

23rd January 2015

All Executive Officers

MINUTES OF AN LMC EXECUTIVE OFFICERS' MEETING HELD AT THE LMC OFFICES ON THURSDAY 22nd JANUARY 2015

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 (18th December 2014)

Agreed.

ITEM 3 – MATTERS ARISING

LMC Events. The Secretary confirmed that funding was no problem.

- **Avon LMC Conference – 10th February 2015 – Filton Holiday Inn, BS16 1QX.** It was agreed that the LMC would be represented by PF, SA and MF. The £40 per head fee had been paid by the LMC.
- **Gloucestershire LMC Conference.** The theme was confirmed as The Future of General Practice in Gloucestershire.
 - **Dates and Venues.** The Secretary was asked to find out if Dr Fay Wilson would be available on either the 19th May (preferred) or 12th May. *[This has been done, and she is booked for 19th May.]* The Secretary had contacted Helen Goodey at the CCG to discover whether there were any group discounts in place that could be taken advantage of.
 - **Format.**
 - Lunch followed by an afternoon session.
 - **Speakers.** The keynote speaker would be Dr Wilson Other speakers would be needed to cover:
 - A younger GP's view on why partnership was such an unattractive and risky option nowadays.
 - Why salaried jobs were too expensive for partners to offer.
 - The workforce position in the county at present, and what was expected for the next 5 years.
 - What was being planned now in the county to address the issue.

All to suggest

The Secretary would obtain a copy of the Avon

Sec

	Action/Lead
<p>agenda, and details of the speakers involved.</p> <ul style="list-style-type: none"> ○ <u>Invitees</u>. The CCG and AT should be invited. It was decided not to invite MPs. The invitation should also be thrown open to GPs and practice managers of neighbouring LMCs, particularly Avon and Oxfordshire. ○ <u>Finance</u>. It was confirmed that no charge would be raised for attendance, but the Secretary would look into the possibilities of non-pharmaceutical sponsorship. 	<p>Sec</p> <p>Sec</p>
<p><u>ITEM 4 – LMC BUSINESS</u></p> <p><u>LMC Conference Motions</u>. The list was reviewed and a revised fifth draft (at Annex A) was agreed. There would be one more chance (at the February Executive Meeting) to discuss it further</p> <p><u>January Newsletter</u>. The Executive agreed that the January Newsletter should follow the existing format. The new format should be used from February provided:</p> <ul style="list-style-type: none"> ● A clearer version of the logo was used. ● The list of headings should be without visible table lines and should only refer to the highlights. ● Links back to the top of the newsletter were not required after each item. <p><u>'Traffic Light' system for negotiation</u>. Three strands were identified: whether the service would be clinically good for patients, whether it would be financially good for the practice and (overlapping both) how much work would be involved. In the end it was decided just to use the first two and to use free text to mention any workload issues. The method of assessing whether a service was acceptable (Green), unacceptable (Red) or possibly acceptable (Amber) would be done by the Executive. It would be too complex at this stage to use a numerical assessment.</p> <p><u>Liaison with the Acute Trust</u>.</p> <ul style="list-style-type: none"> ● Dr Bye had discussed with Dr Sean Elyan of the Acute Trust whether better working relationships between primary and secondary care could be established by direct liaison in a smaller group than the main LMC meeting. The Executive discussed this and agreed to hold a meeting, ideally on 3rd March, which meeting would include Dr Bye and perhaps one other LMC member in addition to the Executive. The Secretary would check with Dr Bye whether that date was convenient for him. ● <u>Attendance at the MSC</u>. The next meeting was that very evening, and no one was available. Dr Hubbard thought that after March he might be in a position to attend MSC meetings. The Secretary would find out the prospective dates and locations. <p><u>LMC representation on GGPET</u>. Dr Rachael Bunnnett had expressed willingness to attend, but the issue of who should pay for her time had not been. Action lay with GGPET.</p> <p><u>Dermatology and liquid nitrogen</u>. Wart removal was part of the core contract, but other dermatology processes involving the use of liquid nitrogen were not. The Exec therefore considered it might be worthwhile airing at the Negotiators meeting (CCG) that there should be a county-wide enhanced service for the</p>	<p>Sec</p> <p>Sec</p>

provision of liquid nitrogen for those purposes. The Secretary would find out whether other areas had a ES which might be used as a template.

Action/Lead

Sec

ITEM 5 – PREPARATION FOR NEGOTIATORS MEETING 29TH JANUARY 2015

Administration.

Attendee	Car parking space
Dr Fielding	109
Dr Alvis	110
Secretary	111

CCG Matters.

