

19th April 2018

All Executive Members and Office staff

MINUTES OF AN LMC EXECUTIVE OFFICERS' MEETING HELD AT THE LMC OFFICES ON THURSDAY 19th APRIL 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 (22nd March 2018)

Agreed.

ITEM 4 – MATTERS ARISING/ACTIONS

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

GP Occupational Health service. No response yet from NHS England.
Secretary to chase..... *Continuing action*

Sec

JUYI. Dr Hubbard reported that there was to be a new authority formed to address the auditing of data accesses on JUYI. Dr Atkinson would be on it. There was as yet no policy on periodic audits; the Executive felt that such a policy was essential. *Action closed*

Nominations for LMC Conference Representatives. Two nominations had so far been received. The Secretary was asked to remind members.

Sec ✓

ITEM 5 – LMC BUSINESS

SW Regional Working Group. The Secretary had attended on 23rd March at Avon LMC. Wessex, Avon and Somerset LMCs were represented. There should be a clear distinction between national, regional and local matters. Where there were common issues shared across the region it would make sense for one LMC to address a given issue and share its findings with the other LMCs in the region in a timely manner. It was too early to think of shared funding or a larger organisation. The group would brief the main SW Regional LMCs meeting in May. In the meantime Gloucestershire volunteered to address the GDPR (which has been done).

Action

LMC Representation on various groups.

- Performance Advisory Group (PAG). Two volunteers had been forthcoming: Drs Bhargava and Halden. The Exec decided that Dr Halden should take this on, assuming no other volunteers:
 - Dr Fielding to brief her on the duties
 - Discuss at the main meeting
- The One Gloucestershire Medicines Optimisation Group (OGMOG). Dr Bhargava had volunteered.
 - Dr Yerburgh to brief him on this and the DTG (below)
 - Discuss at the main meeting
- The Drugs and Therapeutics Group. Dr Bhargava had volunteered for this also.

**PF
Sec**

**TY
Sec**

Primary Care representation on the ICS Board. The GDoc Board had approved the draft circulated by the LMC but wished to see it presented as a *fait accompli* for comment and constructive criticism rather than practice approval. The Exec decided that it would rather wait for formal approval and comment from the Locality Provider Leads and also that the members should be able to discuss it at the May meeting. To that end the Secretary would forward the paper to members for consideration before the meeting. Some re-wording might be required.....

Sec

LMC Newsletter. Still at an early draft. Suggestions for inclusion were:

- Reference to the GDPR blog by Dr Cundy. This had already been circulated to practice managers but repetition does no harm.
- Mention that the Aspen Medical Practice was now the biggest practice in the county.
- New locum A and B Forms.
- Request for expressions of interest from sessional GPs to become an additional LMC member. This should also go out as a direct email.

Sec ✓

Six-month follow-up Doppler measurement of leg ulcer discharged patients.

The Chairman had been in discussion with Dr Roberts, Medical Director at GCS, and the probable solution was for GCS to omit mention of Dopplers every 6 months from their discharge letter to practices and not to mention to patients that any follow-up doppler measurement was required. To be confirmed at the main LMC meeting.....

Sec ✓

Two-week-wait (2ww) referrals. The new forms had been brought into use, wordy but comprehensive. The LMC concern was that practice secretaries had recently been asked to defer a referral or even to re-refer without the 2ww being ticked. This in effect was to downscale the urgency of the appointment. The medico-legal responsibility was thus pushed back onto the GP without consultation.

Primary Care Offer. No final version of the PCO had been seen by practices but the Executive were convinced that it rated no better than a double Amber.

- The Secretary would ask the CCG for the final version.....
- The LMC line to take must be that discussion about the PCO would have to take place in parallel with its development and the final version must be provided to the LMC no later than February in each year.

Sec

- Concern remained about the comprehensibility of a document of such a size.

Enhanced representation on the Enhanced Service Planning Group. The CCG had offered the LMC the opportunity to have another GP attend the ESPG. Possibly that a practice manager could also attend. After discussion the Exec agreed that it would not be proper use of LMC funds to do either but that the idea of having a practice manager on the Group to ensure the feasibility of the content was a good idea and should be funded by the CCG.

Replacement for the LMC Secretary. MF had given advance notice of his resignation with effect from 31st March 2019. Since any potential replacement might have to give some months' notice to their current employer there was an almost urgent need to address this recruitment issue. The first question was whether to go for a medical or a lay secretary. A medical secretary would be able to represent the LMC medically, which currently had to be done by one or more of the Executive. The increased cost of a Medical Secretary might thus be offset by having a smaller Executive and a reduced number of hours for the Medical Secretary, supported perhaps by a greater number of office staff hours. Members would clearly have to think on this and it should be discussed at the next main meeting

Sec

Meanwhile, the Secretary would circulate to all members a copy of the briefing seen so far only by the Chairman

Sec

Once the overall intention of who to recruit was settled, such details as the method, timing and potential changes to the office working would be addressed.

