29th May 2018

All Executive Members and Office staff

MINUTES OF AN LMC EXECUTIVE OFFICERS' MEETING HELD AT THE LMC OFFICES ON THURSDAY 24th MAY 2018 AT 12:30

Present:

Dr T Yerburgh	(TY)	(Chairman)
Dr R Bounds	(RB)	
Dr R Hodges	(RH)	
Dr P Fielding	(PF)	
Mr Barry Sweeny	(BS)	(Coroner's Officer)
Mike Forster		(Secretary)

Action

ITEM 1 - APOLOGIES

Dr J Hubbard

ITEM 2 – CONFLICTS OF INTERESTS

Nothing reported, save as above.

ITEM 3 – MINUTES OF THE LAST MEETING (19th April 2018)

Agreed.

ITEM 4 – MATTERS ARISING/ACTIONS

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

Post a query about the Carr-Hill formula revision on the LMC Listserver. Action on RH to suggest that a gradual review of the Carr-Hill formula might ease the potential pressure on practices from Babylon. ..... *Action continues* **RH**

ITEM 5 – CORONER'S OFFICE LIAISON VISIT

BS emphasised that the Coroner was keen to maintain links with general practice. It was agreed that the passage of information to GPs and their practices should be via the LMC Office. Although the Coroner's Office would soon be installing a new computer system, with the intent to make much more use of emails, which are now secure, (rather than fax) and forms, GPs would still be very welcome to phone the office. It was just that forms filled in by the expert saved misunderstandings later. Main points arising from the discussions were:

- The existing rules issuing an MCCD outside of the statutory 14 days without recourse to the Coroner have been clarified. *'If the attending doctor has not seen the patient within the 14 days preceding death **AND** has not been treating that patient, **AND** has not seen the body after death, that GP must contact the Coroner's office for the provision of a Form 100a. However, if the GP has not seen the patient within the preceding 14 days, **BUT** has been treating the patient recently (recently = not specified) and has, or is going to see the body after death, then that GP can issue the MCCD albeit that the 14*

	Action
*days rule has been exceeded. The proviso is therefore twofold; outside of the statutory 14 days the reporting GP **MUST** have been treating the patient at some point recently (recently is not specified and will assume a common sense approach) and, **MUST** have seen the body after death or be going to see it after death. If the GP is not likely to see the body after death then the MCCD cannot be completed by the GP without recourse to the Coroner's Office for a Form 100a…… Newsletter item*	**Sec**
• The Coroner may ask for a 'brief and relevant' report. Such is not the same as a witness statement. If one of those is needed it will be asked for specifically later.	
• The Coroner's duty is to ascertain 'who died', 'where', 'when' and 'how' on the balance of probabilities – no blame attaches. If a lesson is to be learned then the Coroner has a duty to prevent future deaths and can issue a 56-day notice. Taking action on this is not of itself enforceable but, taken together with similar ones, may be put before an organisation that can enforce it.	
• Attendance at a Coroner's Court hearing can be daunting. He encouraged GPs to attend a hearing unrelated to their own patients; any reflection could be added to an appraisal portfolio.	
• Once the office has compiled the file it is circulated to properly interested parties (not the Press). The current Coroner was very careful to read out in open court for formal recording only what was absolutely necessary.	
• The LMC would welcome a list of educational pointers about the system for GPs.	
• Although the nhs.net and gov.uk systems are both encrypted and secure it was still a practice responsibility to censor third party personal information from reports.	
• <u>Communications</u>. GPs, medical secretaries and reception staff should use this address (coroner@gloucestershire.gov.uk) if needing to send anything to the Coroner's Office or, if requested by the Coroner to supply a medical summary for a deceased person who has to undergo a post mortem examination. ..... *Newsletter item*	**Sec**
ITEM 6 – LMC BUSINESS	
<u>Paper referrals switch-off update</u>. GPs were bracing themselves for the hard launch on 4th June. Main concern was the occasional difficulty in quickly finding on e-RS the right specialty to refer to, hence the small number of paper referrals still being made. The Secretary would raise this with the Trust.....	**Sec ✓**
In addition, the Chairman would raise the issue of the booking Office requiring a password from the patient, as being in the LMC view quite unnecessary.....	**TY**
<u>Primary care representation on the ICS Board</u>. Having just heard that Gloucestershire was included in the Wave 2 ICS implementation it was opportune that the LMC had already sent out to practices the agreed method of arranging primary care representation on the ICS Board. The Chairman agreed to thank the CCG for their early warning.....	**TY**

