



Salford and Trafford Local Medical Committee
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**Minutes of the Salford Sub-committee
held on Monday March 14th at Novotel, Worsley.**

Present:

EXECUTIVE MEMBERS

Dr Nigel Hyams (Chair)
Dr Girish Patel

MEMBERS

Dr A Ahuja
Dr Paul Bishop
Dr A Salim
Dr Jenny Walton - salaried GP
Dr Ben Williams
Ms Lyndsay Rodway – PM
Springfield House and rep of
Salford practice managers group

Observers

Mr Varun Jairath - Local
Pharmaceutical Committee
Lindsey Bowes – Head of Primary
Care, Salford PCT

APOLOGIES

Dr R Mene (LMC Hon. Secretary)
Alan Campbell
Ben Atkins (LDC)

AGENDA - PART A

SPECIAL BUSINESS:

End of Life care – Stephen Burrows, Business Information Analyst
Palliative Care, End of Life Care and Cancer Commissioning Team, Salford
PCT, **and Robin Gene – palliative care lead.**

Dr Hyams welcomed Stephen Burrows and Robin Gene to the meeting. They gave a presentation and took questions. Members expressed their thanks to both the speakers for the work they have put into this difficult area and in trying to bring together all partner organizations so that patient information is shared and updated between them for patients where clinicians believe "this patient is unlikely to be alive in 12 months time". Members did however express the following concerns relating to:

- The additional workload for practices and the difficulties in taking this on. Stephen and Robin said that they are happy to work with GPs to try to make this as manageable as possible
- Concern that in labeling this database as End of Life it may disadvantage the patient and mean that their clinicians do not give them the optimum care. Robin said that this has already been recognized and there will be a new name for the program.
- Concern that this may be confused with the Liverpool end of life pathway. It was expected that a new name would make the clear distinction between the pathway which is brought about in the final days of a life and this program which exists to share information with various organizations over a period to time. Members felt it would be better if it were called a multiagency register, starts off being piloted for those with a short life expectancy and then developed into other areas.
- Concern about changing a patient's "do not resuscitate status". Dr Bishop said that GPs will need to ensure that this is done with patient consent and that this is updated regularly.
- Concern that this document could be the first call by coroners and as such there will be medico legal ramifications if GPs have not updated the information frequently.
- Dr Williams expressed concern that other organizations may not update the system or send information back to GPs

Stephen and Robin thanked those present for sharing their views and agreed to continue working to develop the system and overcome concerns presented. They agreed to come back to the committee in June

1. **Minutes of the last meeting** were approved as an accurate record subject to recording Dr Sally Thomas as the LMC rep on the EPS group.
2. **Health and Social Care Bill and developments arising from it.**
3. **GP Access**

Draft letter from Richard Freeman was noted and this approach was supported. It was however felt that it would be helpful for GPs to realize that the new *GMS* 2011/12 contract would be rewarding this work and the PCT had assisted practices in being able to prove their progress with QP9/ QP10/ QP11. Lindsey Bowes agreed to feed this back to Richard Freeman.

Members discussed the impact of the closure of walk in centres and the potential impact on the Out of Hours service. It was noted that the rapid response team will be based in the unscheduled care centre and some patients may be deflected to them.

Dr Ahuja expressed concern about dealing with patient expectation once the walk in centres close. Lindsey Bowes said that the PCT communications department will be working with patient groups and the PCT will be working with practices looking at capacity and demand.

It was noted that there is an expectation of establishing a minor ailment scheme. Mr Jairath said that there is currently not enough training capacity in the PCT medicines management team to allow this to be progressed. Dr Hyams asked if this training expertise would be bought in from other areas if necessary. It was agreed for the LMC and LPC to discuss this scheme further at its next meeting. In the meantime practices who were interested in helping to develop this were asked to contact Steve Jones at the PCT.

4. Minutes of the Salford Primary Care Strategy and Development Group

Draft minutes of the meeting held on 3rd March 2011 were tabled.

Members discussed an area that had been raised around Child Health surveillance. It is now possible that a GP carrying out these checks has previously had no specific training in child health – all GP training does not necessarily include Paediatric rotation. Members agreed that it is important to remind GPs of the need to keep their skills up to date.

Action:

5. Extended Hours LES/DES update

The new guidance had been released and showed reduced funding for the DES, but with the following adaptation:

A reduced minimum time, with concurrent working allowed, other members of the team providing cover and for urgent and non-urgent care also.

Lindsey Bowes advised that it is highly unlikely that there will be a Locally enhanced service for this or any other DES/NES. She said that the DES will be used as a steer across Greater Manchester to stabilise the system and provide commonality and consistency.

6. Royal wedding – 29th April 2011.

Lindsey Bowes confirmed that this is a Bank Holiday and that practices may choose to close should they so wish. They do not need to open. The PCT is confirming capacity with the Out of Hours service and may need to support Out of Hours to allow them to provide this service or pay a practice to develop a hub and spoke model.

9. QMAS underpayments

These should now have been received by all practices.

10. Any other business.

Flu vaccination.

Information received that day from Professor Dame Sally C Davies, the new Chief Medical Officer had assured practices that they will still be responsible for purchasing flu vaccine for their patient population. The cohorts of patients invited for vaccination will be:

- i. People aged 65 years and over;
- ii. All those aged 6 months or over in a clinical risk group
- iii. All pregnant women
- iv. People living in long-stay residential care homes or other long-stay
- v. care facilities where there is a risk of high morbidity and mortality.
- vi. Those who are in receipt of a carer's allowance, or those who are the
- vii. main carer, or the carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill.
 - Frontline health and social care workers.

Safeguarding Children – Dr Hyams had received a letter from Dr Mike Burrows, CE Salford PCT expressing concern that only 3% of GPs respond to requests for information for Case Conferences Dr Hyams said that he had previously advised the PCT on increasing participation, and would do so again. In the meantime Members suggested that the identified lead clinician for safeguarding should be trained and then feed information to other members of the practice. The system would also need to be

changed so that the default position is to reply to requests for information even if to say that no additional information is available.

It was agreed to add the Safeguarding Children form for discussion at the next LMC Salford subcommittee in April

Action: Add to agenda

Next meeting – Novotel, Worsley Brow. 7.30pm, Monday April 11th –
Novotel
preceded by a buffet from 6.45pm, and after that:
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