MINUTES OF THE LMC MEETING HELD ON THURSDAY 8th MARCH 2018 AT THE GLOUCESTER FARMERS CLUB AT 13:30

Present:
Dr T Yerburgh (Chairman) and Drs Alvis, Baxter, Bhargava, Bounds, Chada, Fielding, Halden, Hodges, Hubbard, Ropner, Rutter, Skene and Tiffney
Registrar rep: Dr Iain Tebbutt

Also present from:

Gloucestershire CCG:	Dr Andrew Seymour	(Clinical Chair)
	Dr Jeremy Welch	(Clinical Commissioning Lead, Tewkesbury etc)
	Helen Goodey	(Director Locality Development & Primary Care)
2gether Trust:	Dr Nicholas Ardagh-Walter	
Glos Care Services:	Katie Norton	(Chief Executive)
	Dr San Sumathipala	(Representing Dr Mike Roberts, Medical Director)
GDoc Ltd	Dr Jo Bayley	(Chief Executive)
Trainee GPs' Rep:	Dr Ian Tebbutt	(Stoke Road Surgery)
Observers:	Dr Ben Lees	(Leckhampton Surgery)
	Dr Ifelunwa Odofin	(GPST3 Registrar, Hucclecote Surgery)
	Dr Charlotte Walker	(GP Registrar Cotswold Medical practice)
The LMC Office:	Mike Forster	(Secretary)

Action

15/2018 CHAIRMAN

The results of the LMC Executive Election were formally announced and the new Chairman and his Executive officers took their places. Dr Yerburgh praised his predecessor. The Secretary presented Dr Fielding with a gift from the Office staff. Dr Fielding thanked everyone for their good wishes, stressing that it had been a privilege and an honour to serve as Chairman and that the LMC found its true strength when united. The Chairman then introduced himself, paying tribute to the very positive and cooperative attitude of the CCG and hoping that more salaried GPs might come onto the committee.

16/2018 WELCOMES

The Chairman welcomed all visitors, and especially Dr Lees who, though an observer, was (with the agreement of the committee) given leave to speak if he wished.

17/2018 FAREWELL

In absentia, the Committee bade farewell to Dr Will Miles. The Treasurer agreed to present him with his card and mug.

18/2018 APOLOGIES

Apologies:

From members: Drs Miles and Wainman and Richard Marshall

From invitees: Dr Sean Elyan (Medical Director Glos NHS FT). Dr Mike Roberts (Medical Director GCS) and Mr Allen Mawby (GDoc Ltd)

Did not attend: Dr Rachael Bunnett

Action

19/2018 REGISTER OF INTERESTS

Dr Hodges had given up his position as Locality Commissioning Lead for Gloucester City.

20/2018 MINUTES OF THE LAST MEETING

Agreed.

21/2018 CCG / LMC LIAISON ISSUES

STP/ICS Update. Gloucestershire benefited from coterminous boundaries which, on the face of it, should make joint working across health and social security organisations easier to achieve. As an extension of the Sustainability and Transformation Partnership (STP) work Gloucestershire had bid to join the second wave of Integrated Care Systems (ICS). One aspect of this was that there was an STP Delivery Board with representation at Chief Executive level from the County Council and all providers. It was important that when resources were being allocated by that Board that the importance of primary care in general, and general practice in particular, was recognized. The CCG felt it would be appropriate for Primary Care to be represented at Chief Executive level, but of course General Practice was diverse and had no Chief Executive. The Locality Provider Leads had held a meeting on 21st February attended by many of the practices at which discussion had been held on who should represent general practice on that Board. Dr Welch presented his draft paper addressing the options and asked for feedback. The Chairman made it clear that the LMC should now be considered as one of the options. Points raised in discussion included:

- The ICS formation was still at a very early stage; terms of reference, standard operating procedures etc were not written, and, if authorised, the organisation would exist in shadow form for at least a year before going live.
- A Memorandum of Understanding (MOU) would be needed, which he hoped the LMC would help to produce.
- That arrangements would have to take into account patients who lived outside the national/county boundaries but were registered at practices within the county.

[Dr Ropner arrived at this point.]

- That many GPs' perspective reached little further than their own practices' concerns and they for whatever reason feel unable to engage with broader issues.
- GDoc might be able to provide that representation but the individual would need a specific mandate. There was also the governance issue that GDoc, unlike the other provider organisations, existed to make profit for its shareholding practices.
- Helen Goodey paid tribute to the invaluable work of the locality provider leads over the last few months, enabling general practice in the county to be much better placed than elsewhere.

