MINUTES OF THE LMC MEETING HELD ON THURSDAY 10TH MAY 2018 AT THE GLOUCESTER FARMERS CLUB AT 13:30

Present:
Dr T Yerburgh (Chairman) and Drs Alvis, Baxter, Bhargava, Bounds, Chada, Fielding, Hodges, Hubbard, Lees, Morton, Ropner, Rutter, Skene, Tiffney

Registrar representative: Dr Iain Tebbutt
Practice Manager representative: Mr Richard Marshall

Also present from:

Gloucestershire CCG:	Dr Andrew Seymour	(Clinical Chair)
	Helen Goodey	(Director Locality Development & Primary Care)
Glos Care Services:	Dr Mike Roberts	(Medical Director)
	Laura Bucknall	(Head of medicines management)
GDoc Ltd	Dr Jo Bayley	(Chief Executive)
Observers:	Dr E McLeod	(The Lydney Practice)
	Miss L Berliner	(Canadian medical student, guest of Dr Morton)
The LMC Office:	Mike Forster	(Secretary)

Action

33/2018 CHAIRMAN

The Chairman welcomed all newcomers to the meeting and announced that a volunteer had been found to take over membership of the Tewkesbury constituency, if the meeting felt she should be co-opted. Dr Penny Baker was then co-opted. Proposed by Dr Baxter, Seconded by Dr Skene and carried unanimously.

34/2018 APOLOGIES

Apologies:
From members: Drs Baker and Halden
From invitees: Dr Sean Elyan (Medical Director Glos NHS FT), Dr Ardagh-Walter (2gether Trust) and Mr A Mawby (GDoc Ltd)

35/2018 REGISTER OF INTERESTS

Dr Fielding reported that he was now the interim chair of the Cheltenham Integrated Locality Board.
Dr Hodges reported that on merger the Aspen Medical Practice was now the largest in the county with a registered population of 30,100.

36/2018 MINUTES OF THE LAST MEETING

Agreed and signed.

37/2018 CCG / LMC LIAISON ISSUES

[Dr Lees arrived at this point]

Low-value and Over the counter medicines guidance. The CCG stated that potentially savings of up to £2 million might be made by not prescribing treatment for a list of 35 'minor conditions'. The HOSC had been briefed and had accepted it without demur. The GPC's recent guidance stated that this national policy must be subject to a degree of clinical judgement and recognised the eleven exception areas, as set out in the guidance document. The CCG were therefore

		Action
37/2018 (cont)	adopting this new policy: • The CCG would be reviewing the Minor Ailments Scheme. • Dispensing practices continue to be unable to sell such medicines as paracetamol. • ANPs and practices would need to be supported to follow the new guidelines. Orthopaedic referrals. There had been a shortage of Orthopaedic consultants in foot and ankle specialties. To deal with that situation an MSK triage centre would soon be put in place, starting with foot and ankle problems. The CCG confirmed that there was now adequate capacity for such triage and agreed to find out whether the service could refer onwards to Bristol.....	**CCG**
	[Laura Bucknall arrived at this point] Improved access. The national imperative was to meet the core requirement of being open 8 to 8 and provide 7-day opening. This was a 12-month pilot scheme but NHS England was monitoring the CCG very closely. The CCG agreed to provide monthly progress updates to clusters and the LMC..... At the end of the year patients would be surveyed to find out whether the service was wanted. A varied response was expected. The CCG was still defining the procurement process, via clusters.	**CCG**
	Dr Ropner arrived at this point] Other points raised: • All clusters had now gone live but it was not easy to find GPs willing to take shifts in some areas, particularly in North Cotswolds. Ironically, partners often filled the out-of-core hours shifts, thus looking after other practices' patients, while hiring locums to look after the practice's own patients in-hours. • There had been one serious incident of a failure of communication; the CCG would be sending out an urgent message about it and setting up standard operating procedures to reduce the risk of a recurrence. • Within clusters there had been some difficulties between practices at the imbalance of appointments provided by the scheme to patients of each practice. • A GP had to be present in each shift but could be assisted by a nurse; a nurse alone was deemed to be insufficient cover. Access data collection. Gloucestershire had the highest take-up of the Extended Access DES in the country. However, that would not excuse us from a national NHS England data collection survey which by the end of June wanted confirmation that all practices were meeting the reasonable needs of patients. The CCG would soon be sending a letter to practices about this. NHS 70th anniversary. The CCG was glad to report that they had obtained places for three individuals from general practice (i.e. not NHS employees) to attend the festivities. 'NHS 2030'. The CCG urged the merits of a new 4-day advanced leadership course that NHS England would be running this year. Potentially the county had 6 places but the actual allocation, decided centrally, might be more or fewer than that. Application forms would	

