

22nd March 2018

All Executive Members and Office staff

MINUTES OF AN LMC EXECUTIVE OFFICERS’ MEETING HELD AT THE LMC OFFICES ON THURSDAY 22nd MARCH 2018 AT 12:30

Present:

Dr T Yerburgh	(TY)	(Chairman)
Dr R Bounds	(RB)	
Dr R Hodges	(RH)	
Dr J Hubbard	(JH)	
Dr P Fielding	(PF)	
Mike Forster	(Secretary)	

Action

ITEM 1 - APOLOGIES

Nil

ITEM 2 – CONFLICTS OF INTERESTS

Nothing reported, save as above.

ITEM 3 – MINUTES OF THE LAST MEETING (15th February 2018)

Agreed.

ITEM 4 – MATTERS ARISING/ACTIONS

See Annex A. All done, or status as shown.

JUYI. Dr Hubbard confirmed that three practices had so far not signed up to JUYI. While a degree of automatic flagging of accesses was in the system specification he would find out what the plans were to carry out audits on inappropriate access to patients records

JH

Flu vaccination of pregnant women. Forty-eight percent of pregnant women had been vaccinated this season, which was an improvement but not nearly enough.

Participation in the South-West Region LMCs working group. The Chairman wanted the Secretary to bring Gloucestershire’s progress on GPFV, enhanced services and peer appraisals for practice managers to the group’s attention.

Sec

ITEM 5 – LMC BUSINESS

General Data Protection Regulation (GDPR). The new data protection rules were important but it was not completely clear what practices should do about them. The CCG had been very proactive in producing briefings and templates for practices; the GPC had produced guidance and had also promised templates, but these had not yet been made public.

- Probably the area of greatest doubt was the appointment by each practice of a Data Protection Officer, who need not be a member of

Action

the practice but would need a good knowledge of the law. The Listserver revealed that in many areas the CCG was finding this individual. It was agreed to put this on the Negs agenda

Sec

- Another issue was that many practices had very large paper records. If a data subject (i.e. patient) asked for a complete copy of their record it would be expensive to make in terms of time and money, whether by converting it to electronic format or by photocopying it, but under the GDPR the copy could not be charged for. Perhaps the LMC should be pressing for funding from the CSU to convert paper records to electronic Impact of GDPR on the LMC. The Secretary produced a Legitimate Interests Assessment and a draft notice to go on the website and in the Newsletters. This was agreed

Sec

The Bawa-Garba case – local fall-out and actions. West Pennines LMC had produced a statement in support of Dr Bawa-Garba. After discussion the Executive agreed with the spirit of it but, lacking knowledge of the facts, could not sign up to it fully. They did, however, agree wording to go in the Newsletter warning of the dangers of being too open in appraisal and revalidation documentation.

GMS Contract changes 2018/19. The contract changes had only this week been agreed. The GPC recognised that these changes did not provide anything like a solution to the problems facing general practice but could serve as a spring-board for further negotiation. The Executive also wondered what the impact of the Agenda for Change pay rises to hospital nurses and other workers would have on the pay negotiations at practice level.

Feedback from the LMC UK Conference. The Secretary's notes were approved. The time had come to elect a new set of representatives and the Secretary would set this in train after Easter

The known date of the England LMC Conference (23rd November 2018) would be included in the bid for nominations

Sec

Sec

Prescribing responsibilities of Primary and Secondary/Tertiary Care. The Chairman commended the recent guidance, which he had forwarded to the Medicines Management Team also.

Integrated Care Service (ICS) – primary care representation. This topic generated considerable discussion. There were three bodies that had to be brought into harmony: the LMC, who were the elected and funded representatives of general practice; GDoc Ltd, a provider company of which all practices in the county were shareholders; and the locality provider leads (currently, but not for ever, funded by the CCG.) The task of such a representative would be to obtain a proper share of available health and social care funding for general practice. They would need the mandate to speak with authority, which probably only the LMC could provide, but would need to know what services the practices and GDoc, as providers, would be prepared to take up, so liaison would be necessary. It was not clear to whom the representative would be responsible. The Treasurer agreed that attendance by the representative (once selected) could be paid for by the LMC.

