



Salford and Trafford Local Medical Committee
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**Minutes of the Trafford Sub-committee
held on Wednesday 15th Feb at Sam Platts, Old Trafford**

PRESENT:

EXECUTIVE MEMBERS

Dr I Maclean (IM)

MEMBERS

Dr A Freeman (AF)
Dr H Marsden (HM)
Dr C Westwood (CW)

CO-OPTED MEMBERS

Ms D Darlington (DD) (rep PM's
North)
Mr C Booth (CB) (rep PM's South)
Mr D Hanley (DH) (Trafford
Council)
Ms G Lawrence (GL) (TCC)
Dr S Musgrave (SM) (Med Director
THT)

OBSERVERS

Ms A Ferguson (AF) (Mastercall)
Mr B Wilkins (BW) (LPC)

IN ATTENDANCE

Mrs K Rowlands (KR)

APOLOGIES

Dr R Mene (Chair)
Mrs V Simenoff
Dr K Kuna
Ms J Wilmott
Dr C Kelman
Dr N Guest

AGENDA - PART A

SPECIAL BUSINESS

Dr Matthew Pegorie, Specialty Registrar in Public Health NHS Trafford gave a presentation on the winter health initiative 'Warm & Healthy Trafford'. This initiative targets patients aged 75 and above in Trafford, and offers a central point of contact (The Winter Helpline) for information and support, available to the public and Health & Social care staff. Slides attached here for reference:



W&H Trafford
Presentation LMC Feb

Part of the initiative involves encouraging uptake of existing primary care services. One of these is Flu and Pneumococcal vaccinations. Deborah Darlington said that there was incentive to return stock that wasn't required by the end of February and questioned whether practices should still do that. Dr Pegorie was unsure and said he would raise it with the steering group. **Action MP**

1. REVIEW OF ACTIONS FROM THE LAST MEETING

	Subject	Action	Closed/ Cfwd	Update/Further action	Who
1	NHS III – The LMC need sight of a definitive specification as many areas still unclear.	Raise with Chris Tower	Closed	NG raised at planning meeting – Chris Tower to remain GP lead.	
2	NHS 111 – Workshop on the 24 th Jan	Andrew McCorkle to let the LMC know who they need to contact -	Closed	Done -	
3	Trafford Commissioning Consortia – LMC representation	Request a place on the board as an observer	Closed	Done	
4	LMC Conference motions	Write out and see nominations	Closed	VS Done.	

2. Health and Social Care Bill and changes to NHS Structure - update

The BMA are continuing to campaign hard against the bill. It was recognised that some of the amendments recently set down by the Government suggest modest improvements in some areas, there is still a real concern over lack of funding, outsourcing of services and the potential for loss of control. Debate continues.

3. Trafford Commissioning consortium update

National registration - Gina Lawrence said that structures within the PCT are being looked at as we move towards a consortium. Greater Manchester cluster has written to the PCT to try and clarify where they will be working, however confusion remains.

Commissioning Consortia – The role of Accountable Officers had been identified. The selection for these posts had been discussed at length and it had been agreed that a GP cannot self select. They will be selected nationally and there will be an Accountable Officer for each CCG.

Structures – Election process continues and should be completed by the second week in March. The Shadow year begins 1/4/2012 and the process for applying authorisation at any point in that year can begin. Once in shadow form the PCT structure will close down and primary care will report direct to the cluster.

Commissioning support services – Continuing to look at what services can be bought in, what services can be shared and what's core to GP commissioning. Over 3000 staff across greater Manchester will be affected by these changes.

4. LMC/PCT liaison meeting

Dr Maclean said that the last meeting centred mainly on the introduction of the Improving Access LES and the Care Home LES and asked Gina to update the meeting: Paper copies of these LES's were handed out in the meeting.

Improving Access – The objective of this LES was to create more capacity in Primary Care to reduce footfall into secondary care during the winter months. This scheme would offer practices the chance through a LES to increase the number of appointments delivered per week. They will be offered flexibility to do this within their own operational models but must be able to demonstrate it is above and beyond their existing appointments. Please see the attached LES for more information.



Improving access
LES - Service Specific

Care Homes LES – This is one part of a package for Winter pressure planning, and is aimed at providing health checks to all residents in Nursing and Residential Care Homes. Following assessment GP's would

put in place a treatment plan which also includes the option to refer onto the community geriatrician team.

Practices will be entitled to a payment of £50 per head. There is no minimum activity expected in order to trigger payment. Practices can use a Locum to free GP's to carry out these checks and they will receive £300 per 5 patients seen in one session. Sessions have to be above and beyond normal activity. Please see attached LES for more information.



Care_Home_LES_Ser
vice_Specification_FI

Oxygen Assessment – Referral Form approval

A new form has been introduced which includes only clinical relevant details and which has been formatted to allow integration into primary care clinical systems, and auto population of fields. The form is attached here for reference.



Oxygen Assessment
referral form.doc

5. Referral Templates

Dr Maclean referred to the LMC process circulated with the agenda. More and more departments are designing forms that they expect GP's to complete by hand when referring patients. The forms do not integrate with GP IT systems, are lengthy to complete, prone to illegibility and less likely to pass on accurate past medical history or current medication. Therefore the LMC has suggested that GP's use the LMC process when receiving requests.

Dr Musgrave referred to the TIA template. He said that he had not been aware of the LMC process and will follow it in the future. He also said that ideally it would be better to have an electronic version.

6. Medical reports for Insurance purposes

Dr Maclean noted the document SAR's FAQ's sent out with the agenda. In March 2010, the ABI and British Medical Association agreed a fee of £97 for GP medical reports and to provide a report within 21 days. The agreement expired in March 2011 and was not renewed. It would appear that a number of insurers became frustrated paying £97 without getting a guarantee on turn-round times. This included Legal & General who have

started to use what is called a subject access request (SAR), where a client can ask their GP for access to their full medical records for £10, (if their information is held solely in electronic form) or to a maximum of £50.

The document sent out with the agenda SARs FAQ's produced by L&G was noted. Dr Maclean said that patients often don't know that all of their notes are being requested and that his practice send out a proforma to the patient requesting their permission and advising them of their rights He suggested that all Trafford practices adopt a similar process.

7. GMC Guidance on raising concerns on professional leadership

Dr Maclean directed members to the GMC website and the new guidance on leadership and raising concerns This guidance provides more detailed advice on how the principles in [Good Medical Practice](#), the GMC's core guidance to doctors, apply in the context of doctors' role in the workplace, including in relation to leadership and management, raising and acting on concerns about patient safety, and writing references. Link here:

http://www.gmc-uk.org/guidance/news_consultation/11844.asp

AOB

None were raised

DATE OF NEXT MEETINGS

Wednesday 1 – 2.30pm (lunch 12.30pm) Location Sam Platts, Old Trafford.

March 14th

April 18th

May 16th

June 20th

July 11th

No meeting in August

Sept 12th

Oct 10th

Nov 14th

Monday Dec 10th evening (7-30 – 9.30pm) Buffet 6.45 pm joint for Sal & Traff