

17th September 2015

All Executive Officers

MINUTES OF AN LMC EXECUTIVE OFFICERS' MEETING HELD AT THE LMC OFFICES ON THURSDAY 17th SEPTEMBER STARTING AT 12:30

Present:

Dr P Fielding	(PF)	(Chairman)	
Dr R Hodges	(RH)		
Dr J Hubbard	(JH)		
Dr T Yerburgh	(TY)		
Chris Gifkins		(Chairman Glos LPC)	(Items 1 and 2 only)
Sian Williams		(Vice Chair Glos LPC)	(Items 1 and 2 only)
Mr M Forster	(Sec)	(Secretary)	

Action/Lead

ITEM 1 – APOLOGIES

Dr S Alvis and Fiona Castle (Chief Officer Glos LPC)

ITEM 2 – LOCAL PHARMACEUTICAL COMMITTEE (LPC) MATTERS

Flu Service. The provision of flu vaccination by pharmacists was a national scheme. The aim of this meeting was to identify how best to implement it locally for the benefit of all. GPs were accustomed to using flu vaccination appointments to gather patient data (height, weight, body mass index etc) needed by practices for their QOF targets; this opportunity might be lost. Eighty to eighty-five percent of local pharmacies were signed up as well as the supermarkets and the patient group direction (PGD) was expected by the end of September. The LPC believed it likely that those used to going to GP practices would continue to do so but there was a significant number who last year had not been vaccinated and it was these that the scheme was primarily aimed at. As the pharmacists would be informing practices of the patients they had vaccinated this should improve the overall performance of practices against their targets. It was agreed that the best way of passing the information would be by email to a specified nhs.net address at the patient's registered practice. The LMC agreed to collate a list of such email addresses and send them on to the LPC.....

LMC

If such an email was not available or not provided then the information would be posted. Clearly it would be in the interests of the practice and patients to have the information delivered within 2 days of the vaccination (as was required nationally).

The LMC would also raise with the CCG Negotiators how best to run the flu vaccinations in 2016.....

LMC

Update on the Electronic Prescription System (EPS). Coverage of the system was good and the reduction in the number of faxed communications was welcome but there were some teething problems.

At pharmacies:

- A considerable number of documents had still to be printed as the requirement for patient signatures had not been removed.
- With Controlled Drugs (CDs) the requirement remained for words and

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<p>figures to be used when stating the quantity but this requirement was not yet supported by EPS.</p> <ul style="list-style-type: none"> If a GP issued a manual script instead of the expected electronic one this caused uncertainty and confusion at the pharmacy. One way of minimising this would be to direct the patient to the normally nominated pharmacy. 	LMC N/L
<p>In GP surgeries:</p> <ul style="list-style-type: none"> Intermittent internet connection caused delays in script transfer. As a particular problem in SystmOne, where locum GPs and prescribing nurses had no prescribing number the system printed an old-style script instead. Practices were still getting used to the system and developing their internal procedures. 	
<p>The LPC would appreciate pharmacies being alerted to the need for urgent delivery of a particular drug.....</p>	LMC N/L
<p><u>Repeat Dispensing.</u> Pharmacists were under a national directive to move more patients onto repeat dispensing. There were advantages to the system: flexibility, reduced workload for GPs and the ability to electronically transfer scripts from the usual pharmacy to another pharmacy to cover holiday periods etc. The LPC hoped that the LMC would give favourable publicity to the scheme.....</p>	LMC N/L
<p><u>Other services of use to general practice.</u> The Gloucester City Minor Ailments Scheme pilot had proved very popular and effective in reducing the number of patients applying for GP appointments; so much so that the scheme had already been extended to Tewkesbury. The LMC agreed to press the CCG for the scheme to be extended across the County.....</p>	LMC (Negs)
<p><u>Pharmacists in General Practice.</u> The funding tail-off meant that the scheme was not attractive to GPs, but within pharmacy it had pointed the way to qualifying as a non-medical prescriber. The LPC thought many younger pharmacists could be tempted to follow this route.</p>	
<p><u>Any Other Pharmaceutical Business</u></p> <ul style="list-style-type: none"> <u>Costs of practice.</u> Pharmaceutical business costs were increasing, most notably by the introduction of the Living Wage. <u>Winter pressures.</u> The El-Niño effect was predicted to result in heavy snowfalls this winter. It was agreed to meet again after the flu season was over to compare notes on how things could be better run for the benefit of patients..... <u>Sharps.</u> There was an issue in Tewkesbury District over finding sharps (needles etc) in household waste. Both sides agreed to stress that patients should be advised how they were meant to dispose of needles etc. 	Date TBD LPC/LMC
<p><u>ITEM 3 – MINUTES OF THE LAST MEETING (20th August 2015)</u></p>	
<p>Agreed.</p>	

ITEM 4 – MATTERS ARISING

The only outstanding matter arising was the terms of the letter to be sent to Dr Philippa Moore about HepB status checks for clinical staff and to NHS England and the CCG about regular DBS checks on GPs*Action closed*

ITEM 5 – LMC BUSINESS

LMC September Newsletter. The editorial was agreed but the Newsletter would need further checking before issue as it was still only in draft *New action*

Sec

Minutes of the September LMC Meeting.