The LMC agreed to provide measured feedback to the Provider group's draft options paper .... **LMC**

Action

21/2018 (cont)

Cluster improved access pilots. Helen Goodey reported that the 4 pilot schemes were going well, and that the information technology issues had been resolved – Dr Atkinson would be writing about the SystmOne issue. (Note: Subsequently EDSM approval has been received.) Unfilled shifts remained the biggest concern since resources were needed to fill core hours and also 7-day working. Dr Hubbard stressed that freelance GPs could not accept regular sessions without being deemed under the IR35 regulation to be an employee rather than self-employed.

Winter performance. The CCG was pleased to say that the Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) was among the top 15 hospital trusts in the country for its performance this winter. Other sections of the health and social care community had done equally well. For instance, nationally ambulance handover delays averaged 35,000 an hour – there had been none in Gloucestershire.

NHS 111. NHS 111 was still causing problems by summoning ambulances unnecessarily. The STP was debating how to allow clinical judgement to moderate slavish adherence to algorithms by non-clinicians. The Chairman asked that members continue to forward examples of problems to the Office... **All**

22/2018 ACUTE TRUST ISSUES

Feedback from the LMC/Acute Trust liaison meeting 23rd January. Notes of the meeting had been placed on the website. It had been a very productive, honest and cordial meeting, much appreciated by the Executive.

Electronic Referral System (e-RS) / Paper referrals switch-off. The Secretary briefed the meeting on project progress to date. In brief, from 1st April 'two-week-wait' and 'urgent' paper referrals would be accepted but the practice would be encouraged to use e-RS in future. Routine paper referrals would be returned and for three days e-mailed communication from the hospital would prompt practices to resubmit by e-RS. On the third day a phone call would repeat the message. It was hoped that this process would, by the intended switch-off date of 4th June, identify those practices that tended to use paper referrals and those services that tended to attract paper referrals so that both issues could be addressed. Considerable training and help was being offered to practices. The meeting still had concerns, particularly:

- That urgent referrals yet not 2ww status needed to be promptly arranged. Some members used faxes for these referrals. There did not seem to be a difference between urgent and routine on e-RS
- That Hot Clinics should be exempt from e-RS.
- That Advice and Guidance on e-RS was not available for all services.
- That any services not on the Directory of Services should be capable of being referred to by paper referral.
- That the system would have to be operated flexibly for the benefit of the patients.
- That there must be a responsive recovery plan to cover system breakdown.

		Action
22/2018 (cont)	TrakCare update. In the absence of a GHNHSFT representative the Chairman asked the CCG whether the Trust could be encouraged to bring a GP onto the group designing the format of the discharge summaries generated by TrakCare. The LMC had repeatedly offered to help but had had no response, yet GPs had a genuine stake in readable summaries. This was a safety issue that could not be ignored	**CCG**
	Midwifery care assistants' hub. The CCG assured the LMC that while the first post-natal appointment would be with the dedicated midwife and subsequent appointments would be with an MCA at the hub the midwife remained in charge and would be available in cases of doubt or complication.	
23/2018	**2GETHER TRUST ISSUES**	
	Improvements in procedures following a serious case review. Dr Ropner's concern was that GPs felt the 2gether Trust procedures were not sufficiently responsive for patients or GPs. He would again send a note of his concerns to Dr Ardagh-Walter to follow up............	**JR**
	His main concern was to identify at what point the GP could be said to have done enough for the patient to defend themselves against medico-legal action. He was also concerned that the Trust was not listening to GPs, who were well placed to notice significant changes in a patient's behaviour and attitude. This would be raised also with the Mental Health Issues Working Group	**Sec**
	Merger of GCS and the 2gether Trust. Proceeding.	
	Dementia nurses in practices – roll-out of pilot. Identification of dementia was improving, although treatment was not. The nurses in the Nailsworth practice had succeeded in seeing 8-10 patients a day, as against the normal 2 or 3, but the Trust lacked the resources to roll out similar support across the county.	
	Mental Health Issues Working Group. Dr Ardagh-Walter acknowledged that there were many conditions in which better clinical provision would help patients but stressed that funding was too tight to allow for provision of all the treatments that they would have liked to provide. This will be discussed further at the working group meeting. Members felt that the status quo for eating disorder bloods and ECGs were becoming increasingly tenuous.	
	[Dr Ardagh-Walter then left the meeting.]	
24/2018	**GLOUCESTERSHIRE CARE SERVICES (GCS) ISSUES**	
	Forest of Dean Hospitals project. There had been about three thousand responses to the consultation, which was now closed. The location of the new hospital had still to be agreed, as had the future of the old hospitals. The number of beds remained an issue, and the LMC stressed that the capacity of the Rapid Response teams in the Forest should not be over-estimated.	
	Continence assessments. District Nurses were unwilling to carry out continence assessments of ambulatory patients. Most practices lacked a nurse trained to carry out these assessments. A clear pathway was lacking. The LMC would raise this formally with the CCG Negotiating team.	**LMC ✓**
	[Afternote: Since the meeting the CCG have advised that continence assessments are not expected to be carried out by Practice Nurses but	

