LOCAL MEDICAL COMMITTEE
LMC
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MINUTES OF AN LMC/CCG NEGOTIATORS' MEETING HELD AT THE LMC OFFICES ON TUESDAY 27TH MARCH 2018 AT 12:30

Present:

Dr Tom Yerburgh	(TY)	Meeting Chair and LMC Chairman
Dr Roz Bounds	(RB)	
Dr Phil Fielding	(PF)	
Dr Andrew Seymour	(AS)	CCG Clinical Chair
Helen Edwards	(HE)	CCG Assoc. Dir. of Locality Development & Primary Care
Cherri Webb	(CW)	CCG Primary Care Development & Engagement Manager
Mike Forster	(MF)	Meeting Secretary and LMC Lay Secretary

ACTION

Item 1 – Apologies and welcomes

Apologies: Helen Goodey

Item 2 - Declarations of interest

Dr Fielding declared an interest as he was involved in microsuction.

Item 3 – Minutes of last meeting (22nd February 2018)

Approved.

Item 4 – Matters / Actions Arising

All done except as under:

Midwives' flu vaccination of pregnant women from 2018/19. Noted that this winter the number of pregnant women vaccinated had risen to 48%, but clearly more could be done. This remained a CCG commissioning action. ..... *Action continues (Review in September Negotiators meeting)* **CCG**

Private organisations referring through GPs to secondary care. There was general agreement that if non-NHS organisations should make health-related investigations then they should have the right to refer direct to secondary care. However, the CCG would not wish this to be unrestrained so would be considering commissioning a referral management system..... **CCG**

JUYI. Helen Edwards would arrange to have the document sent over electronically to the LMC Office ..... **CCG (HE)**

Prophylactic Tamiflu Service. The CCG was unwilling to commission a service without proper funding. They would consider the Dr Geddes letter previously forwarded to them by the LMC..... **CCG**

Position paper on the future of GDoc Ltd and Primary Care representation on the ICS Board. Agreed to finalise the paper and call a meeting between GDoc, the Locality Provider Leads and the LMC within a fortnight, availabilities permitting..... **LMC**

Item 5 – Fresh issues for negotiation/discussion

Primary care representation on the ICS Board. While financial criteria would affect the speed with which ICS Wave 2 would be implemented in the county

	ACTION
Dr Seymour still felt it would be important to press on with identifying someone to represent general practice in ICS discussions. There were some difficult accountability issues and memoranda of understanding would in all likelihood be needed. These would be addressed at the meeting mentioned under Item 4 above. The LMC agreed to keep the CCG informed of progress.	
Enhanced Services Inflationary Uplift. The LMC was conscious that none of the enhanced services had received an inflationary uplift over the last three years, not even of the 1% allowed by the Government. The CCG agreed to consider what might be afforded but the matter would have to go before the Primary Care Commissioning Committee for a decision. The LMC pointed out that some Enhanced services will have yielded savings in secondary care, others were underperforming so savings to achieve this could be identified...	**CCG**
Primary Care Offer. The nearly final version of the PCO was considered. The £2.9M funding involved was welcomed. However, perceptions of the PCO varied. The CCG believed the amount of work had not increased, possibly even decreased, from the previous year; the LMC counted the number of pages which since 2014/15 had more than doubled from 6 to 14 pages. Even allowing for the inclusion of more guidance (thus increasing the length of the document) practice perception was that it was almost too complicated to grasp. Practices had reached work saturation point. Also this was being presented uncomfortably late in the year. The LMC reminded the CCG that Dr Alvis, though an LMC member, had not been engaged on the Enhanced Services Review Group as an LMC spokesman. Some minor amendments, particularly the merging of two Masterclasses, were agreed. It was also agreed that for next year:	
• A practice manager should be involved in the Group as the main burden of administering the PCO would fall on practice managers.	**CCG**
• The LMC would like to see regular interim reviews of the PCO to avoid last-minute objections.	
• The CCG would welcome another LMC member, as such, to the Review Group and stated that they would be holding monthly meetings from November 2018 to March 2019 to achieve a better-discussed offer.....	**LMC**
• The CCG would forward a copy of the terms of reference for the Enhanced Services Review Group to the LMC.....	**CCG**
In the meantime, the PCO would be sent out to practices immediately after Easter. The LMC agreed to mention it in their Newsletter, particularly mentioning that the initially proposed clawbacks on previous year's non-performance of the PCO had been drastically reduced as a result of CCG liaison with practices.	**LMC**
Do Not Attempt Resuscitation (DNAR) Forms. There were different forms in use in the Hospital Trust, the Community and in general practice. The LMC would accept any approved form so long as it was used throughout the county to the exclusion of all others, was not too long and could be produced electronically. The CCG agreed the need for a common form and would look into it	**CCG**
District Nurses not entering patient information on EMIS or Vision systems. A patient had had two flu jabs because the first one, given by the district nurse, had not been entered on the clinical system. This was but one example of a general point that there needed to be a way of passing patient	