Diabetic eye-screening – SW procurement. Agreed to discover at the SW Regional meeting whether the other LMCs had been approached and if so what their views were

Sec ✓

E-RS – paper referral switch-off project update. The Secretary had attended the monthly meeting that morning. The figures, which at this stage might not have been entirely accurate (data collection at the hospital was still being improved), showed that the rate of paper to electronic referrals in the previous week was about 10%. Weekly summaries would be sent to the LMC every week from now on. The next meeting of the group would be on 17th May to make the 'go live or delay' decision. Points raised at the meeting:

- It would be helpful if each specialty in the hospital had a dedicated generic email address for correspondence. The Trust would look into that.
- The target speed at which the hospital expected consultants to review referrals and if necessary bring forward or delay appointments was 5 working days.
- There was still no promise that an 'Urgent' referral would be seen within a set time, just that they would be given an available appointment in priority to a routine referral. Raise to Deborah Lee..
- NHS Digital reported that the joint NHSE/BMA guidance would be issued shortly.

Sec ✓

ITEM 6 PREPARATION FOR A NEGOTIATORS MEETING

Date and Location. Thursday 26th April at Sanger House

Attendance and car parking. Drs Yerburgh and Hodges.

Agenda. Annex B.

- Care of the chronically housebound. RB raised the issue that her practice nurse was spending a day a week travelling to patients. The immediate impact was a shortage of in-practice hours but there were other, less obvious, costs e.g. insuring the nurse for business travel in her car.

ITEM 7 – ANY OTHER LMC BUSINESS

Urgent care centres. There was mention of a CCG plan to create urgent care centres in Gloucester, Cheltenham and Stroud from April 2019. No detail had yet been seen but the Chairman had seen a voluminous NHS England paper about it. Agreed to put this on the CCG’s agenda at the main meeting.....

Sec ✓

CCG paper on the future of primary care. Secretary to ask the CCG for an up to date copy

Sec ✓

Babylon – impact of Carr-Hill formula changes. Agreed that Dr Hodges should post a query on the LMC Listserver suggesting that a gradual review of the Carr-Hill formula might ease the potential pressure on practices from Babylon.....

RH

Voluntary levy. The Treasurer suggested, and it was agreed, that the LMC should question the fairness of being asked to pay an increased voluntary levy for last year of some £7,900 resulting from a retrospective correction of the population figures, while promising to pay the full figure for this year since we had budgeted for it. Some negotiation might have to follow.

Sec ✓

ITEM 8 – DATE OF FUTURE MEETINGS

Thursday 24th May 2018. (Dr Hubbard presented his apologies for that meeting.)

All



M J D FORSTER
Lay Secretary

List of Annexes:

- A. Executive Committee Actions List
- B. Negotiators Agenda

ANNEX A TO
EXECUTIVE COMMITTEE MEETING MINUTES
DATED 19th APRIL 2018

EXECUTIVE COMMITTEE ACTIONS LIST

Outstanding actions:

Action	On	Progress
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	
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
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	
Hold elections for LMC Conference representatives	Sec	Will be complete by end April

Actions arising from the April meeting:

Action	On	Progress
Remind members about LMC Conf reps nomination	Sec	Done – email 19 Apr
Main agenda item (Discussion) – LMC representation on various bodies	Sec	Done
Polish and send position paper on ICS rep to members	Sec	
Add suggested items to Newsletter	Sec	Done
Main agenda item (GCS section) – Doppler measurements	Sec	Done
Obtain final version of Primary Care Offer	Sec	
Main agenda item (Discussion) – Secretary replacement Send brief on that to members after TY has reviewed	Sec Sec	Done Awaiting clearance
SW Region agenda item – Diabetic eye-screening	Sec	Done - email 23 Apr
Item for Deborah Lee agenda – Urgent referrals	Sec	Done - email 23 Apr
Main agenda item (CCG) – Urgent care centres	Sec	Done
Primary Care Strategy paper – get latest version	Sec	Requested - 23 Apr
Listserver entry – Carr-Hill formula revision	RH	
Negotiate with GPDF re retrospective levy	Sec	
Attend SW Regional LMCs meeting 3 May	RH/PF	

AGENDA FOR A NEGOTIATORS MEETING TO BE HELD ON THURSDAY 26TH APRIL 2018 AT SANGER HOUSE AT 12:30

1. Apologies.
2. Declarations of Interest
3. Minutes of march Meeting
4. Actions Outstanding at or Arising from the Minutes (*Appendix 1*)
5. New items.
 - a. ICS Representation by primary care **TY**
 - b. Earwax treatment **RH**
 - c. Doppler Testing **TY**
 - d. Primary Care Offer **RH**
 - e. Care of housebound patients **RH**
 - f. Membership of Enhanced Services Review Group **TY**
6. Any other negotiating business
 - a.
 - b.
7. Date of next meeting: Tuesday 29th May 2018 at the LMC Offices at 12:30

Appendix:

1. Negotiators' Action List

APPENDIX 1 TO
ANNEX B TO
EXECUTIVE COMMITTEE MEETING MINUTES
DATED 19th APRIL 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 – 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
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	Done

Actions arising from March meeting.

Action	On	Progress
Call a meeting to discuss primary care involvement in ICS	LMC	Done
Consider an inflationary uplift to enhanced services funding	CCG	
PCO: <ul style="list-style-type: none"> • Invite a practice manager to the Group • Find an LMC representative to attend the Group meetings 	CCG LMC	Dr Alvis will continue
<ul style="list-style-type: none"> • Send the group’s TORs to the LMC • Newsletter item advertising it 	CCG LMC	Awaiting them
Look into the harmonising 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	Not yet received
Chlamydia <ul style="list-style-type: none"> • 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	Done 19 Apr
Provide examples of continence assessments being requested by the continence service from GPs	LMC	Asked practices for them. No examples received.