GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE

MINUTES OF THE MEETING HELD ON THURSDAY 8th MAY 2014 AT THE GLOUCESTER FARMERS CLUB

Present:

Dr P Fielding (Chairman) and Drs Bayley, Booker, Bunnett, Bye, Coker, Corcoran (GPC member), Hodges, Hubbard, Miles, Ropner, and Yerburgh.

Also present:

Representing the CCG:	Dr Seymour	(Deputy Clinical Chair)
	Mary Hutton	(Accountable Officer)
Representing the Acute Trust:	Dr Philippa Moore	
Representing the 2gether Trust:	Dr Martin Ansell	
Representing practice managers:	Mrs Bridget Derrett	
As observers:	Drs Irene Mawby and Camilla Brandal	
From the LMC Office:	Mr Forster	(Meeting Secretary)

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OPEN SESSION

28/2014 CHAIRMAN

The Chairman asked the committee to remember the untimely deceased and lamented Drs John Moss and Richard Mathers, both previous senior partners in Cheltenham.

Dr Mawby withdrew while the committee voted on whether to co-opt her to the committee in place of Dr Bayley, then retiring. This motion was carried.

The Chairman praised Dr Bayley for her positive role in the LMC over the previous 8 years, presented her with an engraved champagne flute, and hoped that in due course she might return to the committee. Dr Bayley thanked the committee, and said how useful, instructive and enjoyable she had found membership of it to be.

29/2014 APOLOGIES

Drs Alvis, Bounds, Furn-Davies, Goodrum, Kilshaw and Roberts had sent their apologies.

Drs Shyamapant and Simpson were not present

30/2014 REGISTER OF INTERESTS

Dr Mawby provided the Secretary with a declaration of her interests as a director of Gloucester Healthcare Ltd and of the Gloucestershire GP Consortium Co Ltd. Her husband also was a director of GHAC.

31/2014 MINUTES OF THE LAST MEETING

The Minutes were agreed as a true record and signed.

32/2014 PUBLIC HEALTH MATTERS

The LMC had tried hard but unsuccessfully to minimise the size of the contract sent to practices. Karen Pitney would be attending our

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July meeting to take feedback.

33/2014 GPC MATTERS

Dr Corcoran gave a guarded briefing to the meeting, guarded since much of the discussions at GPC were confidential. He would forward a paper on the Future of General Practice. *[Afternote: This has been done.]* He also outlined the BMA's intention to fund a GPC publicity campaign under the general heading of 'Your GP Cares'.

In discussion afterwards the following points arose:

- Although in Gloucestershire the PCT formerly did not, and the Area Team now do not, engage in collaborative arrangement payments these did still happen in Avon. Dr Corcoran would send the details. ..... **MC**

[Dr Miles arrived at this point.]

- Dr Bye would discuss with Dr Corcoran an issue which he raised about wilful neglect..... **IB**
- Dr Corcoran advised against opting out patients en bloc from the care.data scheme. It would, however, be quite in order to state in leaflets that the GP intended to opt out of the scheme.

[Dr Moore arrived at this point.]

34/2014 CCG/LMC LIAISON MATTERS

Primary Care Offer. 70 practices had signed up to all four blocks and the CCG was in contact with the others. The details of the scheme (reporting, post action verification , coding etc) had been discussed with the Cheltenham Locality Commissioning Group and many useful points had been raised which were being addressed.

Coordination of Primary and Secondary Care.

- Joint Commissioning. The LMC felt that with the Area Team being responsible for the GP contracts and with the CCG being responsible for the Acute Trust contract there was a risk that changes in the latter contract might have unintended and unanticipated adverse impact on the former contracts. They sought assurance that the CCG and Area Team were liaising closely to avoid this.
- Data exchange. The LMC and CCG agreed that exchange of data between IT systems was the practical cornerstone of good coordination of care. The Acute Trust was putting a new IT system in place over at least 4 years but it would take at least 18 months before the first element went live. In the meantime, the LMC feared that the thickness of paper records was such as to present a risk to patients' health.

'Everyone Counts'. This was a government initiative to invest £5 per head (approximately £3.1M for Gloucestershire) in primary care to support the unplanned care DES. The CCG actually intended to invest £3.4M but had already earmarked £2.4M of it, leaving a fund of £1M to be invested. They were discussing options for this with the Locality Commissioning Groups.

Seven-day opening. This year the Area Team was investing £300K, matched equally by the CCG, into a pilot scheme for seven day opening. The AT and CCG were prepared to expand this funding to

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34/2014 (Cont) £1M each in the following financial year if the pilot scheme proved successful in order to develop it futher.