	Action
LMC Newsletter. Agreed with some small additions and amendments	
Gloucestershire GP Safe House website. Although expensive it was well-enough used, and if even one GP was saved from burn-out or worse by it the site would be cost effective. The statistics were queried (three of the Advocates present had had no contacts in the last 4 months, so wondered who had received the reported 10 contacts). Agreed that Roger Crabtree should be asked to arrange another test contact, and that only if the Advocate responded could the test be regarded as successful	**Sec**
How to get more sessional GPs onto the LMC. The Constitution already allowed for the co-option of a salaried GP. It was agreed to delay any active canvassing until after the LMC Secretaries' Conference in November.	**b/f Dec**
In the meantime, the Chairman would contact Hilary Carter to discuss the possibility of a leadership ST4 being found for co-option onto the LMC.	**TY**
Replacement for the LMC Secretary. After discussion it was agreed that:	
• The options paper produced by Shelina should be circulated to all Exec members for comment.....	**Sec ✓**
• Option 2 (full-time LMC Secretary) and Option 4 (Part-time Medical Secretary) should be worked up in detail for consideration at the June Exec meeting.....	**Office**
• The issue should go to the main LMC meeting in July	**Sec**
The future role of partnerships. The Chairman gave a briefing on the talk given at the GPC by Dr Nigel Watson about the current short-term study. Nigel had been selected by NHS E to lead a working party on enhancing the role of partnerships.	
GPFV One Year On event – 12th June. The Treasurer and Secretary would represent the LMC. The Vice-Chair was already down as a presenter.....	**PF/Sec**
First Contact practitioner for MSK Services. The Chairman drew the attention to page 13 where the St Pauls cluster and the Aspen Medical Practice both featured in this NHS England document.	
ITEM 7 – PREPARATION FOR A NEGOTIATORS MEETING	
Date and Location. Tuesday 29th May at the LMC Offices.	
Attendance and car parking. Drs Yerburgh and Hodges.	
Agenda. Annex B.	
• Uplift. The money saved by reducing workshops should be spent in making an uplift for current enhanced services. An uplift would encourage continued participation.	
• Key lines of enquiry questionnaire. The Chairman would circulate this to members for comment.....	**TY**
• Learning Disabilities enhanced service.	

	Action
○ The paper had been sent to practice managers – should have been cleared through the LMC and sent also to senior partners. ○ The enhanced service was defined nationally. There is no scope for gold plating locally. ○ The LMC would advise practices not to action it until the LMC had had a chance to negotiate it.....	**Sec**
• <u>Doppler measurement</u>. Since the Medical Director at GCS had agreed to not have the requirement inserted in the letters why was the CCG now insisting on it? • <u>Adult ADHD Service</u>. This had still not been introduced and would be discussed firmly at Negs and the next Mental Health meeting.	
ITEM 8 – ANY OTHER LMC BUSINESS	
<u>New patient referral forms for diabetic eye screening</u>. The Secretary would write to the Trust explaining that the LMC was disappointed that the form had not been passed by the LMC in advance and that it went to practice managers rather than to the senior partner in practices. Of course if there were benefits to be obtained the LMC would be delighted to hear of them but questioned the need for change. Above all, the form was one that would more appropriately be filled in by the patient rather than the GP.	**Sec**
<u>Form for 'Details of changes to medication by Diabetes Service Info for GP to action'</u>. The ambiguities in the provided form were too great to be acceptable. The Vice Chair would provide the Secretary with better formats and wording to send to GCS.....	**RH**
ITEM 9 – DATE OF FUTURE MEETINGS	
Thursday 21st June 2018 at 12:30	**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 29th MAY 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**	**Done – details in Newsletter**
Ask CCG to commission a chlamydia testing service for under 16s	**LPC**	Public Health Glos say that there is such a service already
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**	**Done – election complete**

Actions arising from the April meeting:

Action	On	Progress
Remind members about LMC Conf reps nomination	**Sec**	**Done – election complete**
Main agenda item (Discussion) – LMC representation on various bodies	**Sec**	**Done**
Polish and send position paper on ICS rep to members	**Sec**	**Done – sent to all senior partners and practice managers**
Add suggested items to Newsletter	**Sec**	**Done**
Main agenda item (GCS section) – Doppler measurements	**Sec**	**Done**
Obtain final version of Primary Care Offer	**Sec**	**Done**
Main agenda item (Discussion) – Secretary replacement Send brief on that to members after TY has reviewed	**Sec** **Sec**	**Done**
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**	**Not yet done**
Negotiate with GPDF re retrospective levy Done, but no relenting by GPDF.	**Sec**	**Can find the extra £800, though**
Attend SW Regional LMCs meeting 3 May	**RH/PF**	**Done**

ANNEX B TO
EXECUTIVE COMMITTEE MEETING MINUTES
DATED 29th MAY 2018

AGENDA FOR A NEGOTIATORS MEETING TO BE HELD ON TUESDAY 29TH MAY 2018 AT THE LMC OFFICES AT 12:30

1. Apologies.
2. Declarations of Interest
3. Minutes of April 2018 Meeting
4. Actions Outstanding at or Arising from the Minutes *(Annex A)*
5. New items.
    a. Inflationary uplift for existing enhanced services **RH**
    b. Key lines of enquiry questionnaire **TY**
    c. Feedback from practices on ICS primary care representation plan **TY**
    d. Learning Disabilities enhanced service **RH**
    e. Doppler measurement **TY**
    f. Adult ADHD Services **TY**
    g. OTC Medicines policy **TY**
6. Any other negotiating business
    a.
    b.
7. Date of next meeting: Thursday 28th June 2018 at Sanger House at 12:30

Appendix:

1. Negotiators' Action List

APPENDIX 1 TO
ANNEX B TO
EXECUTIVE COMMITTEE MEETING MINUTES
DATED 29h MAY 2018

NEGOTIATORS ACTIONS 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 proposed Enhanced service for prescribing Tamiflu for prophylaxis	**CCG**	
Inflationary uplift for existing enhanced services.	**CCG**	Agenda item
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**	Public Health Glos confirm that actually there is a service, and for the under 16s also, and also including contact tracing.

Actions arising from this meeting.

Action	On	Progress
Once ratified inform the STP Accountable Officer of the arrangements for primary care representation	**LMC**	Just gone to practices. Awaiting comments
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**	Richard Marshall Ideal if willing
Consider whether to fund the practice manager on that group	**CCG**	
Insert article about the Care Home DES audit in the Newsletter	**LMC**	Done – May N/L
Include article about the prescribing overspend	**LMC**	Done – May N/L

*Dr Alan Gwynn to provide to Helen Goodey