Action

37/2018 (cont) be sent out shortly.

University of Worcester Medical School. Although the application last year had failed the University was re-applying and had every chance of success this time. The emphasis would be on training GPs and psychiatrists, 100 places at a time. The first year of entrance, if accepted, would be in 2021. Newsletter item ..... **LMC**
Noted that the aim was not to sever links with the Bristol Medical School but rather to double the opportunities to take on more GP Registrars in the county.

38/2018 ACUTE TRUST ISSUES

e-RS – "Urgent". A meeting had been held that week with the Chief Operations Officer of the Trust. The Trust was unable to set a fixed upper time limit for giving an appointment to an 'urgent' referral as different specialties had different criteria (e.g. a gastroenterology case might require very quick attention). However, the Trust would be happy for GPs to ring the consultant, having first submitted a referral by e-RS, to explain the urgency of the case.

e-RS – paper referrals switch-off. The meeting had to consider whether or not to accept a 'go-live' date of 4th June 2018 for a switch-off of GP paper referrals to first consultant-led outpatient appointments. The LMC recognised that a switch-off was inevitable. However, there was an acknowledged principle that no patient should suffer as a result of a process failure. It was not clear that the process was sufficiently robust yet.

- Members reported that the idea mooted by the Trust of sending a referral by e-RS but then chasing it by phone to explain the urgency of the case would fall foul of the inability to get through on the phone to the booking office and/or the unwillingness or inability of the consultant's secretary to do anything to affect the speed with which an appointment was given.
- Over April the number of paper referrals weekly had encouragingly fallen from 140 to about 100, but this was still higher than the LMC found comfortable to support a switch off.
- Furthermore, it was not clear why Gynaecology and Orthopaedics in particular (but other specialties also) had relatively high rates of paper referrals.
- Three practices in particular had made markedly more paper referrals in April than others. The LMC needed to know why.
- Dr Ropner (Berkeley Place Surgery) reported that three of his practice's 'paper referrals' had in fact been made by e-RS and when he complained to the booking office they were unable to find the details of the patients involved. This threw grave doubt on the way the 'soft-launch' had been conducted by the Trust.

Consequently, the LMC authorised the Secretary to push for a go-live date in mid-July to give the Trust time to meet these concerns and for paper referrals to reduce to acceptable levels for a switch-off.

Action

39/2018 2GETHER TRUST

Representation at LMC Meetings. Dr Mike Roberts agreed to provide the Secretary with the contact details for the new Joint Chief Executive, Paul Roberts (no relation), who had expressed an interest in attending LMC meetings ..... **GCS (MR)**

Serious Case reviews

- Dr Ropner had fed back concerns to the Trust. Action closed.
- Dr Bounds reported that she had not been given the opportunity to review a case report before it went to the Coroner's court, and she had been mis-quoted in it. There was a need to review with the Trust and the Coroner's office the Serious Case Review process ..... **LMC**

Mental Health Issues Working Group. The LMC appreciated the Trust's enthusiasm to engage with the Group, but had perceived no significant progress on the issues involved.

- Eating disorders. The CCG agreed to clarify what was being commissioned to provide medical cover for eating disorders ... **CCG**
- ADHD adults. The problem concerned those patients who while under 18 were being treated for ADHD but then reached that age and for whom no service was then commissioned. The LMC gave notice that if by the next Group meeting on 22nd June no shared care agreements had been reached for the prescribing and monitoring of drugs for those patients the LMC would advise practices not to get involved. The medico-legal risks were too great to accept.

