

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE

MINUTES OF THE MEETING HELD ON THURSDAY 8th JANUARY 2015 **AT THE GLOUCESTER FARMERS CLUB**

Present:

Dr P Fielding (Chairman) and Drs Alvis, Bounds, Brandal, Bunnett, Bye, Hodges, Hubbard, Mawby, Roberts, Ropner, Shyamapant and Yerburgh.

Also present:

Representing the CCG:	Dr Seymour (Deputy Clinical Chair) Mrs Mary Hutton (Accountable Officer) Helen Goodey (Assoc. Director of Locality Development and Engagement)
Representing the Acute Trust:	Dr Philippa Moore
Representing Practice Managers:	Ms Anita Logan
Representing Central Southern CSU	Dominic Fox Maqqie Lay
From the LMC Office:	Mr Forster (Meeting Secretary)

Action

1/2015 CHAIRMAN

The Chairman assured everyone that the LMC's open doors policy was completely unconnected to the Roman god Janus, whose gates remained open in time of war.

On a technical note, the hyperlinks from the electronic agenda to the various reference documents on the website were working well with laptop PCs but not with iPads. In the meantime the meeting papers were still available directly on the website. The Office would be looking for a solution.

Sec

It had been hoped to present a farewell gift to Dr Booker, who had served on the committee for nearly 19 years. In Dr Booker's absence the Secretary would arrange for it to reach him.

Sec

2/2015 APOLOGIES & WELCOMES

Apologies. Dr Elyan (Acute Trust), Drs Hubbard, Miles and Simpson

Not present: Dr Booker and Dr Furn-Davies

3/2015 REGISTER OF INTERESTS

No further announcements

4/2015 MINUTES OF THE LAST MEETING

Agreed and signed as a true record. There were no matters arising.

[Dr Yerburgh arrived at this point]

5/2015 CCG/LMC LIAISON MATTERS

The Prime Minister's Challenge Fund. There had been a meeting in December with a good number of enthusiastic GPs seeking a way of improving patient access and bringing money into general practice at Locality level. There was £200M on offer nationally.

**5/2015
(Cont)**

[Dr Mike Roberts arrived at this point]

The deadline for submissions was 16th January 2015. Although this was a provider bid the CCG were happy to provide project management support to it. Gloucestershire Care Services would also be involved. One aspect that would need addressing would be continuity of funding.

A general discussion followed. Some held that other clinicians should deal with acute illnesses and minor injuries thus freeing up GPs to deal more with chronic conditions. Others felt that to preserve the through-life knowledge of the patient and of the family acute issues should still be dealt with by the GP. Anything else might also risk skill-fade.

[Dr Philippa Moore arrived at this point]

The CCG also mentioned that there would be no specific winter money next year; it would all be included in the allocation.

Co-Commissioning. Helen Goodey rehearsed the options and the CCG's intentions. The deadline for applying for delegated commissioning was midday on Friday 9th January 2015. She would consult with Mike Forster over the arrangements for an election. The LMC would be sending out information to practices, not amounting to guidance on what to vote for, next week and would share that also with the CCG.

**HG
Sec**

Communication with Locums. Some GPs who had recently left practices to become locums had noticed that they were no longer receiving the CCG's 'What's New' bulletins. The probable cause was that each GP on the distribution list had to be associated with a particular practice. The LMC wondered whether a simple IT solution might be to create a 'locum chamber' which would allow these GPs to be added to the distribution list?

HG

6/2015 JOINING UP YOUR INFORMATION (JUYI) PROJECT

The project had previously been known as the Gloucestershire Shared Care Record project and had been in development since February 2014. Dr Hubbard was a member of the Communications, Consent and Access Group. The aims of the project were to go live in July 2015, with no paper records in place by 2018, and with all records being digital by 2020. The key to the project was the Medical Interoperability Gateway which would allow the viewing of records, but not the copying of data. Clinicians would be more likely to use it if the vast majority of patients were included in it so the 'implied informed consent' model (likewise known as 'opt-out') would be followed. All agreed that ultimately the aim should be to have a patient-held record, but this was a step in that direction. There were concerns that even an opt-out rate as high as 5% would involve practices in a lot of extra, unresourced work. The GPs also wanted to be fully convinced that no one else would be able to write to the record using READ codes.

Mr Fox asked the committee for their endorsement of the project but the Chairman felt that at first hearing this would be impossible. However he encouraged Mr Fox to contact the LMC Office with full details.

7/2015 ACUTE TRUST ISSUES

Organisational pressures had made it impossible for Dr Elyan to attend the meeting. However the CCG were able to point out that the crisis was caused as much by a difficulty in finding places to discharge patients as it was to the level of demand, which was very similar to the previous winter. They mentioned a new computer system ALAMAC which would allow the system to identify precisely where the pressures were occurring. The LMC were still concerned that:

- The first they had heard about it was on the national news; they requested better communication between secondary and primary care, if necessary via the CCG.
- Too many adverse tales about care in Gloucester Royal Hospital had been heard and on a 'no smoke without fire' basis they hoped that the Management was aware of these shortcomings and were taking steps to correct them.

