LOCAL MEDICAL COMMITTEE
LMC
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MINUTES OF AN LMC/CCG NEGOTIATORS' MEETING HELD AT SANGER HOUSE ON THURSDAY 26TH APRIL 2018 AT 12:30

Present:

Dr Tom Yerburgh	(TY)	Meeting Chair and LMC Chairman
Dr Alan Gwynn	(AG)	CCG Lead for Dermatology and Minor Injuries For the dermatology presentation only
Dr Bob Hodges	(RH)	LMC Vice-Chairman
Dr Andrew Seymour	(AS)	CCG Clinical Chair
Helen Goodey	(HG)	CCG Director Locality Development & Primary Care
Mike Forster	(MF)	Meeting Secretary and LMC Lay Secretary

	ACTION
Item 1 – Apologies and welcomes Nil	
Item 2 - Declarations of interest Drs Hodges and Seymour are now partners.	
Item 3 – Minutes of last meeting (27th March 2018) Approved.	
Item 4 – Matters / Actions Arising All complete except as under:	
Midwives' flu vaccination of pregnant women from 2018/19. This remained a CCG commissioning action...............*Action continues (Review in September Negotiators meeting)*	**Sep Agenda**
Private organisations referring through GPs to secondary care. The CCG was still considering commissioning a referral management system to allow private clinical organisations to make referrals directly to secondary care without involving GP practices..	**CCG**
Prophylactic Tamiflu Service. The CCG had the commissioning of such a service in development and would share it with the LMC.	**CCG**
Inflationary uplift for existing enhanced services. Helen Edwards was writing a paper about this for the Board to consider. Revisit at the next meeting	**CCG/LMC**
Harmonization of DNAR forms. In progress. Review in September.	**Sep Agenda**
Avoidance of double flu jabs etc – passage of patient information between clinical systems. CCG/IT presumably still considering how to avoid such problems if JUYI were not the complete solution..	**CCG(IT)**
Chlamydia. The LMC had contacted PHE who had yet to respond on the following issues:.. • There was no commissioned service for treatment of those under 16, nor for the tracing of their sexual contacts. • Automatic referral to the GP of those with a positive on-line screening test required urgent action but was not commissioned.	**LMC**

ACTION

Item 5 – Fresh issues for negotiation/discussion

ICS representation by Primary Care. The LMC, GDoc and the Locality Provider Leads had held a constructive meeting at which a way ahead had been agreed. The LMC Executive had drafted a paper encapsulating that agreement to be sent to practices and were only now waiting for formal approval from the Locality Provider Leads and ratification by the LMC Main Meeting. The CCG also approved the paper and agreed that over time steps would need to be taken to ensure that changes of personnel and organisations would not disturb the arrangement. Once ratified, the LMC would inform the STP Accountable Officer .... **LMC**

Earwax treatment. The CCG's commissioning intention was for a four-tier system:

- Self-care should take care of the majority of cases.
- Electronic irrigation by GP practices will be commissioned for those where self-care proved insufficient.
- Where that should prove ineffective a cluster or locality-based micro-suction service would be commissioned, with practices that lacked the equipment or skill to directly refer to a practice that had both. A peripatetic service might be considered to ensure that it was available throughout the county.
- Only after that had been tried would a referral to secondary care be permitted.

Until the new service the current system would continue. Because practices had previously been told that the current system would end at the end of March 2018 the CCG would quickly inform practices of the system's continuance .... **CCG**

Leg ulcers - Doppler Testing every 6 months. The LMC had agreed with Dr Roberts, Medical Director at Gloucestershire Care Services, that the letter would be rephrased to remove the requirement for doppler testing every 6 months. .... *No action, unless the letters have not been amended*

Primary Care Offer (PCO). It was acknowledged that the very late presentation of the PCO to the negotiators meant that negotiation was impractical. The LMC remained concerned over the size of the document, while welcoming the remuneration it would bring to general practice. All in all the RAG rating they gave was an Amber for each of the Clinical and Financial/Workload aspects

Care of Housebound Patients. District Nurses were only commissioned to attend housebound patients if the patient had nursing requirements. Home visits by a GP or practice nurse, though a contractual requirement, did not make overall best use of their time. In many cases the problem was as much social as medical. Referral to secondary care cost ten times more. The problem was noted but there was no obvious solution currently.

