



**Salford and Trafford Local Medical Committee**  
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**Minutes of the Trafford Sub-committee  
held on Wednesday 20<sup>th</sup> June 2012 at Sam Platts, Old Trafford**

**PRESENT:**

**EXECUTIVE MEMBERS**

Dr R Mene (RM) (Chair)

**MEMBERS**

Dr H Marsden (HM)

Dr A Freeman (AF)

Dr C Westwood (CW)

Dr C Kelman (CK)

**CO-OPTED MEMBERS**

Mr C Booth (CB) (rep Trafford PMs  
South)

Ms D Darlington (DD) (Rep Trafford  
PMs North)

Ms G Lawrence (GL) (Trafford  
CCG)

Dr N Guest (NG) (Trafford CCG)

**OBSERVERS**

Mr M Le Straad (MLS)

**IN ATTENDANCE**

Mrs V Simenoff (VS)

Mrs K Rowlands (KR)

**APOLOGIES**

Dr K Kuna

Dr I Maclean

Ms M Buck

## **AGENDA - PART A**

### **Special Business**

#### 1. Education for GPs and their staff

Barbara Jackson Head of Learning and Development NHS Greater Manchester Shared HR / OD Service attended the meeting to highlight some of the concerns surrounding future support services for GPs. She said that in the future Primary care Learning & Development will not be considered a core service within the CCG. She wanted GPs to understand the impact of that and their future responsibilities as well as the implications for CQC registration, OQF and training for staff. She presented an example of how services are delivered in Oldham. This service is funded by GPs and could be considered as an option in Trafford. Documents were tabled and it was agreed to send them electronically to the Committee. The Committee asked that this information also be sent out to all GPs in Trafford for consideration.

#### 2. Trafford Capacity Assessment & Best Interest Pack

Michel Le –Straad, NHS Trafford attending the meeting to discuss the proposed Trafford Capacity Assessment & Best Interest Pack sent out with the agenda which will be rolled out just across Trafford initially. The pack had been designed to assist practices support vulnerable adults and their families. It included

- Capacity Assessment Guidance
- Capacity Assessment Form
- Generic Best Interest Decision Form
- Do Not Attempt Resuscitation Best Interest Decision Form' and guidance

A vulnerable adult is any adult whom there is reason to doubt their capacity to make a decision. Michel also said that it is the person who needs the decision to be made that completes the form.

The LMC approved the pack requesting that it was embedded into IT systems.

## 1. Review of Actions from the last meeting

	Subject	Action	Closed/ Cfwd	Further action	Who
1	Shared care proposal for oral anti-coagulation	Feedback comments to David Alderson (carried forward from last meeting)	<b>Closed</b>		
2.	Registering patients in Sale -	Write to practices to advise of potential problems with agreement reached in the past with the PCT about the allocation of patients in this area. Concern was expressed that there may be a view to wait to register patients in a new month once agreed quotas are reached. The LMC concerned that any practice that feels this to be acceptable may be exposed to difficulties with the demise of the PCTs and a new way forward needs to be agreed.	<b>Closed.</b>	<b>Update: PCT have met with Sale Practices and advise the LMC that the situation is much improved.</b>	
3.	Maintaining a line of communication with NHS Greater Manchester	Invite Karen O'Brien to future meetings	<b>Closed -</b>	<b>At his request Ben Squires has been added</b>	
4	Find a method of ensuring in future that there is representation from the CCG at Trafford meetings - to increase the lines of communication between the two organisations.	Write to Nigel Guest to clarify	<b>Closed</b>	<b>Ongoing with Trafford</b>	
5	Blue Bag, PCT are looking into the costs associated with the Blue Bag service. As these come directly from practices budgets the LMC felt that they should have an input into the decision on who provides this service in the future	Find out what Salford are doing	<b>Closed</b>	<b>Await costings from the PCT, add to next Agenda</b>	
6	Clinical waste - There has not yet been agreement from the PCT to ensure that any practices that have already paid their invoices will be reimbursed by the PCT, and any monies already deducted are repaid	Christian Booth agreed to email all his practice manager colleagues and remind them to check their practice accounts and also to copy in any correspondence on this issue to VS.	<b>Cfwd</b>	<b>Ongoing - Trafford working out how much they owe to GPs</b>	
7	Podiatry referral - The LMC had been asked to authorise the introduction of a new Podiatry referral form. Members were asked for their comments. Dr Maclean (IM) said that he didn't think that it was necessary to note Ethnicity and that he document needs to be added to GP systems	Feedback comments to Jackie Robinson	<b>Closed -</b>	<b>Comments feedback</b>	

## **2. Health and Social Care Act and changes to NHS Structure - update**

(RM) pointed out the increasing reliance on new working relationships between NHS Greater Manchester & Trafford. Karen O'Brien and Ben Squires are now in charge of Primary care for Trafford.

