



Salford and Trafford Local Medical Committee 5th Floor, Sentinel (ex Peel House), Albert Street, Eccles, Manchester M30 0NJ.

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**Minutes of the Salford Sub-committee
held on Tuesday February 15th at Novotel, Worsley.**

Present:

Mr V Jairath - Local
Pharmaceutical Committee
Dr B Hope – Medical Director,
Salford PCT

EXECUTIVE MEMBERS

Dr Nigel Hyams (Chair)
Dr Girish Patel

MEMBERS

Dr A Ahuja
Dr V Joshi
Dr V B Raj
Dr A Salim

APOLOGIES

Dr Paul Bishop
Dr S Wright
Dr R Mene (LMC Hon. Secretary)
Lindsey Bowes
Alan Campbell
Ben Atkins (LDC)
Dr Jenny Walton - salaried GP
Dr Ben Williams

Observers

AGENDA - PART A

SPECIAL BUSINESS:

Dan Alexander, Salford PCT – EPS, and Dr Sally Thomas, LMC rep on the EPS subgroup.

Dr Hyams welcomed Dan Alexander who gave a presentation. He said that EMIS practices will not be able to participate in roll out of the electronic Prescription service. EMIS will only make EMIS Web compatible with EPS

but EMIS Web is not compatible with the Salford Integrated Record (SIR) so there is a debate about which is more important, EPS or SIR. LMC are recommending that Graphnet who run the IT for SIR are “encouraged” to make a version which is compatible with EMIS Web. The non Web versions of Emis will not be invested in with regard to any developments ie upgrades in GP2GP or Choose & Book. Money has been set aside for all EMIS LV & PC to be upgraded to EMIS Web and for training for practices at the moment.

Vision will be ready to begin the pilot practices, it is hoped by the summer and roll out to other vision practices will follow. The LMC asked that the PCT come back to the LMC once these pilots have been reviewed to see if there are clear benefits to practices in using electronic prescribing. It is to be hoped that its use will reduce staff and doctor time, and if this is the case the LMC would be willing to encourage migration of to compatible systems, but would not be willing to see practices coerced to move. Dan asked whether patients may move to a GP who uses EPS from one that does not. LMC members did not feel that this would happen. They did however feel that pharmacists of local GPs who were unable to assist with this may be disadvantaged. Mr Jairath said that the compounding factor would be that once one large multiple has the software it is highly likely this will be rolled out to all their branches, and this could disadvantage small pharmacies.

1. MINUTES OF THE LAST MEETING, AND MATTERS ARISING

No amendments were noted, and the minutes were approved as an accurate record of the meeting

2. THE WHITE PAPER, AND DEVELOPMENTS ARISING FROM IT

Dr Hyams welcomed Dr Hope to the meeting and sought his views on the changes to the PCT structure. He said that he had concerns for the governance arrangements in the pathfinder organizations. He expressed concerns about the viability of some PCTs to provide core services as staff leave. He said that some PCTs may become unstable and said he hoped that the new Greater Manchester wide cluster would be assistance with this. He said that it is vital that payments to GPs continue uninterrupted.

Debra Frazer asked who would be taking care of PCT owned premises and LIFT building through these changes. She also expressed concerns about the leases for practices in PCT owned premises as these had in the past not been as robust as they need to be.

3. PROPOSED SALFORD CARERS LES –

The LES was tabled and discussed. Members asked if this is only for registered patients – could one practice take on the work for another?
Action: pose question to Dawn Lowe.

The LES was approved and supported by the LMC.

4. MINUTES OF THE SALFORD PRIMARY CARE STRATEGY AND DEVELOPMENT GROUP.

Dr Hyams said that the minutes had not been approved by Richard Freeman who chairs the meeting he would not circulate them. Instead he advised members of the discussions at the meeting.

He gave a brief synopsis:

Inappropriate patient use of A&E – a poster and patient information used by the Pendlebury Health centre will be shared with practices to assist patients to make an appropriate choice of service.

Atrial Fibrillation LES – the LMC has asked for this to include a three month notice period of cessation of the service on both parties

NHS Health checks are being piloted to replace the CVD LES

Minor surgery LES.....

GP Access project – Dr Hyams explained that this is about deflecting inappropriate attendances at A&E back to the patient's registered GP. The LMC is in discussion regarding the timings of appointments to accommodate such patients once they are identified by the department.

Enhanced services budget – the PCT said that the primary care budget is underspent on its enhanced services budget. Practices are encouraged to claim for work they have already done.

5. SUPPORTING SAFE MALE CIRCUMCISION FOR RELIGIOUS AND CULTURAL REASONS ACROSS GREATER MANCHESTER.

Members supported the process of Quality Assurance in the document which had been developed by Helen Gollins at NHS Manchester and Dr Paula Whittaker.

6. MATERNITY SERVICES IN SALFORD

Dr Patel said that he now sits on the Salford Maternity Liaison committee. Salford consultant led unit closes on November 18th. Dr Hyams expressed concerns that the midwife led unit which had been included in plans previously may now not happen. Dr Patel said that it is also proving difficult to ring fence places in all local hospitals for Salford residents and it may be necessary in order for patients to have guaranteed places that they do not have a choice.

Dr Patel said that he would continue to feedback to the LMC.

7. PROPOSED ACCESS LES

Manchester's LES was briefly discussed, but it was decided to put discussions on hold until the outcome of national negotiations on extended hours became clearer.

8. CQC REGISTRATION

Dr Hyams said that Mrs Simenoff has circulated information on the new mandatory CQC registration. If practices do not conform to these requirements they will lose their contracts. He did however ask practices to work steadily to compliance, but not be bounced into using expensive management consultants to assist them – even though the process is very complex. It is expected that GPC will be developing templates for practices to use which will assist them. The LMC is also seeking a speaker from CQC for a meeting after April.

9. QMAS UNDERPAYMENTS

Members discussed what these repayments will mean for practices. Dr Hyams advised that GPC guidance had been sent out by the LMC that says that " the information that PCTs have been provided does not enable them to break the figures down on a year by year basis, and therefore practices should treat the income as relating to 2010/11 only. We have also been asked whether this will raise any retrospective superannuation issues; because the payment should be treated by practices as a one-off payment in 2010/11, then this will not affect superannuation payments, seniority or tax returns (for previous years). Because this is a one-off in year payment to the practice it is for each practice to deal with the distribution of the payment according to their normal practice and/or the partnership agreement. You may wish to take accountancy advice to enable you to do this."

A Member asked what will happen to reimbursements relating to a list that has been dispersed since 2004. Dr Hyams agreed to ask GPC this question.

10. ANY OTHER BUSINESS

- a. Dr Raj raised the issue of services that have been decommissioned without consultation. The LMC had not been aware of this and would seek further information
- b. Change of service for smear reporting – Dr Hyams asked if Direct referral of colposcopy has been stopped. Mrs Frazer asked what happened to the promised printers so that the necessary information is provided to the new service.

Action: VS to follow up.

11. NEXT MEETING – MONDAY MARCH 14TH – NOVOTEL
WORSLEY BROW. 7.30PM, PRECEDED BY A BUFFET FROM 6.45PM, AND
AFTER THAT:

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

Mr Jairath was thanked for attending and then left.