21st June 2018

All Executive Members and Office staff

MINUTES OF AN LMC EXECUTIVE OFFICERS' MEETING HELD AT THE LMC OFFICES ON THURSDAY 21ST JUNE 2018 AT 12:30

Present:

Dr T Yerburgh	(TY)	(Chairman)
Dr R Bounds	(RB)	
Dr P Fielding	(PF)	
Dr R Hodges	(RH)	
Dr J Hubbard	(JH)	(remotely)
Mr Dave McConalogue	(DMcC)	(Gloucestershire County Council – Public Health)
Mike Forster		(Secretary)

Action

ITEM 1 - APOLOGIES

Sarah Scott, Gloucestershire County Council – Public Health

ITEM 2 – CONFLICTS OF INTERESTS

Nil

ITEM 3 – MINUTES OF THE LAST MEETING (24th May 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.
.... Not done but action closed as not opportune. Will keep under review

ITEM 5 – VISIT BY PUBLIC HEALTH GLOUCESTERSHIRE

The transfer of sexual health commissioning to the Council had gone relatively well:

- The number of LARC fittings in General Practice had increased such that the county was now second best in the south west;
- The on-line testing for chlamydia was bringing up more cases
- There had been good use of pharmacies.

A larger-scale evaluation would be taking place over the next few months.

STI Testing (especially chlamydia). A person could seek a bilateral test (gonorrhoea and chlamydia) or a quadrilateral test (those two plus HIV and syphilis). No cases of HIV had been found and no new cases of syphilis. The system was that after a positive chlamydia result the subject would be called in by the system for treatment and contact tracing. In simple cases

	Action
there was a form available to GPs which the patient could fill in as to their contacts but all complicated contact cases should be referred to the service. The service would deal with under-16s but clearly there were child protection issues to be addressed in such cases.	
Enhanced service funding. The LMC suggested that as there had been no uplift in remuneration for these services it should be considered. The answer was that there was no 'budget width' to provide that.	
LMC Newsletter. Public Health would provide suitable wording to the Secretary before the end of the month for inclusion in the Newsletter	**DMcC**

ITEM 6 – LMC BUSINESS

Primary care representation on the ICS Board. The Secretary clarified that unlike representatives from other organisations under Amendment 4 of the Constitution, then being considered, the Chief Executive for the time being of GDoc Ltd was to be co-opted onto the LMC in order that the LMC could provide the primary care representation, using the right person. The plan was for the amendment to be approved at the July LMC meeting, and for it to be immediately ratified by the CCG at that meeting. The CCG had been alerted to this.

Replacement for the LMC Secretary. A paper was presented to the Executive outlining the options. This, subject to some changes and the Chairman's final vetting, was approved to go to the membership for discussion at the July LMC meeting. The preferred option was to recruit a Medical Secretary but in default of an affordable and acceptable Medical candidate then there would be time to find another Lay Secretary. Issues debated included: **TY/Sec**

- The prioritisation of the roles and responsibilities of the Secretary.
- Affordability.
- The value of autonomy and flexibility in terms of remuneration.
- Even as a GP they would not need clinical indemnity insurance.
- Not all candidates would need pension contributions.
- If pension contributions were needed then what percentage should be offered.
- How best to provide the right image to outside organisations.
- Potential outsourcing of the webmaster role – generally not supported
- How the future funding of the LMC would affect the decision.

There was also concern that the LMC Rate had for some years been ratcheted up and might not be sustainable.

Forms.

- Dermatology referral forms. The Care Programme Group (CPG) was keen to have all dermatology referrals made using the new form, as TrakCare somehow often only showed random pages of any referral letter. The LMC had several concerns, which the Chairman would respond about:.. **TY**

Action

- Due process had not been followed, in that the LMC had not been consulted.
- Filling in the skin lesion map rather assumed that the patient would still be in front of the GP, which was not always the case.
- The introduction of the form to service was being done too hastily, and Dr Seymour had expressed his own view that a 6 month introduction period would have been appropriate.
- This was just one form. There needed to be an approved, well-publicised route for new forms to be introduced.

- Gastroscopy/Endoscopy. The Secretary was tasked to find out who had issued this form.. **Sec**
  There were a number of concerns:
  - The extra tick boxes (two of which are logically superfluous) in particular ask the GP to certify that the patient has given informed consent (which is impossible) and is fit for a surgical procedure that the GP is not trained to carry out. The medico-legal risks of this are unacceptable.
  - Once again, had this draft form been brought to the LMC beforehand this could have been avoided.

  The Secretary would write to Helen Goodey, copy to Dr Seymour to seek a central staffing and dissemination process. .... **Sec**

Appliance ordering on the prescription ordering line (POL). As part of the Primary Care Offer the CCG required practise to order appliances through the POL, which would be manned in Sanger House by an appliance specialist. The Executive could see the potential for savings to be made but were concerned that the system would allow the CCG to access all practice data, and wondered how the Information Commissioner's Office would view this.