Booking Ambulances through the Single Point of Clinical Access. The Committee considered the Gloucestershire Care Services findings, which showed little correlation between the clinical factors involved and the urgency with which GPs requested transport for patients. It was stressed, however, that the system was always capable of being 'trumped' by the GP if in his or her judgement a more urgent response was needed. There was the further complication that in deeply rural areas it might take an ambulance up to an hour to reach the patient, and that had to be factored in to the overall assessment of timings.

[CCG personnel left at this point.]

Delayed discharges. For lack of time this discussion was deferred until the next meeting.

Sec

8/2015 2GETHER TRUST ISSUES

Central Message-handling System. In the absence of any 2gether Trust representative, this discussion also was shelved

Sec

[All remaining guests except Mr Mawby then left.]

9/2015 GPC MATTERS

Dr Corcoran gave a general update on the latest GPC deliberations, including:

- Phlebotomy was not a core service.
- Maximum support from LMCs was required to encourage all GPs to complete the latest GPC survey into workload and attitudes.
- It was not worth taking CQC to court for defamation as a result of the Intelligent Monitoring Report.
- Disappointingly, the BMA as a whole had not supported the GPC's 'Your GP Cares' initiative. GPDF would now probably fund their own representative in the BMA's publicity machine to ensure that the voice of the GPC was properly reflected.
- The GPC hoped that member practices of CCGs would be aware of the potential need for an increase in staff in CCGs under the various co-commissioning options.

Sec

**9/2015
(cont)**

- Funding for primary care premises would be phased in over 4 years.
- The GPC would shortly be publishing a ten-point plan to promote GP careers.
- The BMA as a whole would be transformed and reorganised over the next few years.

10/2015 LMC CONFERENCE

Observers. The Committee agreed to fund the attendance of the Chairman and Secretary as observers, including overnight accommodation on the Thursday night and attendance at the Dinner.

Motions. The existing list of motions was briefly discussed. Many were seen as being statements of existing policy or lacking in guidance to the GPC. The Executive would polish the motions prior to the next LMC meeting.

11/2015 DISCUSSION ISSUES

The Gloucestershire GP Provider Company. Mr Allen Mawby, as director of the Company, updated the meeting on the current activities and plans of the Company. Their target was the Choice Plus funding of which they were looking to secure £4M to provide 100,000 extra appointments across the 7 county localities. This number could be tailored to fit the available funding.

[Mr Mawby then left.]

OOHs. Dr Roberts was particularly concerned that the transition between the existing and the new OOHs providers did not appear to be adequately taking into account the need to provide the right GP coverage in the system. He felt it was inevitable that from April there would be fewer GPs available than were needed.

Negotiation Reverse Traffic Light approach. The Chairman intended to introduce a system whereby each enhanced service proposal would be rated by the LMC as Green (acceptable), Amber (questionable) or Red (refuse it) in two areas: clinical effectiveness and financial return. The exact method of making those assessments had yet to be defined, but in use it would serve to encourage commissioners to reconsider their offers if, for instance on a double Red, it was clear that very few practices would accept it.

Workforce. Nothing to add.

GGPET liaison. One of the reasons that Dr Hubbard had resigned from the position was that he had found it impossible to extract payment for his time from GGPET. Possibly this arrangement would have to be renegotiated. In the meantime Dr Rachel Bunnnett would consider taking on the role.

Future of General Practice workshop. There being some extra funds in the account The Executive had decided to hold a workshop for GPs in May. All details were yet to be confirmed but the intention was that it should be free for those attending.

Exec

12/2015 REPORTS

Miscellaneous.

Ref	Document	Uploaded to website on:
a.	Winfield MAC Meeting 2/12/2014	10/12/2014
b.	Regional LMCs meeting 4/12/2014	17/12/2014

Executive and Negotiators Meetings.

Ref	Document	Uploaded to website on:
a.	Executive meeting 20/11/2014	4/12/2014
b.	Executive meeting 18/12/2014	23/12/2014
c.	Joint Negotiators meeting 27/11/2014	4/12/2014

GPC News.

Ref	Document	Uploaded to website on:
a.	GPC News 9 21/11/2014	26/11/2014
b.	GPC News 19/12/2014	23/12/2014

13/2015 FORTHCOMING MEETINGS AND EVENTS

- Executive meeting 22nd January 2015
- Joint LMC/AT/CCG negotiators meeting 29th January 2015
- Executive meeting 19th February 2015
- Joint LMC/AT/CCG negotiators meeting 26th February 2015
- Regional LMCs meeting 5th March 2015
- Next regular LMC Meeting: **12th March 2015**

All note

14/2015 ANY OTHER BUSINESS

Legal changes. The Secretary warned the Committee that there was a case still under appeal which might hold that overtime pay should be included in the holiday pay calculations. The advice at this stage was not to do it, but practices should seriously consider setting funds aside to meet this change, should it occur,

N/L

Cameron Fund. A letter of thanks had been received for the LMC's contribution to the Cameron Fund Christmas appeal.

There being no further business the meeting closed at 16:30