40/2018 GLOUCESTERSHIRE CARE SERVICES (GCS) ISSUES

The Chairman congratulated GCS on their achieving a 'Good' rating at their recent CQC inspection.

Community Nurse Drug Administration Charts. Dr Roberts felt that many problems could be eased if clear directions for administering drugs were given as part of the prescription. Words like 'As directed' merely prompted community nurses to ask for details in the administration chart. The LMC agreed to give guidance in its newsletter. One suggestion was that practices should create standard direction wording for each drug onto their system which would then be printed as a default, which could of course ben changed in any given case.

District Nurse Call Centre Proposal. There had been adverse events caused by messages being left with no certainty that they had been received. The new system, providing a call centre for each of the main areas of the county, was designed to ensure that cases reached the attention of community nurses with the right level of detail and the right sense of relative urgency. It was an addition to any current system that practices might have – if the practice was happy with the current system there was no need to use the call centre. The LMC agreed to send out details to all practices..... **LMC**

Community Insulin Prescription and Management Plan. Laura Bucknall shared a new form that had been designed to minimise risk for diabetic patients and assist them with self-care. After discussion about the relative merits of electronic and paper forms she agreed to

provide an electronic copy of the form to all practices so that they could work out how to auto-populate the form to best effect.....

Action GCS (LB)

41/2018 GDoc Ltd MATTERS

Dr Bayley gave a brief update. GDoc Ltd had secure funding for now but the future remained unclear. The company was spending much effort and time in supporting the Improved Access scheme, almost to the exclusion of all else. Good news was that it was now clear that the Data Protection Officer (DPO) could be the same person as the Caldicott Guardian within each practice so, unless practices particularly wanted the GDoc Ltd to provide the service, the company would not consider it further. Potential concerns, raised by the practice managers' representative, were that the individual might lack expert knowledge of data protection law (but then, so did everyone else), but more importantly that the DPO needed to be divorced from the data processing decision-making in the practice.

[At this point all guests departed and a short tea break was held.]

42/2018 GPC MATTERS

The Chairman, in his capacity as the area GPC representative, gave a short briefing of what had been going on in the GPC's deliberations.

Devolved nations.

- In Wales the bandwidth was insufficient to support a web-based clinical system so EMIS had pulled out of the tendering process.
- Scottish GPs had accepted their new contract, though rural areas were not so enthusiastic about it.
- Northern Ireland, having no devolved government, was in a parlous state but at least the practices had fully funded pharmacists.

Contract changes.

- £10M (spread across the whole of England) had been negotiated as a one-off to help practices implement e-referrals.
- £30M from last year had been repeated, with a further £30M for this year, to support the rising costs of professional indemnity insurance.
- The GPC had managed to avoid the proposed ban on advertising private practice within NHS premises.
- NHS 111 direct bookings were being piloted but the notion of direct booking was strongly resisted as a contractual change by GPC.
- Next year would see a harder attempt to achieve major beneficial changes to the contract. The situation in General Practice demanded it.
- The DDRB was about to give its verdict.

Other matters.

- There was a new Urgent Task and Finish Group addressing the issues raised by the B-G case.
    - Currently any coroner might refer a GP to the Crown Prosecution Service where Gross Negligence Manslaughter (GNM) is possibly involved. The GPC wants this right restricted, such that the referral would have to be approved