Action

24/2018 (cont)

non-housebound patients should be referred to the continence service, housebound patients should be referred for a district nurse assessment.]

Drug administration.

- The proper term for the chart that has to be filled in should be 'Record of Administration'. It would be very useful for them to come in printable electronic format.
- There was no need for a GP to sign off saline flushes as they were under a PGD.
- Work was progressing to ensure that GPs didn't have to sign these charts, nor the busy DNs seek signatures, provided that instructions were clear on the prescribed medication .... **MR**

Minor Injuries Units.

- There had been no progress on the future of the MIUs in the county.
- Dr Hubbard would take up with Laura Bucknell and Dr Mike Roberts the issue of providing generic log-ins for freelance GPs. **JH**

Patient Group Directions (PGDs). The Chairman would seek a list of the other current PGDs from Laura Bucknell .... **TY ✓**
[Afternote: This has been done and a list has been promised.]

25/2018 GDoc Ltd MATTERS

Improved Access Pilots. GDoc was working hard and positively with the clusters. One issue was the information governance impact on data sharing.

Out of Hours. The recent heavy snowfalls had pointed out the urgent need for suitable vehicles to respond to calls out of hours in adverse conditions. The very slow N3 connections, which had to be used when working from home on that occasion, presented considerable problems.

The Future of GDoc. This remained a major issue, but without solution.

[All remaining visitors left the meeting at this point.]

26/2018 TREASURER'S REPORT

Gloucestershire LMC accounts. The Treasurer recognised the day-to-day responsibility for the Committee's accounts were borne by Shelina Jetha in the Office. The surplus funding had been reduced as planned to acceptable levels but would now have to be maintained at that level. The payment of members to attend meetings (of which there had been more than usual this year) remained the main item of expenditure. There was a vote to accept the accounts: Proposed by Dr Morton, seconded by Dr Bhargava and carried unanimously.

Gloucestershire Medical Benevolent Fund accounts. There had been no calls on the fund, nor had there been for many years. The Treasurer urged members to remain alert for any reports of hardship amongst our constituents, present and past. .... **All**
The accounts were accepted.

Budget forecast for 2018. Sadly, at current rates the account could

Action

26/2018 (cont)

not continue without an increase in income or a decrease in expenditure. The additional work resulting from the local implementation of the ICS would place further pressure on the LMC. The correction of the population figure would further increase the voluntary levy payable to the GPDF. The budget was accepted as presented.

LMC Rate for 2018. A conscious decision was needed to maintain the LMC Rate at a realistic level, reflecting the importance of the role and encouraging new members to join. Noting that the LMC Rate was used as a benchmark by many practices, the proposal was to increase the LMC Rate by £2 an hour to £88 an hour. Proposed by Dr Morton, seconded by Dr Ropner and carried.

LMC levy 2018. The levy currently stood at 44.6 pence per patient. The proposition was thus that the voluntary levy should be increased to approximately 48.92 pence per patient based on a patient population of 650,000. Proposed by Dr Bounds, Seconded by Dr Bhargava and carried.

Office staff remuneration. After discussion a 2% increase was agreed from 1st April for all office staff.

[Dr Ropner then left the meeting.]

27/2018 ANNUAL REPORT 2017/18

The annual report was agreed.

28/2018 LMC UK CONFERENCE

There would be an election for LMC representation at the LMC Conferences after the UK LMC Conference due to take place on the following day.

29/2018 GPC MATTERS

Annual Contract Negotiations. Negotiations were nearly completed so not much could be stated except that:

- There would be no change to the Quality and Outcomes Framework (QOF) this year.
- The pay terms were being referred to the Doctors and Dentists Review Body (DDRB) now that the 1% ceiling had been relaxed.

