LOCAL MEDICAL COMMITTEE
LMC
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MINUTES OF AN LMC/CCG NEGOTIATORS' MEETING HELD AT THE LMC OFFICES ON THURSDAY 29th MAY 2018 AT 12:30

Present:

Dr Tom Yerburgh	(TY)	Meeting Chair and LMC 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

Dr Bob Hodges

Item 2 - Declarations of interest

Discussed the potential for difficulties for Drs Hodges and Seymour if, as partners in the same practice, they should become involved in hard negotiation on opposite sides of the table. Decided that the chances of this happening were slight but that if necessary one or both would have to retire from the meeting in order to preserve harmony.

The LMC's negotiating team core membership was Drs Yerburgh and Hodges, with assistance as required to bring on new members of the Executive (currently Drs Bounds and Hubbard). Dr Fielding might still occasionally take part.

Item 3 – Minutes of last meeting (26th April 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**

Harmonization of DNAR forms. In progress. Review in September. ..... — **Sep Agenda**

Private organisations referring through GPs to secondary care. The CCG was moving forward with ophthalmology referrals from opticians and were allowing private consultants to refer directly to secondary care without going through the patient's GP, thus formally moving the patient from private to NHS care. N.B. this transfer in no way allows the patient to short-circuit any existing waiting list. ..... *Action closed*

Prophylactic Tamiflu Service. The CCG had made further progress and would very soon be sharing the enhanced service specification with the LMC. ..... — **CCG**

Avoidance of double flu jabs etc – passage of patient information between clinical systems. CCG confirmed that JUYI should be able to provide this link. ..... *Action closed*

Earwax. The CCG confirmed that practices had been asked to confirm whether they intended to continue to treat earwax, and those figures would

	ACTION
be shared with the LMC.	**CCG**
Dermatology referrals and Minor Ops service specification. Dr Yerburgh was concerned that using a picture and an arrow to indicate a lesion might be open to misinterpretation or error. The CCG advised that the referral form was being piloted in the S Cots currently. The specification for the minor ops service, long overdue, should come to the LMC for consideration. He would email Dr Alan Gwynn. ..... *New action*	**LMC (TY)**
Item 5 – Main issues for negotiation/discussion	
Inflationary uplift for existing enhanced services. The CCG was preparing a paper to go to the CCG's Core Executive, pointing out that the enhanced service specifications had increased stipulations but because of inflation the reward for practices for doing the extra work was reducing. The CCG admitted that there was no extra money for an uplift but felt obliged to flag up the problem internally. The CCG would feed back to the LMC the Core Executive's decision	**CCG**
Key Lines of Enquiry questionnaire. The CCG accepted the criticism that this form was very long and came at a time when practices were very busy. However, to be able to prove to NHS England that Gloucestershire's practices were providing services to meet the reasonable needs of their patients the CCG needed accurate information. The CCG intended to consult the LMC once the figures had been collected to agree what was, in fact, reasonable. There was fear that some eDEC returns might have been erroneously completed, perhaps through misinterpretation of words like 'closed'. The situation required a pragmatic approach for the sake of all concerned, particularly the patients. ..... *New action*	**CCG**
Primary care representation on the ICS Board. The CCG warmly welcomed the agreement reached between the LMC, GDoc Ltd and the Locality Provider Leads. All that remained to be done was to put these arrangements formally into effect. To that end:	
• The LMC would place a time limit within which practices should comment.....	**LMC**
• The LMC would obtain out-of-committee endorsement from its members that when that time limit had expired Dr Jo Bayley, as Chief Executive of GDoc Ltd, would be co-opted onto the LMC.....	**LMC**
• The LMC would arrange for all three organisations (the LMC, GDoc Ltd and the Locality Provider Leads) to be co-signatories on the formal letter to the Accountable Officer (Mary Hutton) stating that Dr Bayley was now the official representative for Primary Care on the STP Delivery Board, and in due course would be the primary care representative on the ICS Board.....	**LMC**
Learning Disabilities enhanced service. Whilst appreciating the work of the Clinical Programme Groups, the LMC took exception to the letter recently sent to practice managers on three grounds: it should have been cleared with the LMC first; it should have gone to senior partners either instead of or as well as to practice managers; the requirements (albeit voluntary) went beyond the requirements of the enhanced service and smacked of 'gold-plating' – very virtuous no doubt, but extra-contractual. Dr Yerburgh would comment formally	**LMC (TY)**

	ACTION
Doppler measurement. Dr Mike Roberts (GCS Medical Director) had quoted a CCG email requiring doppler measurements to be taken at 6-month intervals in cases of leg ulcers. He had been content not to include the requirement in discharge letters from GCS. The LMC would forward the concern to the CCG who would then arrange for the original email to be withdrawn, if clinically appropriate.....	**LMC/CCG**
Adult ADHD services. The problem remained that children with ADHD who were still suffering from it by the age of 18 could not safely be the subject of a shared care prescribing of the Amber drugs involved because no shared care service had been commissioned. NICE had recently issued guidance about it. The CCG confirmed that funding could be found and agreed to commission it.....	**CCG**
Over the Counter (OTC) medicines policy. If fully implemented the new NHS England policy could save the NHS up to £2M. The CCG's aim was to get the message across to everyone – clinicians and patients alike.	
Item 6 – Any other business	
Prescribing budgets - over-spending practices. The CCG had held very positive meetings with the relevant practices and plans had been put in place to bring them back within budget, or at least to reduce the overspend.	
Minor Ailments Scheme. The CCG's intention was to phase out the Minor Ailments Scheme but would do so in a measured and orderly way.	
Health inequalities GPs. The CCG was pleased to announce that theirs was the first scheme in England to start and they had good candidates for four vacancies.	
Future approach to enhanced services. The CCG intended in future to measure successful performance of enhanced services by reference to patient health outcomes rather than by actions taken by practices. They looked forward to holding initial talks with the LMC after the summer break.	**CCG**
Item 7 – Date of next meeting	
Thursday 28th June 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 29TH MAY 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**
Harmonization of DNAR forms.	**CCG**	**Sep Agenda**
The CCG would share with the LMC the projected service for prescribing Tamiflu for prophylaxis	**CCG**	Due to the LMC by 1st June
Inflationary uplift for existing enhanced services.	**CCG**	Details will be put to the Core Exec, but there is no funding
Write formally to the Accountable Officer to state that Dr Bayley is to be the official representative for Primary Care on the STP Delivery Board, and in due course to be the primary care representative on the ICS Board	**LMC**	Ongoing. Formal letter to be sent by end June.
Provide a system specification for Minor Ops	**CCG***	**Not done. TY to email Alan Gwynn**

Actions arising from this meeting.

Action	On	Progress
Share details with the LMC of which practices intend to continue to provide earwax treatment	**CCG**	
Consult with the LMC once figures obtained from practices about the Key Lines of Enquiry	**CCG**	
Respond to the CCG about the Programme Group's letter to practice managers about the Learning Disabilities enhanced service	**LMC (TY)**	
Remind the CCG of the emailed directive about doppler measurements that needs to be countermanded	**LMC**	
Countermand it	**CCG**	
Commission adult ADHD shared care services	**CCG**	
Call meetings in late summer for early discussions on the format for enhanced services in 2019/20	**CCG**	

*Dr Alan Gwynn to provide to Helen Goodey