Agreed the following actions:

	Action
<ul style="list-style-type: none"> • Redraft the position paper to separate out the two issues of the future of GDoc Ltd and the identity of the ICS primary care representative. 	Sec
<ul style="list-style-type: none"> • This would then be shared with GDoc and the Provider Group. 	TY
<ul style="list-style-type: none"> • Chairman to discuss with Dr Jo Bayley..... 	TY
<ul style="list-style-type: none"> • and arrange a meeting between the LMC Exec, GDoc and the provider group once the Chairman had spoken to Dr Bayley..... 	Sec
<p><u>Practice Manager Peer Appraisals.</u> Work was progressing slowly. Waiting on a figure of the promised funding from NHS England. Avon LMC had been asked whether they wished to come in on it but no reply yet received.</p>	
<p><u>Continence clinics.</u> District nurses were commissioned to carry out these assessments on housebound patients but practices were not, neither had the practice nurses the necessary skills. This was a commissioning gap to be taken to the Negotiators</p>	
	Sec
<p><u>e-RS Update.</u> The Secretary had circulated an update, the main point of which was that from Easter all paper referrals would be accepted, but a weekly list of such referrals would be sent to each practice encouraging them to use e-RS in future. The switch off date remained at 4th June at present, subject to the project going according to plan.</p>	
<p><u>LMC Executive Roles.</u> Attendance at future meetings would be:</p>	
<ul style="list-style-type: none"> • LMC Executive meetings – all five officers. 	All
<ul style="list-style-type: none"> • Negotiators meetings – TY would chair it for a while longer but probably handing over to RH in due course. The Chair would be accompanied by one other Exec member except in the case of the meeting next week where the LMC would be represented by Drs Yerburch, Fielding and Bounds. 	TY/PF/RB
<ul style="list-style-type: none"> • GP Forward View meetings – Two members would attend in the short term, but this should be monitored. In the absence of TY on 10th April RH and PF would attend. 	RH/PF
<ul style="list-style-type: none"> • SW Regional LMCs meeting – The Chair and one other in rotation. For the next meeting on 3rd May RH would attend if available but if not then RB would attend. 	TY/RH(RB)
<ul style="list-style-type: none"> • Enhanced Services Review Group – Dr Alvis had offered to continue and this was agreed, not least because he would be better able now (not being an Exec member) to refer the CCG to the LMC to formally negotiate. 	SA
<ul style="list-style-type: none"> • Meetings with CEO GHNHSFT – The Chair, RH and PF would attend the next meeting on 8th May. 	TY/RH/PF
<ul style="list-style-type: none"> • PF would arrange to be present at a meeting of the CCG with Deborah Lee on 19th April. 	PF
<ul style="list-style-type: none"> • Prescribing Committee – TY currently attended but would offer it to the rest of the LMC members. For discussion at the next main LMC meeting..... 	LMC agenda
<ul style="list-style-type: none"> • Primary Care Operations Group (PCOG) – TY would continue..... 	TY

Action

LMC
Agenda

- Performance Advisory Group (PAG) – a replacement was needed for Dr Mawby. This too should be thrown open for a volunteer
- Information Technology groups – JH would continue in post. He mentioned that he was also being funded, not by the LMC, to be trained as a Clinical Safety Officer. (Further information on this role can be seen at <https://digital.nhs.uk/clinical-safety>)
- Pathology User Group – the LMC had no representation but the Exec felt that perhaps we should. Secretary to find out and publish details before the next main LMC Meeting

Sec

LMC Newsletter. Agreed, subject to the inclusion of mention of the upcoming NHS Hack Day

Sec ✓

Drug administration charts and PGDs. The Chairman would be obtaining a list of Patient Group Directions (PGDs) agreed for the DNs. In the meantime the main point to note was that the directions in the prescription must be accurate and complete.

Enhanced Services, especially the Primary Care Offer. Time ran out to discuss the important subject of what RAG rating to give to this enormous document (18 pages instead of 14 last year)

- RH to open a SLACK conversation on which the Exec could exchange views about this subject
- All to consider and comment- preferably before the Negs meeting .

RH ✓

All

ITEM 6 PREPARATION FOR A NEGOTIATORS MEETING

Date and Location. Tuesday 27th March at the LMC Offices at 12:30

Attendance and car parking. Drs Yerburgh, Fielding and Bounds.

Agenda. Annex B.

ITEM 7 – ANY OTHER LMC BUSINESS

Nil

ITEM 8 – DATE OF FUTURE MEETINGS

Thursday 19th April 2018

All

M J D FORSTER
Lay Secretary

List of Annexes:

- Executive Committee Actions List
- Negotiators Agenda

ANNEX A TO
EXECUTIVE COMMITTEE MEETING MINUTES
DATED 22nd MARCH 2018

EXECUTIVE COMMITTEE ACTIONS LIST

Outstanding actions:

Action	On	Progress
JUYI issues – transferred to Negs.	Sec	Action close for the moment
Find out from GPC how best to provide copies of medical records after GDPR comes into effect on 25 May 18	TY	Done. Ideally electronically as it cannot be charged for.
Once GPC guidance on GDPR implementation received – Newsletter item	Sec	Done. Guidance received and circulated.
Arrange with NHS England for all practices to be registered with the occupational health service	Sec	In contact but no answers yet
Ask CCG to commission a chlamydia testing service for under 16s	LPC	
Raise the same issue with the CCG at the March main LMC meeting	LMC	Raise to Negs agenda.
Provide mutual links to each others' newsletters	LMC/LPC	Done.
Contact locality leads for information on the improved access arrangements provided by practices	LPC	
LPC to request from the CCG the specific email address in each practice to which vaccination updates should be sent	LPC	
Joint effort to encourage pregnant women to take up flu vaccine	LMC/LPC	Agenda item for the next joint meeting
Lobby CCG to preserve the pharmacy Minor Ailments Service	LMC/LPC	We have done this but CCG will not do so.
Nominate the Royal Well Surgery and the Cam and Uley Family Practice for the pharmacists pre-registration placement programme	LPC	Done and Glos has taken 7 of the 10 vacancies
Pharmacists to confirm to practices if they hold a generic drug when a script for a proprietary drug cannot be met.	LPC	
Consider how the use of the SCR would enable pharmacists to prompt GP practices on the need for repeat prescriptions	LPC	
Raise JUYI issues at the next Negs meeting	Sec	Done
Find out more about community midwife hubs	Sec	Done
Use RESERVED signs to seat visitors near the door at main LMC meetings	Office	Done
Represent the LMC at the working group in the SW Region	Sec	Fri 23 Mar
Insert article on LMC successes in Newsletter	Sec	
Revise and re-present the business plan for peer appraisals of practice managers to NHS England	Sec	Done
Add a newsletter article about it	Sec	
Seek a car parking space for Dr Fielding at the Feb Negs meeting	Sec	Done, but none available.

Actions arising from this meeting:

Action	On	Progress
Discover what the plans are to carry out audits on inappropriate accesses to JUYI	JH	
Brief SW Regional Working Group as directed	Sec	
Add GDPR to the Negs Agenda	Sec	
Publish the Data Privacy Policy as drafted	Sec	
Hold elections for LMC Conference representatives	Sec	
Redraft the ICS position paper	Sec	
Share the paper with GDoc and Provider leads	TY	
Arrange a meeting with them to discuss way ahead	TY	
Add Continence assessments to the Negs agenda`	Sec	
Attendance at meetings	All	
Advertise details of the Prescribing Committee and PAG requirements, circulate them to members and add to the LMC main agenda	Sec	
Add Hack Day details to the Newsletter	Sec	Done
Open a SLACK page for discussion on the PCO etc	RH	Done
Consider PCO and comment	All	

AGENDA FOR A NEGOTIATORS MEETING TO BE HELD ON TUESDAY 27TH MARCH 2018 AT THE LMC OFFICES AT 12:30

1. Apologies.
2. Declarations of Interest
3. Minutes of February Meeting
4. Actions Outstanding at or Arising from the Minutes (*Appendix 1*)
5. New items.
 - a. Integrated Care System (ICS) – Primary Care representation **PF**
 - b. Enhanced services inflationary uplift **TY**
 - c. Primary Care Offer **RB**
 - d. DNAR forms **TY**
 - e. District nurses not recording in EMIS/Vision records **TY**
 - f. GDPR **MF**
 - g. Chlamydia: **RB**
 - i. Testing for the under 16s.
 - ii. Treatment for the under 16s
 - iii. Treatment for the over 16s
 - h. Continence assessments **RB**
 - i. Microsuction enhanced service **PF**
6. Any other negotiating business
 - a.
 - b.
7. Date of next meeting: Thursday 26th April at Sanger House at 12:30

Appendix:

1. Negotiators' Action List

APPENDIX 1 TO
ANNEX B TO
EXECUTIVE COMMITTEE MEETING MINUTES
DATED 22Nd MARCH 2018

NEGOTIATORS ACTIONS LIST

Outstanding actions arising from previous meetings.

Action	On	Progress
Attempt to commission midwives to vaccinate pregnant women from next flu season	CCG	Ongoing as at last meeting
Dr Atkinson's report (from November's action) to be shared with the LMC	CCG	Awaited
Confirm details of the issue over 'pre-diabetic' or 'risk of diabetes' code definitions with Dr Hollands	LMC	Done
Should private clinical organizations be able to make referrals directly to NHS secondary care organizations without going through GPs?	CCG	Ongoing at last meeting – CCG to seek Dr Atkinson's view

Actions arising from the latest meeting.

Action	On	Progress
Arrange with LPC for a joint letter to be sent to the CCG re the Pharmaceutical Minor Ailments Service	LMC	CCG does not accept this.
JUYI update – CCG to arrange for Dr Atkinson to provide this	CCG	Practices need clear written guidance over: <ul style="list-style-type: none"> • Cross-border issues • Resources for actioning opt-outs • Informing patients that have not been informed (we have been verbally informed that practices have done all that is necessary, but they need it in writing.
As part of emergency planning consider setting up an enhanced service for the use of prophylactic Tamiflu	CCG	We have forwarded the Gateway Statement and Dr Geddes' email
Circulate a position paper on the future of GDoc and the representation of General Practice on the ICS Board	LMC	Being actioned