



Salford and Trafford Local Medical Committee 5th Floor, Sentinel (ex Peel House), Albert Street, Eccles, Manchester M30 ONJ.

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**Minutes of the Salford Sub-committee
held on January 17th at Novotel, Worsley.**

Present:

EXECUTIVE MEMBERS

Dr Nigel Hyams (Chair)
Dr Girish Patel

MEMBERS

Dr Paul Bishop
Dr V Joshi
Dr V B Raj
Dr A Salim
Dr Jenny Walton - salaried GP
Dr Ben Williams

Observers

Matt Dixon - Commissioning,
Salford PCT

Fiona Moore - PBC lead
manager, Salford PCT
Dr John Hughes - GP, Hon Sec of
Manchester LMC and national
representative
Dr Chris Brookes - Medical
Director, Salford Royal Foundation
Trust
Dr S Elliot, Associate Medical
Director, Salford PCT and local GP
Mr V Jairath - Local
Pharmaceutical Committee

APOLOGIES

Dr S Wright
Dr R Mene (LMC Hon. Secretary)
Lindsey Bowes
Alan Campbell
Ben Atkins (LDC)

PART A.

Dr Hyams welcomed all guests and members and wished them all a happy New Year. He suspended standing orders.

SPECIAL BUSINESS:

Public Health White paper consultation

Dr Fiona Reynolds - Consultant in Public health Salford PCT, gave a presentation.

She explained that prior to 1974 Public health had been part of local government and this reorganisation will return to that. There will be a creation of "Public Health England", and Local Authorities will have a statutory role in improving public health. The Director of Public health will be appointed by the relevant local authority together with Public health England.

She asked that Members read the Table A of the Commissioning document of the consultation on the funding routes for Public health.

Children's commissioning will be led by the NHS commissioning board.

Glenna Smith is the contact for responses to the consultation .

Dr Reynolds then took question which were as follows:

Where will Public Health LESs come from?

What assurance will there be that people overseeing this will have the necessary Primary Care Knowledge?

Enhanced services are optional currently. Will the local authority pick up the remaining pieces of work from those not providing the service?

What will route of liaising be with local GPs – the LMC is trying to build a relationship with the Local Authority at the moment. Dr Reynolds said that she envisaged this being with the Health and Wellbeing Board.

Dr Reynolds tabled information on the Health Premium. Key questions raised involved the role of GPs and GP practices in public health, the evidence that would be used and the indicators involved.

Dr Reynolds was thanked for attending the LMC and for her interesting presentation.

She said that she would take back the LMC's questions and welcomed a written response. She then left the meeting.

BALANCED SCORECARDS – SALFORD UPDATE – DR STEPHEN ELLIOTT, ASSOCIATE MEDICAL DIRECTOR, SALFORD PCT.

Dr Hyams welcomed Dr Elliot to the meeting and thanked him for attending. He explained the reasons behind the PCT development of a balanced score card and that it gives the PCT the ability to see all practice information in a single document. It will allow the PCT the opportunity to see practice performance in its totality and to investigate should this be necessary. He said that if there are concerns there will be a practice visit, but the aim will be to offer support, and the hope would be that this would not need to be progressed further. He said that the system would provide an early warning system, and that it would be a useful tool for appraisal, and for audit (practices would be able to identify areas that needed improvement). He recognized the LMCs concerns regarding the current colour coding of Red Amber and Green and could understand the LMC view that red does not necessary mean danger and may be misleading. He said that he hopes that the next edition will use different colours.

Dr Hughes expressed his concerns that such information could be misused by the press and the public – statistics mean that of all GPs 50% will always fall below average – that does not necessarily mean that any of them fall below a good standard.

Dr Bishop asked about the time lapse between information being collected and used in the Score Card. Dr Hyams asked that there be increased interworking and information sharing between PBC and the developing consortium of Hundreds Health and the PCT.

Concern was raised regarding the fact that the system uses information gathered from the Patient Experience Survey – a survey which is widely viewed as being extremely biased and often not representative of the reality in a practice. Dr Hyams said that LMC view is that it does not support poor practice, but it is vital that any information used to represent the quality of a practice is accurate and reflects a true picture. He also said that it would be useful to have this information on an individual basis as well as on a practice basis.

Dr Bishop questioned if GPs will have access to the same information as “any willing provider”.

Dr Joshi said that once this information is in the public domain hospital colleagues will be able to see GP performance – she wanted to know when GPs will be able to see information on the quality of individual hospital consultants.