Pressure on General Practice. Above all, the LMC was concerned that general practice was at the limit of its capacity and that it perceived the CCG's main role as being to help GPs do their job, particularly by policing the contracts with the Acute Trust and Gloucestershire Care Services. It was suggested that identification of inefficiencies and their eradication would make the available budget go a lot further. Various suggestions were made:

- That the same-day provision of mobility aids should not be restricted to those who applied before 13:00.
- That all hospital departments should issue sick notes on discharge, as was required by regulations. (Some already did.) The LMC agreed to ask practices to inform the CCG of examples where this had not happened. ..... **LMC**
- That discharge summaries should reach practices before the discharged patient did.
- That reports from hospitals should give full details (e.g. not that 'I consulted the Neurology Department' but rather 'I consulted <so and so> in the Neurology Department'.)
- That consultants advising patients to 'go to see your GP' in order to get a referral to another consultant was not the most efficient way of proceeding; while the GP should be kept informed of developments there were certainly occasions when it would be proper for consultants to consult each other directly.
- That there should be better publication of the provision of dental care out of hours. At present patients went to A&E and were referred by them on to OOHs, which was itself understaffed with GPs.

35/2014 2GETHER TRUST MATTERS

Crisis Team. The current procedure was that a GP would usually see a patient before the Crisis Team became involved, but this did not always apply. Dr Ansell acknowledged that no formal statement about this change had been made and undertook that the 2gether Trust would issue an official communique to confirm it. ..... **MA**

Seven Day Working. The Trust had the long-term aim of moving to seven-day working, but this would take time.

Psychiatric Training.

- From August the number of GP trainees rotating though Psychiatry would rise from 3 to 5.
- The intention was to increase the number of foundation training doctors going through psychiatry such that 80% of them would have had this training by 2018. The aim was to encourage more to consider psychiatry as a career option.

Memory Clinics. There was a national drive to regard dementia as a long-term condition and move it into primary care. Locally the intent was to revamp the memory assessment teams with more nurses, linking one to each practice. GPs would not be compelled to prescribe memory drugs to patients, but could do so if qualified or refer them if not. The drugs were AMBER. Dr Corcoran said that this was already being done in Avon area, but many in the LMC feared that this was another example of extra work being given to

		Action
35/2014 (Cont)	primary care without resources.	
	Handover. The LMC reported that the handover of children to adult mental health services when the child reached the age of 18 did not always go smoothly. Dr Ansell agreed to look into this.	**MA**
36/2014	**ACUTE TRUST MATTERS**	
	Points of contact in practices. The issue appeared incapable of solution as there were problems on both sides. However, there was a glimmer of hope in that each practice involved in the unplanned care DES had to install an extra phone dedicated to communication with the Acute Trust. ..... *No further action*	
	Rejection of paper referrals. As had been agreed at the Negotiator's meeting the CCG would be looking into this problem, particularly as regarded the Orthopaedics department.	**CCG**
	Alternative imaging providers. The Acute trust had no problem with patients obtaining imaging from other providers but needed to be given the contact details etc so that if the patient was referred to the Trust then the Trust would be able to obtain copies of the imagery. This should be an LMC Newsletter item	**LMC**
	Medical Staff Committee attendance. Dr Bayley had formerly attended MSC meetings (or those parts relating to general practice). The days and timings of these meetings varied but usually started at 6 p.m. and lasted for an hour or so. Dr Bunnett agreed to step up from the role of deputy to that of LMC representative, and Drs Alvis and Hodges agreed to be deputies	**RB/SA/BH**
	Pre-operative MRSA testing. The current postal system worked well within the Trust but the LMC raised the query that the Winfield Hospital seemed not to have an equivalent system. The CCG agreed to look into this	**CCG**
	Sharing of Blood Samples. Dr Ropner stated that there seemed to be a regulation forbidding the use of blood samples taken for one purpose to be used for another purpose for the benefit of the same patient. Dr Moore had not heard of it and agreed to investigate	**PM**
	Flip Charts. The Trust had now produced a useful flipchart on the management of infections and would circulate it to all practices. Further copies could be obtained from Laura Cunningham on 0300 422 5056.	**N/L**
	Mobile Phone App. Dr Moore mentioned that she hoped the antibiotic guidelines would eventually be available as a mobile phone downloadable app and that she was seeking funding to help develop this as part of contributing to a national project. She agreed to inform the LMC when significant progress had been made.	
	Concerns about A&E. Grave concerns had been expressed at the last LMC meeting. Dr Moore had fed back these concerns to the Trust including the Medical Director who suggested that it would be a good idea to discuss concerns at the Clinical Priorities Forum. Since the CCG had data on the performance of the Acute Trust, they would discuss with the Acute Trust what might be useful to share in order to reassure the LMC that concerns were taken seriously, incidents acted upon, and that there was a culture of continuous quality improvement being achieved. The LMC requested feedback. The CCG agreed to do so	**CCG**

Action

[All guests then departed.]

37/2014 ANNUAL REPORT

The committee accepted the report, but wished the logo to be the one used on the LMC website. *[Afternote: This has been done.]* The Report was otherwise agreed for publication.