GDPR. The funding for a Data Protection Officer (as required by the European Union's General Data Protection Regulation (GDPR), soon to be enacted by the Data Protection Bill 2018) was still uncertain.

Workload Intensity. The GPC wished to limit the number of consultations in a day to no more than 25, as was common in other countries, but the method for doing so was not clear. The manning of hubs to take the excess demand, and the attitudes of the Medical Defence Organisations were two aspects that were still to be settled.

'GP Health'. Worryingly, this organisation had seen 1.109 GPs in the last year, of whom 25% then left general practice, 50% were under 40 years old and 24% were registrars. Stress and depression were the major causes of self-referral. This accurately reflected the pressures on GPs and a widespread lowering of morale.

Action

30/2018 DISCUSSION ISSUES

Feedback from the Medical Staff Committee (MSC). Dr Hubbard was struggling to get invitations to attend the MSC. The Secretary would try to ease the situation .... **Sec**

IM&T. Dr Hubbard had attended several IT meetings recently:

- It seemed that the lion's share of the available IT funding was going to larger organisations rather than to general practice.
- Repeat prescribing had been identified as a channel within medicine management to make savings.
- There was a new NHS Patient Access Mobile app for booking GP appointments. Others would follow.
- Hampshire and Isle of Wight had experimented with on-line consultations and reckoned that one could have three on-line consultations in the time taken by one 10-minute face to face consultation.
- The threat of cyber attacks was being taken very seriously, with planning and rehearsal of reaction to attacks.

Practice Manager training and peer appraisals. There had been a very encouraging number of practice managers interested in being trained as peer appraisers. The application for funding the training was with NHS England; if authorised, the LMC would be arranging the training and putting the scheme into practice.

Feedback from LMC/LPC liaison meeting. Very full notes of the issues discussed were made in the minutes of the January Executive meeting. One item of general interest was that the LPC would ask their pharmacists to let GPs know of any medicine shortages, with details of equivalent generic medicines that they had in stock to allow for a successful alternative script to be issued. The next meeting with the LPC would probably be in June.

Feedback from the Provider Leads meeting 21st February. The Office would send out to members the options appraisal that had been written. Discussion could then take place on SLACK. There would then be a need to meet up with providers. In deciding who should represent general practice on the Board it was important to separate the individual from his or her position. There was general agreement that GP Provider Leads and GDoc should become much closer.

Any Other Business. Dr Lees, when asked, confirmed that he would be happy to be co-opted as the member for the Cheltenham (Peripheral) LMC constituency.

31/2018 REPORTS

Meetings:

	Document		Uploaded:
a.	Executive Meeting	18th January 2018	8th February 2018
b.	Meeting with GHNHSFT	23rd January 2018	8th February 2018
c.	Negotiators Meeting	30th January 2018	8th February 2018
d.	Executive Meeting	15th February 2018	21st February 2018
e.	Negotiators Meeting	22nd February 2018	28th February 2018

Action

31/2018 (cont)

GPC.

	Document	Uploaded:
a.	GPC News: Issue 5 22nd January 2018	31st January 2018

Other meetings.

	Document	Uploaded:
a.	GPFV Meeting 16th January 2018	*(verbal report)*
b.	Practice Manager Development Meeting – ditto	*(verbal report)*
c.	e-RS Meeting 17th January 2018	1st February 2018
d.	GPFV Meeting 13th February 2018	*(verbal report)*
e.	e-RS Meeting 14th February 2018	*See March Newsletter*
f.	SW Regional LMCs meeting 1st February 2018	21st February 2018
g.	LES Review group	*(verbal report – Alvis)*

32/2018 FORTHCOMING MEETINGS

LMC (UK) Conference, Liverpool	9th March 2018	
GPFV Meeting	13th March 2018	
Mental Health Issues Meeting	16th March 2018	
e-RS meeting (MF) at GRH	21st March 2018	
Executive meeting	22nd March 2018	
Negotiators Meeting	27th March 2018	
GPFV meeting	10th April 2018	
Executive Meeting	19th April 2018	
Negotiators meeting	26th April 2018	
SW Regional LMCs meeting	3rd May 2018	
Meeting with GHNHSFT	8th May 2018	
LMC Meeting (Gloucester Farmers Club)	**10th May 2018**	**All**

There being no further business the meeting closed at 4:44 p.m.