Dr Hyams expressed concerns that the information can be used and misused in complaints, as well as by the press and there needs to be a full explanation of how the information has been gathered and also special circumstances in each practice.

Action: Dr Hyams to respond formally to Dr Elliot on behalf of the LMC.

1. PROPOSED SALFORD ATRIAL FIBRILLATION LES – DR PAUL BISHOP AND ZABINA RAHMAN, COMMISSIONING PROJECTS MANAGER, SALFORD PCT

Ms Rahman and Dr Bishop tabled information on the LES. They explained that GRASP software will identify patients and ask for a review, the LES is the incentive to have discussions regarding the use of warfarin. It was noted that GRAFT will only run in 4 of the eight clusters. If benefits can be shown a business case will be put to the board for additional funding.

Dr Hyams queried the notice period in the document and asked that three months notice be given on either side. Ms Rahman agreed to include this.

On this basis of the inclusion of a 3 month notice period for withdrawal the LMC supported the LES.

2. THE WHITE PAPER AND DEVELOPMENTS ARISING FROM IT.

No additional items were discussed.

3. MINUTES OF THE SALFORD PRIMARY CARE STRATEGY AND DEVELOPMENT GROUP (SEE ATTACHED)

Draft minutes of the meeting held on January 6th were noted.

4. DRAFT CARERS LES.

This item was not discussed due to the late hour and the fact that the LES is not complete – this will be added to the next agenda.

At this point Dr Hyams welcomed Dr Chris Brookes, Medical Director of Salford Royal foundation Trust to the meeting, and thanked him for attending at the end of a busy shift in the A&E Department.

5 MATERNITY SERVICES IN SALFORD

A letter from Leila Williams, director of the Maternity Network, dated January 6th was noted. Matt Dixon, commissioning manager of the PCT addressed the issues. He said that maternity services across the whole of Greater Manchester had been reviewed and the outcome had advocated the closure of the maternity unit at Salford Royal. Andrew Lansley MP, the Health Secretary, had reopened the possibility of retaining this particular unit with questions that were passed to the Commissioning Board.

LMC Members questioned various issues relating to the letter and asked the PCT to investigate so that the LMC can respond. Dr Hyams said that as previously he would be putting his questions to the PCT as it is the PCT and its Commissioning board of Practice Based commissioning that needs to respond to the Strategic Health Authority, not the LMC. Dr Hyams said that there is a caveat on LMC support which is that the Maternity Network needs to meet with the Maternity Forum and he was not aware that this had happened. Pending this it was agreed that he would write to Dr Stedman, Chair of the PBC Board to say "Subject to comments and clarifications, assuming the capacity data is correct, the concerns of the LMC have been answered satisfactorily and the LMC feels there is therefore no serious need for the consultation to be reopened."

It was noted that there will be a midwife led unit on the current site – this will have a two year evaluation period. It was noted that all services are being continuously monitored both for quality and value for money.

6. MINUTES OF THE LAST MEETING,

Dr Hyams reinstated standing orders. Minutes of the meeting were approved as an accurate reflection of the meeting that took place on December 14th. It was noted that this had been a joint meeting of both the Salford subcommittee and the Trafford subcommittee.

7. MATTERS ARISING

No additional matters were noted.

8. GP REPORT FOR CHILD PROTECTION

Dr Patel introduced this newly reduced version of the information requested from a GP if he/she is unable to attend a case conference.

Members welcomed that the document was no shorter, but felt that an IT solution that will populate the document automatically would be very useful.

Matt Dixon said that it is vital to share all the information that a practice has – sometimes it is one small piece of information that can ensure that a child is put into the system.

9. ANY OTHER BUSINESS

No additional business was noted

NEXT MEETING – NOTE CHANGE OF DAY AND DATE:

TUESDAY FEBRUARY 15TH. NOVOTEL, WORSLEY BROW. 7.30PM,
PRECEDED BY A BUFFET FROM 6.45PM, AND AFTER THAT:

MONDAY MARCH 14TH – NOVOTEL

MONDAY APRIL 11TH – NOVOTEL

MONDAY MAY 16TH – NOVOTEL

MONDAY JUNE 13TH – NOVOTEL

MONDAY SEPTEMBER 12TH – NOVOTEL

MONDAY OCTOBER 10TH – NOVOTEL

MONDAY NOVEMBER 14TH – NOVOTEL

MONDAY DECEMBER 12TH – SAM PLATTS

Fiona Moore, Matt Dixon and Chris Brookes left the meeting