CLOSED SESSION

38/2014 DISCUSSION ISSUES

Workforce planning. There was general concern that there was a crisis of morale among GPs. A report from Somerset that of all their trainees only 40% remained in the county after qualifying, and the local significant drop in applicants for available jobs had prompted Dr Hodges to carry out a workforce survey in Gloucester City. This had produced the worrying statistics that:

- Of the 80.84 whole-time equivalent (WTE) GPs in the county some 21.64 expected to have retired completely from practising medicine in the next 5 years.
- Even if all the trainees stayed in county after qualifying (which seemed unlikely) we would only be producing 2 new GPs for every WTE gap, whereas it was common ground that three were needed because of the increasing tendency of new GPs to prefer work as salaried or as independent locum GPs.

The CCG had been made aware and the other localities in the county were being asked to carry out a similar survey. The LMC could not provide a solution, but could and would work towards achieving a common ownership of the problem. Further issues that might be addressed were:

- What impact on workforce planning would the morale of those in mid-career have?
- How many years would new partners carry on in partnership before resigning? Would they even last 5 years?
- Could current part-time GPs work an extra session a week to alleviate the pressure? On the other hand, was there space in premises to allow this?
- How could the inherent weakness of the NHS (adherence to the free provision of treatment for all, regardless of the severity or otherwise of their condition) be mitigated?

Enhanced Services. The recent negotiations had revealed a weakness in the system: that the LMC had been negotiating primarily on the work to be done and the price to be paid but had not been concentrating also on the reporting and verification processes involved. These aspects would need to be addressed in future negotiations. ..... **Negs**

'Everyone Counts'. The Chairman was concerned that the CCG had apparently pre-allocated two thirds of the £5 per head to existing schemes, thus covering the failure to achieve all the Quality Premium targets set for the previous financial year. Nevertheless, he saw the LMC's task as being to help the CCG to achieve their aims rather than confronting them at all points. His broader concern was

38/2014 (cont) the general trend of the government making GPs do more and more for less and less. QOF was voluntary but no practice could afford not to engage in it. He hoped that centrally the GPC would be able to encourage the government to increase the current 7.4% proportion of the NHS budget assigned to general medical practice, which after all provided 86% of appointments to patients.

Practice Confederation possibilities. Not discussed. Some thought it a solution looking for a problem, but in any event it could not be taken further until much greater premises funding was available.

Severn LMCs. The Chairman and Dr Corcoran briefed the meeting on the discussions held in Taunton between representatives of Avon, Somerset and Gloucestershire LMCs. The suggestion was not to form an organisation such as Wessex LMCs but rather to increase the ways in which the three separate LMCs could support each other and provide services for one another. It had been agreed that the secretaries of the three LMCs would investigate the possibilities; any suggestions from members would be welcome..... **All**

Prime Minister's Challenge Fund. Not discussed.

Gloucestershire Medical Benevolent Fund changes. The Secretary had applied to the Charities Commission for their approval of the changes, which was awaited.

39/2014 REPORTS

Executive and Negotiators Meetings.

Ref	Document		Uploaded to website on
a.	Executive meeting	20.03.2014	*26.03.2014*
b.	Executive meeting	17.04.2014	*23.04.2014*
c.	Joint Negotiators meeting	27.03.2014	*03.04.2014*
d.	Joint Negotiators meeting	24.04.2014	*02.05.2014*

GPC News.

Ref	Document		Uploaded to website on
a.	GPC News Issue 12	21.03.2014	26.03.2014
b.	GPC Interim News	04.04.2014	09.04.2014
c.	GPC News	22.04.2014	23.04.2014

Regional LMC Meeting.

a.	Regional LMC Meeting	01.05.2014	Verbal Report

40/2014 FORTHCOMING MEETINGS AND EVENTS

- Executive meeting 15th May 2014
- LMC Conference, York 22nd/23rd May 2014
- Joint LMC/CCG/AT Negotiators meeting 29th May 2014
- Executive meeting 19th June 2014
- Joint LMC/CCG/AT Negotiators meeting 26th June 2014
- Next regular LMC Meeting **10th July 2014** **All note**

41/2014 ANY OTHER BUSINESS

Negotiators training. Dr Hubbard would be attending a BMA Negotiators course on 20th May. Dr Hodges would book himself onto a subsequent course..... **RH**

41/2014 (cont)

LMC Conference Representatives. The Executive Committee had decided, since Dr Bayley was standing down at short notice, that the Chairman would take her place at the up-coming LMC Conference. However an election would need to take place for next year's conference, and the Secretary would be seeking nominations. ..... **Sec**

Winfield Liaison. Dr Bayley had previously carried out liaison with the Winfield Hospital. Dr Bunnett agreed to take this on. ..... **RB**

LMC Representation on the PSG. Dr Roberts had kindly agreed to take over this task from Dr Bayley ..... **MR**

WiFi at meetings. It was agreed that the Wifi password for the Farmers Club would be included in the Agenda for future meetings .. **Office**

There being no further business the meeting closed at 16:40