	ACTION
information from one system to another securely. Whilst JUYI might help it wasn't the panacea.	**CCG**
General Data Protection Regulation (GDPR). The CCG had been very thorough in providing materials and briefings on GDPR to practices. The two meetings had been well attended and feedback was positive. The LMC was aware that the GPC was also about to issue templates and would forward them to the CCG when received.....	**LMC**
It would be up to practices to decide which templates to use. Practices also had to appoint a Data Protection Officer (DPO). The CCG was aware that Richard Marshall (coincidentally the current PM rep on the LMC) was discussing with other PMs how to achieve economies of scale. Direct hiring of a DPO was estimated at £50K to £60K a year. The CCG did not currently have the funding and therefore the intention to provide a DPO for practices.	
Chlamydia. The LMC were concerned that the system for identifying contacts and treating the sufferers and their contacts was not safe, and did not appear to exist for those under the age of 16. In particular, the use of on-line screening with automatic referral to the GP for positive results was work that lay outside the contract, and often demanded immediately. The CCG would look into the matter	**CCG**
As this lay generally with Public Health the LMC would write to Sarah Scott at Public Health to express their concerns.....	**LMC**
Continence Assessments. It was well-established that continence assessments of the housebound was work for District Nurses, while treatment for incontinence now appeared to be the responsibility of the GHNHSFT continence service. Unfortunately, that service often sent requests to practices for the practice to carry out continence assessments before the service would see the patient. It was agreed that most practice nurses lacked the training to do so. The CCG requested examples so that they could take it further.....	**LMC/CCG**
Microsuction enhanced service. The CCG's intent was that GHNHSFT would subcontract microsuction to GDoc Ltd. The contract had not yet been agreed, not least because the criteria for justifying microsuction had yet to be defined.	

Item 6 – Any other business

A copy of recent GPC guidance on the provision of primary care in institutions and care homes was passed to the CCG.

Item 7 – Date of next meeting

Thursday 26th April at 12:30 at Sanger House.

M J D FORSTER
Secretary

Annex:
A. Negotiators Action List

ANNEX A TO
LMC/CCG NEGOTIATORS MEETING MINUTES
DATED 27TH MARCH 2018

NEGOTIATORS ACTION LIST

Outstanding actions arising from previous meetings.

Action	On	Progress
Attempt to commission midwives to vaccinate pregnant women from next flu season.	**CCG**	Ongoing – review in September agenda
Should private clinical organisations be able to make referrals directly to NHS secondary care organisations without going through GPs	**CCG**	Ongoing – principle agreed, but some controls would be necessary
JUYI update – send to LMC	**CCG**	
As part of emergency planning consider setting up an enhanced service for the use of prophylactic Tamiflu	**CCG**	Still considering it, but without funding nothing will be done
Circulate a position paper on the future of GDoc and the representation of General Practice on the ICS Board	**LMC**	On going

Actions arising from this meeting.

Action	On	Progress
Call a meeting to discuss primary care involvement in ICS	**LMC**	
Consider an inflationary uplift to enhanced services funding	**CCG**	
PCO: • Invite a practice manager to the Group • Find an LMC representative to attend the Group meetings • Send the group's TORs to the LMC • Newsletter item advertising it	**CCG** **LMC** **CCG** **LMC**	Done
Look into the harmonisating into one form the various DNAR forms now in use in the county	**CCG**	This will take time – put on Sep 18 Negs agenda
CCG (IT) to consider how clinical systems could exchange information securely to avoid the problem example given at the meeting	**CCG**	
Forward GDPR templates from GPC when received	**LMC**	
Chlamydia • CCG to look into the contractual aspects of those with on-line testing being sent for treatment to their GP • The LMC would write to Public Health to express their concerns	**CCG** **LMC**	
Provide examples of continence assessments being requested by the continence service from GPs	**LMC**	