Dermatology. Dr Gwynn gave a short presentation on the CCG's approach to dermatology referrals. Currently, referrals were rising 13% year on year. Many referrals gave inadequate information but the department felt obliged to grant an appointment. The CCG assessed that in some 70% of cases a care plan could have been provided without an appointment had the information been provided in the first place. Increased use of Advice & Guidance might have helped. The CCG had therefore devised a 'rash

ACTION

proforma letter' and a 'mole proforma letter' for practices to use. By May or June these would be incorporated in clinical systems to minimise the time GPs would spend filling them in. These proformas could be supplemented by the use of images. Ultimately, virtual referrals could be possible, saving face-to-face appointments for patients who really needed them, avoiding over-use of the two-week-wait referral route. There would be issues of clinical governance, training and equipment to address.

Minor Operations. Similarly, the CCG had noticed an increase in secondary care minor operations which might more cheaply have been carried out in primary care. The issue might have to do with a lack of a reasonable level of competency and confidence. A proposal was for clusters to have local minor surgery provision. Dr Gwynn assured the meeting that the CCG could define the level of accreditation within its area of responsibility. Helen Goodey requested a service specification .... **CCG (AG)**

Enhanced Services Review Group. The LMC did not wish to take up the CCG's offer of including another GP LMC member. They proposed that a practice manager would be able to provide first-hand constructive guidance on the practicalities of the enhanced services being considered

- The LMC would suggest some names .... **LMC**
- The CCG would then consider whether to fund a practice manager's time for attending these meetings .... **CCG**

Item 6 – Any other business

Care Home DES. This enhanced service carried a considerable level of funding. The CCG was concerned that practices should be carrying it out thoroughly. Unfortunately there had been a 25% increase in emergency admissions from nursing homes – the thing that the enhanced service was intended to reduce. The CCG would therefore be carrying out spot checks on about a quarter of the practices in the county to ensure that things were being done in accordance with the intent of the enhanced service. The LMC agreed to mention this in their Newsletter, but did question the need for so many, as the much larger secondary care budget appeared not to have the degree of checks .... **LMC (N/L)**

Prescribing overspend. The LMC agreed to include in their newsletter an announcement that six practices were being supported halt some quite high overspend against the prescribing budget.. **LMC (N/L)**

Item 7 – Date of next meeting

Tuesday 29th May at 12:30 at the LMC Offices.

M J D FORSTER
Secretary

Annex:

A. Negotiators Action List

ANNEX A TO
LMC/CCG NEGOTIATORS MEETING MINUTES
DATED 26th APRIL 2018

NEGOTIATORS ACTION LIST

Outstanding actions arising from previous meetings.

Action	On	Progress
Midwives' flu vaccination of pregnant women from 2018/19.	**CCG**	**Sep Agenda**
Private organisations to be able to refer to secondary care without going through GPs	**CCG**	
The CCG would share with the LMC the projected service for prescribing Tamiflu for prophylaxis	**CCG**	
Inflationary uplift for existing enhanced services.	**CCG**	May agenda
Harmonization of DNAR forms.	**CCG**	**Sep Agenda**
Avoidance of double flu jabs etc – passage of patient information between clinical systems.	**CCG (IT)**	
Chlamydia. Issues: awaiting PHE response • There was no commissioned service for treatment of those under 16, nor for the tracing of their sexual contacts. • Automatic referral to the GP of those with a positive on-line screening test required urgent action but was not commissioned.	**LMC**	

Actions arising from this meeting.

Action	On	Progress
Once ratified inform the STP Accountable Officer of the arrangements for primary care representation	**LMC**	
Inform practices urgently of the continuance of the previous earwax treatment arrangements pending the new service being commissioned	**CCG**	
Provide a system specification for Minor Ops	**CCG***	
Suggest practice managers for the ES review group	**LMC**	
Consider whether to fund the practice manager on that group	**CCG**	
Insert article about the Care Home DES audit in the Newsletter	**LMC**	
Include article about the prescribing overspend	**LMC**	

*Dr Alan Gwynn to provide to Helen Goodey