		Action
42/2018 (cont)	by the Senior Coroner. o The application of GNM to medical cases needed to be re-examined. • NICE now says that spirometry does not have to be done in General Practice. • GDPR continues to exercise minds in GPC and elsewhere. o PMA reports for insurance companies are not covered by GDPR. o Practices can charge for 'excessively large' printouts. Current view is that this is 15 pages or more, but that has not been legally tested. o Ideally patients should be given on-line access to their own records. • There were now some 30,000 patients in Plymouth without a GP. This situation could occur elsewhere if practices were allowed to fold. • The Premises Cost Directions were being revised and were due to be published very soon. • The national negotiations towards a state-funded indemnity scheme were progressing • QOF for next year would be aligned with the need to look after frail patients.	
43/2018	**DISCUSSION ISSUES** Primary Care representative on the ICS Board. The Chairman reminded the meeting that the LMC Executive, the GDoc Ltd Chief Executive and three of the seven Locality Provider Leads had met to agree how to provide a primary care representative to the ICS Board. The Secretary had produced a draft paper which the locality provider leads and GDoc Ltd had commented on. The LMC had some concerns over amendments suggested by the Locality Provider Leads and these would be addressed before a final version was sent out to practices. ..	**LMC**
	Improved access – area updates. • Forest. Most shifts filled; general enthusiasm' no problems. • Freelance GPs. The different levels of payment from one cluster to another made engagement with the scheme by locum GPs rather varied. • Cheltenham. All clusters had systems in place, with differing uses of GDoc Ltd. In the St Pauls' cluster all shifts were filled, the appointments given were for treatment for certain specialist procedures (e.g. joint injection). • Berkeley Vale. It took until the end of March to set up a system, and even then there is unequal filling of shift between practices, and some unfilled shifts. • North Cotswold. Only 50% filled shifts – great difficulty in finding GPs willing to get involved. • South Cotswold. A degree of collective cynicism as to whether the scheme is needed, whether adequate market research was carried out and whether it has been adequately defined. It also involved a lot of work to set up. • Stroud. The sessions were uncomfortably long for GPs, but most shifts were filled, but GPs were not always seeing their	

Action

43/2018 (cont)

own patients. Some IT issues remained to be addressed. The general feeling was that the access was not improved on that provided county-wide under GDoc Ltd.

[Dr Morton and his guest departed at this point.]

- Gloucester (South). More cynicism. It had resulted in greater CCG scrutiny, and so much work that other projects were temporarily abandoned. Noted that it is only a pilot scheme.

Medical Staff Committee. Dr Hubbard had still not received an invitation to these meetings. The Secretary agreed to take this up with the Trust ..... **LMC**

Practice Manager training and appraisals. Wessex LMCs had somehow obtained £300,000 funding for this; Gloucestershire LMC had been promised just over £5,000. Plans were being laid.

LMC representation. The following representation was agreed:

- Dr Laura Halden - The Performers Advisory Group (PAG).
- Dr Kieron Bhargava
  - The One Gloucestershire Medicines Optimisation Group (OGMOG) and
  - The Drugs and Therapeutics Group.

Cheltenham LMC representation. Dr Skene confirmed that his last meeting would be in September as he would be moving away in October. Agreed to seek a replacement for him by then.

44/2018 REPORTS

Meetings:

	Document		Uploaded:
a.	Executive Meeting	22nd March 2018	29th March 2018
b.	Negotiators meeting	27th March 2018	5th April 2018
c.	Executive Meeting	19th April 2018	26th April 2018
d.	Negotiators meeting	26th April 2018	2nd May 2018
e.	Meeting with C Ops Offr GHFT	8th May 2018	10th May 2018

GPC.

	Document		Uploaded:
a.	GPC News: Issue 7	21st March 2018	21st March 2018

Other meetings.

	Document		Uploaded:
a.	GPFV meeting	13th March 2018	
b.	Paper Switch-off meeting	21st March 2018	21st March 2018
c.	LES Review Group	22nd March 2018	
d.	GPFV meeting	10th April 2018	
e.	Practice Nurse Dev meeting	17th April 2018	
f.	Paper Switch-off meeting	19th April 2018	
g.	SW Regional LMCs mtg	3rd May 2018	9th May 2018

			Action
45/2018	**FORTHCOMING MEETINGS**		
	GPFV Meeting	15th May 2018	
	GPC England meeting	17th May 2018	
	Paper referrals switch off planning meeting	17th May 2018	
	Joint Flu Meeting	17th May 2018	
	Executive meeting	24th May 2018	
	Negotiators meeting	29th May 2018	
	CCG GPFV one-day event	12th June 2018	
	Executive Meeting	21st June 2018	
	Mental Health Issues Meeting	22nd June 2018	
	Negotiators meeting	28th June 2018	
	GPFV meeting	10th July 2018	
	LMC Meeting (Gloucester Farmers Club)	**12th July 2018**	**All**

There being no further business the meeting closed at 4.34 p.m.