. The change would then take effect.
- The Executive agreed that every case would have to be judged on its merits and that the Trustees would always have to act consistently.
- It was also agreed that the existence of the fund, the method of applying for aid, and the possibility of contributing to the fund should feature on the LMC website.*New Action*

Sec

MF

Hepatitis B vaccinations for prospective medical students. The GPC’s guidance was unequivocal – that this work was not for GPs but was an occupational health issue for the medical colleges. Newsletter item.....*New Action*

N/L

7-day scripts. While it was likely that the introduction of the Electronic Prescription System now being trialled in Cirencester and recently extended to Nailsworth would eventually make the question academic, there was now a need to agree with the LPC and CCG in what circumstances 7-day scripts would be appropriate. At the moment too much time was being spent issuing them but an immediate refusal to do so would be the wrong way to go about it.

- The issue would be put on the Negotiators agenda
- The LPC would be invited to part of the September Executive meeting.

Sec
Sec

Prescriptions for patients in nursing homes. There were risks inherent in faxing prescriptions, such that the GP's obligation to hand the prescription to the patient or the patient's representative might not be achieved. Dr Yerburch agreed to contact the CCG Care Home Coordinator / Teresa Middleton to obtain clarity on what was or was not the right procedure.*New action*
Once known it would form a Newsletter item

TY
Sec

Alternative Provider Scans. The Executive considered the proforma suggested for submitting alternative provider scans. They agreed that the GP's referral should specify what organisation had carried out the scan and what the points of contact were for the Acute Trust to obtain copies of those scan results but saw no need for a special proforma. Secretary to write to Caroline Bennett.....*New action*

Sec

LMC Newsletter. Noted that the timing of the newsletter preparation and the Executive meeting were unsynchronised this month. The content was discussed . Dr Hodges shed more light on what 'Health Lives' meant. He would send a link to the Commonwealth Fund's full report*New Action*
The Secretary would flesh out the newsletter item accordingly.....*New Action*

RH
Sec

Website – appraisals. After discussion it was agreed that:

- The Secretary would check what Wessex LMC's response was to the offer.
- If accepted, the website would host an Appraisals page on the understanding that it carried a disclaimer, and if not confirmed quarterly would be hidden, since the LMC did not wish to take on the task of editing what could be fast-changing information.....

Sec

Sec

Gloucestershire Shared Care Record Project. Dr Hubbard briefed the meeting. The project was being run by the Commissioning Support Unit and they planned to spend a lot of money on advertising the scheme to the public. His view, supported by the Executive, was that the project would only affect those small numbers of patients with long-term care plans, mental health conditions etc where several clinicians might become involved. It would be better to spend the money on the project and then ensure that those individuals gave informed consent. It should also be on an opt-in basis rather than an opt-out basis. Two GPs were being sought to provide informed input to a working group which would be funded by the CSU at CCG rates. These GPs did not necessarily have to be LMC members. The Executive believed that any GP involved should do so as an individual, not as an LMC representative. Invitations to take part should come from the CSU, not the LMC.....*New action*

Sec

ITEM 5 – PREPARATION FOR THE NEXT NEGOTIATORS MEETING (26th June)

Review of the last Negotiators Meeting Minutes. This was done.

Administration.

- Representation. Drs Fielding, Alvis and Hubbard would represent the LMC. However, the Chairman might be as much as half an hour late due to an unavoidable engagement in the Forest.
- Car Parking and Location.
 - Dr Fielding To follow
 - Dr Alvis To follow
 - Dr Hubbard To follow

PF/SA/JH

PF/SA/JH/Sec
to note

- Secretary To follow

CCG Issues. (Mary Hutton and Helen Goodey will be there, apologies from Dr Seymour)

- CCG Actions arising.
 - Flu jabs by midwives. The CCG's public health team were carrying out a review. When will it be complete? SA
 - District Nurse cover SA
 - Definition of 'housebound'
 - Leg ulcer transition
 - 7-day dosette boxes. See discussion above. PF
 - Anti-coagulation bridging protocol. As a matter of goodwill GPs had often carried out pre and post operative anti-coagulation work. Goodwill had evaporated. A protocol is required which can be valued and commissioned. SA
- New CCG Issues.
 - Practice nurse update training proposal. The idea being to get the CCG to provide the location (i.e. Sanger House) but for the LMC to organise it. PF
 - Shared Care Record Project. See discussion above. JH
 - Balance of £5 per patient. SA
 - OOHs update. PF

Joint Issues.