- Traffic Light system.....(PF)
- ADHD (continuing action on CCG.....(PF)
- Leg ulcers (SA)
- Practice nurse training – waiting to hear form the CCG
- Liaison with the Acute Trust(PF)

Joint Matters.

- Update on transfer to @nhs.net.....(PF)
- Dermatology and Liquid Nitrogen supply service..... (SA)
- Communication with locum /sessional GPs.....(PF)

AT Matters.

- Collaborative arrangements – action on NH
- Formation of the new South Central sub-region
- PMS Reviews(PF)

ITEM 6 – ANY OTHER LMC BUSINESS

Nil

ITEM 6 - DATE OF NEXT EXEC MEETING

Thursday 19th February 2015 preparing for a negotiators meeting on 26th February 2015.

All

Dr Yerburch presented his apologies for the Executive and Negotiators meetings.

Dr Alvis presented his apologies for the Negotiators meeting.

Dr Hubbard agreed to attend the Negotiators meeting with Dr Fielding.

JH

M J D FORSTER
Lay Secretary

Annex:

A: LMC Motions – Fifth Draft

ANNEX A TO
GLOS LMC EXECUTIVE MEETING MINUTES
DATED 23RD JANUARY 2015

LMC CONFERENCE 2015 – FIFTH DRAFT

	Motion	From
1	That Conference is not surprised at the low uptake of flu immunisation among staff working in General Practice, and once again insists that: <ul style="list-style-type: none"> i. A full, comprehensive occupational health service that provides appropriate immunisations be reinstated for all primary care staff. ii. Protection of NHS staff be included as a valid reason for immunisation under the flu programme and be matched with an appropriate fee structure. 	TY
2	That Conference notes with concern the increasing incidence of Hepatitis B in the UK and, whilst welcoming the fully resourced package for high risk neonates, calls on the GPC to: <ul style="list-style-type: none"> i. Explore and negotiate whether a fully resourced immunisation campaign is now necessary in the UK as it is in many other countries. ii. Insist that Hep B immunisation for high risk patients, healthcare workers and exposure-prone workers be properly funded. 	TY
3	That Conference considers NHS Choices to be no better than a medical 'Trip Adviser' and calls on the GPC to negotiate improvements to the system so that it becomes fair and fit for purpose: <ul style="list-style-type: none"> i. Only registered patients or previously registered patients of the practice are allowed to make comments. ii. Those commenting are identifiable to the practice to enable comments to be followed up. iii. Comments are limited to one per patient per year. iv. A much greater emphasis is placed on the risk of defamation and robust action is taken against the perpetrator where defamation occurs. 	MF/TY
4	That Conference believes the people of the UK will never forgive the government that brings about the collapse of General Practice and calls on the GPC to increase and improve communications to support General Practice as much as possible.	WM / TY
5	That Conference believes patient care would be improved were practices to be allowed to offer 'top up' private services to their NHS patients and requests that the GPC include this in their contract negotiations.	JH
6	That Conference believes that Limited Liability Partnerships could reduce the stress involved in running a practice and would encourage GPs to become partners.	JH
7	That Conference suggests that some of the fines levied on banks should be used to improve NHS funding, specifically in primary care, rather than donating it all to charities.	

8	<p>That Conference has no confidence in CQC and</p> <ul style="list-style-type: none"> i Believes they have demonstrated time and again their inability to act effectively within their remit in a fair and proportionate manner. ii Consistently demonstrate an intimidating and uncaring attitude towards practices. iii So requires GPC to seek the withdrawal of CQC inspections from General Practice. 	TY / MF
9	<p>That Conference believes the practice of medicine has moved too far from being an art and too far towards being a science and asks the GPC to explore ways to reverse this trend.</p>	IM
10.	<p>That Conference is dismayed that since 2008 Coroners have demanded reports from GPs yet the GPs have had no right to adequate or appropriate payment for the work involved, and calls on the GPC to seek correction of this injustice.</p>	IS
11.	<p>That Conference is very alarmed both at the detail that has been demanded in the Workforce Minimum Data Set and also at the short time being allowed to complete it and so:</p> <ul style="list-style-type: none"> i. Questions the expected validity and benefits of the survey. ii. Wonders why more extensive use is not being made of existing workforce data. iii. Seeks the withdrawal of the Workforce Minimum Data Set. 	TY/MF
12.	<p>That Conference believes that allowing GP partners access to the goodwill in their practices would be the most effective way to enable general medical practice to evolve to meet the challenges of the future.</p>	RH