- The Chairman directed the Secretary to include a reminder to members in the next calling notice that apologies for intended absence were expected
- The LMC recognised the threat to primary care resulting from the Local Authority's need to put contracts out to tender if all GP practices did not accept enhanced public health services.
- New members of the LMC.
 - The Secretary would find out from Dr Ubhi her intentions vis a vis joining the LMC *New action*
 - The Secretary would sound out Richard Marshall (Park Surgery) to see if there was anyone prepared to stand in Dr Simpson's place from November. *New action*

Sec

Sec

Sec

SW Regional LMCs Meeting Update. The key issues were:

- Maintaining a good flow of information to and from the GPC. Dr Watson now did not attend Regional LMC meetings so often but the aim was to establish GPC roadshows to the regions, funded by GPDF.
- The Wessex LMCs document repository website. This free facility was still underused, possibly because people were not used to using it.

Unauthorised change of patient details. This was a SystmOne feature risking confusion and data error. The Secretary had followed this up with Dr Roberts at GCS and hoped for a response.

Meeting dates. Note there have been some changes:

- Negotiators – Tuesday 22nd September at 15:00 (changed from 24th September at behest of CCG). Dr Yerburch to lead *New action*
assisted by the Chairman if his dental appointment permits.....
- SW Regional LMCs meetings postponed from 1st October and 19th November to 26th November. Drs Fielding and Alvis would attend.....
- Executive – 22nd October – a meeting with Sean Elyan so the Executive agenda would need trimming
Dr Bye should be invited
- Negotiators – 29th October – no change.
- LMC – 12th November – no change
- Executive – 19th November – this meeting had originally been set for this date but had been changed to 17th November and then back again. It will be on Thursday 19th November.
- Negotiators – because the SW Regional meeting would now be held on 26th November an alternative date for the Negotiators would have to be agreed with the CCG – hopefully Tuesday 24th November.....

TY

PF

PF/SA

Sec

Sec

All note

Sec (Negs)

- SW Regional LMCs meeting – 26th November (see above)

Preparation for the meeting with Dr Elyan. Agenda items identified by the Executive were:

- Communication between primary and secondary care organisations
- Ophthalmology helpline
- Winter pressure policies
- JUYI mutual concerns (if any)
- Confirmation of future meeting dates.

The Secretary would seek further suggestions for the agenda from Dr Bye.....

Sec

ITEM 6 – PREPARATION FOR A NEGOTIATORS MEETING ON TUESDAY 22nd SEPTEMBER WITH THE CCG

Attendance. Drs Yerburch and (if available) Dr Fielding.....

TY and PF

Matters Arising.

- Eating Disorders Service.
 - What has happened to the funding for this service?
 - Example of unfair treatment of patient.
- Collaborative arrangements. Outstanding action on the CCG
- Earwax management pathway. CCG action to develop it. Progress?
- Out of Area registrations. CCG brief promised on what practices had agreed to provide the home visits for patients in their area but registered elsewhere.
- Practices in difficulties
 - Creation of a list of indicators that a practice may be in difficulties – action outstanding on both sides
 - With regard to patients transferring from St Lukes
 - What if they don't re-register?
 - Bearing in mind the especially work-intensive nature of some of these patients' conditions and the relative lack of re-registration can the CCG increase the promised payment?
- ADHD Adults. Action on CCG

New Issues.

- Anti-coagulation bridging protocol work and payments.
- Enhanced service for work with Denusomab
- Transplant services.
 - Who pays for the monitoring of transplant drugs?
 - Annual return requested by Bristol of TY's practice.
- Evaluation and extension of the Minor Ailments Scheme.

ITEM 7 – ANY OTHER LMC BUSINESS

Out of Hours (OOHs) Feedback. Dr Hubbard remarked that he had some concerns

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with the OOHs service when he carried out a few shifts with them recently:

- The directly employed doctors had been TUPE'd across to the new organisation and their old terms and conditions of service did not include triage, so they did not do it.
- The paramedics were at half strength or less.
- There was no practical means of communication in the emergency hub to allow triage.
- The service was paying £65 an hour, which was less than the £70 an hour he normally charged as a locum GP. Consequently his work on OOHs since the new provider took over had reduced from about 30% of his time to less than 5%.

Locum Chamber. Dr Hubbard was examining whether to set up a locum chamber in the County. He had had contact with some 44 GPs who might be interested but could not share their contact details without their permission. However he could and did share some interesting statistics from a survey he had conducted to which 59 GPs had replied (including 19 registrar GPs). Eighty-five percent of responders were effectively not engaging in OOHs work. The Executive agreed that the Newsletter could share a link to this work but the LMC could not be seen as actively endorsing it.

Sec

ITEM 8 - DATE OF NEXT EXEC MEETING

Thursday 22nd October 2015, including:

- First meeting with Dr Sean Elyan.
- Preparing for a Negotiators meeting on 29th October 2015.....

All

M J D FORSTER
Lay Secretary