- Joint Continuing Action.
 - Risk stratification PF
 - The tool to be used.
 - Inclusion or otherwise of Nursing home patients.
 - Pneumococcal vaccine arrangements. PF
 - Death certificate forms and envelopes. SA
- New Joint Issues.
 - Planning (s.106). A new 48-bed dementia care home has received planning permission in Stow on the Wold. There appears to have been no attempt by the AT to secure funding for the increase in medical cover at that practice. SA
 - Co- Commissioning Intentions. What has the CCG agreed with the AT and put forward for consideration for this area? PF
- Date of Next Meeting. 24th July
- Date of August Meeting. Suggest slip to 4th September. Secretary to clear this with the AT and CCG*New action* Sec

AT Issues.

- Continuing AT Actions.
 - Tracing the funding for collaborative arrangements. (AT) RH
- New AT Issues.
 - Premises. Need an update and the chance to air problems. SA
 - BGSW Primary Care Delivery Plan. All sorts of issues hidden in this one – see my briefing on Future Plans (attached) – but it does not talk about discussions with the LMC. PF

ITEM 6 – ANY OTHER LMC BUSINESS

Occupational Health. The LMC should make it clear to the Acute Trust and to Gloucestershire Care Services that patients treated initially in A&E for needlestick injuries etc of an occupational health nature should be referred to Occupational Health services, not to their GP.*New action*

Sec

DATE OF NEXT MEETING

Thursday 17th July preparing for a negotiators meeting on 24th July.

All

M J D FORSTER
Lay Secretary

17th June 2014

LMC Executive

FUTURE PLANS

References:

- A. BGSW Primary Care Delivery Plan dated March 2014
- B. Minutes of a Co-Commissioning of Primary Care workshop dated 10th June 2014

In case you have not seen the BGSW Primary Care Delivery Plan, it talked a lot about co-commissioning. You should read the list of changes (pages 9 to 12), of which the most contentious are probably:

- 80% of GP practices to be fully compliant with safeguarding training requirements.
- All to provide the electronic prescribing service.
- Greater emphasis on personal care and end of life plans.
- Mergers and federations.
- All primary care professionals to have access to Summary Care Records.
- Remote monitoring.
- Emergency access to primary care within 2 hours; urgent cases within 6 hours.
- 7-day working.
- All patients to be able to access electronic records by March 2015.
- Email Skype and telephone consultations.
- Calling in those with long term conditions for regular assessments.
- Preventative health checks.
- Increased provision of diagnostic services outside of hospitals.

It talks about working with CCGs and member practices. Not once does it mention LMCs.

The meeting on 10th June, which unfortunately I was unable to attend, had predictable and sufficiently strong LMC input from Dr Nigel Watson concerning:

- Conflicts of interest,
- The need for investment in premises and workforce training
- The need for new money to support new work.

There are three main options for co-commissioning, but CCGs are not bound by any of them:

- CCGs **influencing** the AT;
- **Joint** commissioning between the CCGs and AT;
- CCGs working with authority **delegated** from the AT.

CCGs now have until 20th June to make their initial suggestions in what is likely to be an iterative process. It was agreed that the very short timescale would prevent consulting patients, but the proposals would have to emphasise how the changes would benefit patients and how they would 'enable transformation in primary medical care' (which were the main aims of Reference A.)

Mike Forster
Lay Secretary