LMC Newsletter. For lack of time detailed consideration of this was not carried out.

PSA Screening. The Mythe Medical Practice had suggested, following a public PSA screening day at Tewkesbury School by the Cotswold's Prostate Cancer Support Group, that the charity should be asked to consider:

(a) Publicising to local surgeries when they do mass screening events.

(b) Screening out men who are already well cared for and followed up by their clinic/GP

(c) Perhaps stopping such mass testing altogether (no national screening programme exists for good reason) and men should be encouraged to see/speak to their GP about testing and examination if they have any concerns.

The Executive did not agree the first point; it could often cause more concern for the practice who would not necessarily be busier as a result, and patients were often from practices some distance from the test. The Executive were largely supportive of the last two. The Secretary would draft a response for the Chairman's signature.. **Sec**

Insurance Companies' demands. Dr Bounds was concerned at the lack of clarity over when a Subject Access Request (SAR) was appropriate and when a fee could be charged under the Access to Medical Records Act (AMRA). She would send a copy of her proposed response to the GPC's lead

Action

to seek advice .... **RB**

ITEM 7 – PREPARATION FOR A NEGOTIATORS MEETING

Date and Location. Thursday 28th June at Sanger House.

Attendance and car parking. Drs Yerburgh and Hodges.

Agenda. Annex B.

ITEM 7 – PREPARATION FOR OTHER MEETINGS

Mental Health issues meeting – Friday 22nd June. All in order, but disappointing that the new medical Director of the 2gether Trust had presented his apologies

Paper referral switch-off review meeting – 28th June. The Secretary would raise the issue mentioned by Dr Bhargava to the Central Booking Office and in addition would mention the concerns about Advice and Guidance:

- Requests for A&G cannot be directed to a particular consultant.
- When the consultant sees the patient the consultant cannot see the A&G.
- The LMC cannot agree that A&G has to be used before every referral. There is a risk of de-skilling GPs.
- If the guidance is that this should be a referral could the consultant not convert the A&G into a referral there and then?

GPFV meeting 10th July. TY and PF would attend

ITEM 8 – ANY OTHER LMC BUSINESS

Local GP retention fund – ideas. JH explained his proposal which he would be submitting to the CCG. The Exec felt unable to endorse it but would not oppose it. Instead they would suggest that investment by the CCG in the GP Safe House website would be a good use of part, say £8K, of the £77K available.. **Sec**

ITEM 9 – DATE OF FUTURE MEETINGS

Tuesday 17th July at 12:30 at the LMC Offices **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
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	
Listserver entry – Carr-Hill formula revision	RH	**Not yet done**
Canvass for more sessional GPs on the LMC	Sec	**b/f after LMC Secs' Conf**
Contact Hilary Carter to discuss the possibility of a leadership ST4 being found for co-option onto the LMC	TY	**Not yet done**
Form for 'Details of changes to medication by Diabetes Service Info for GP to action'. 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	**Not yet done**

Actions arising from the June meeting:

Action	On	Progress
Provide wording for a Newsletter article on sexual health services	DMcD	
Final review of secretary recruitment options and distribute to members	TY/Sec	
Respond to CCG about dermatology referral forms	TY	
Write to the CCG about endoscopy forms	Sec	
Draft response for the Chairman re PSA screening	Sec	
Consult Dr Paul Cundy about insurance company demands	RB	
Respond to CCG about the GP Local retention fund	Sec	

ANNEX B TO
EXECUTIVE COMMITTEE MEETING MINUTES
DATED 21st JUNE 2018

NEGOTIATORS MEETING AGENDA FOR 28th JUNE

1. Apologies.
2. Declarations of Interest
3. Minutes of May Meeting
4. Actions Outstanding at or Arising from the Minutes *(Annex A)*
5. New items.

a.	Data extraction contracts in accordance with DPA 2018	**MF**
b.	Dermatology Referral form implementation	**TY**
c.	New endoscopy proforma	**RH**
d.	Appliance ordering on POL	**RH**
e.	District Valuer response times	**TY**
f.	Delays in histology reports to primary care	**TY**
g.	Advice and Guidance issues:	**RH**

- Requests for A&G cannot be directed to a particular consultant.
- When the consultant sees the patient the consultant cannot see the A&G.
- The LMC cannot agree that A&G has to be used before every referral. There is a risk of de-skilling GPs.
- If the guidance is that this should be a referral could the consultant not convert the A&G into a referral there and then?

6. Any other negotiating business
7. Date of Next Meeting. Tue 24th July at the LMC Offices

APPENDIX 1 TO
ANNEX B TO
EXECUTIVE COMMITTEE MEETING MINUTES
DATED 21st JUNE 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 still not received**
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**	**Done**
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