## **3. Trafford Commissioning consortium update**

(NG) gave the following update:

### Constitution

Work continues to get the final Constitution sent out, further opportunity for comment and subsequent practice sign up. The process for recruitment of Clinical directors will begin shortly. To gain authorisation the CCG needs to have the maximum number of practices signed up by October at the latest.

### Procurement of Community Services

Waiting for bids to come in. (GL) requested LMC involvement on interview days. RM offered his services **Action (GL) to send the LMC interview dates.**

### Transition process TH1

A consultation document has been created and seen by Trafford Overview & Scrutiny Committee and is due to go to Manchester shortly. It is now a public document and will be sent to the cluster in July. (NG) said he will be able to talk more about the configuration of services in Trafford by the next meeting in July.

## **4. LMC/PCT liaison meeting**

Draft minutes from the last meeting were not available but (RM) gave the following update:

### Enhanced Services

There had been a discussion regarding who will commission enhanced services after April 2013. The view of the meeting was that it would appear difficult for CCGs to do. As they do not hold the contracts, they cannot enhance them. (GL) said that the Commissioning Board would hold the contracts and development and add-ons would be funded and delivered through the CCG. It was thought however that CCGs may have the ability to determine which enhanced services would have benefit locally.

### Safeguarding Children

Level 3 training dates have been issued for those that have not had the training.

### Practice waste

The LMC was clear that under the Premises Directions 2004 it is a requirement of the PCT to fund collection of Clinical waste. This had now been recognised by the PCT however the issue of amounts that are still outstanding for deductions and charges made had not been resolved. The PCT had been concerned that the amounts outstanding that require reimbursement would put the PCT at risk.

The PCT had commented that they had paid for the removal of Business waste for 6 years when there was no requirement to, and had suggested that they offset this against reimbursement for Clinical Waste. However the LMC had pointed out that the time the PCT told practices that there would be no claw back and it was on this basis that the LMC supported it.

It had also become clear in the meeting that some practices were paying for their business waste removal and therefore the system was not equitable.

### Interpreter services

Stockport Interpreting Unit had been concerned by the increase in cost of the service and the fact that there was no contract between the two organisations. A report had been produced however it still hadn't been clear where the increase was coming from. (GL) said that she will ask Sharon to continue the work to resolve the issue.

### Choice of GP Practice

A New LES is being developed across Greater Manchester for patients registered with the pilot scheme at a Salford or Manchester GP but who live outside those areas. Discussion ensued at to the practicalities of this working and potential safeguarding issues. The general feeling in the meeting was that few practices would be interested in taking part in the pilot.

## **5. QOF underpayment**

The PCT had been given funds by the Department Of Health to cover underpayments to practices for elements of QOF 2010- 2011. However the amount had been estimated and it had become clear that too much money had been paid. Any overpayments are now being recovered from practices.

## **6. Liberating the NHS – No decision about me, without me**

(RM) noted the document 'Liberating the NHS – No decision about me, without me' sent out with the agenda. This was a document produced by the Department of Health which aimed to give patients greater choice

and control of their care & treatment. (RM) said that the concept was a good one although elements of the proposals were impractical. Members agreed.

### **AOB**

(RM) Informed the meeting that the roll out of NHS 111 has been suspended until further evaluation of the pilot [since these minutes have been written we have been informed that a 6 month extension for the roll out of NHS111 has been offered to those areas that need it. The Interviews for the North West NHS111 procurement is the 10<sup>th</sup> July and there has not been any notification as yet of an intention to delay the role out in this area]

### **DATE OF NEXT MEETINGS**

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

**July 11th**

**No meeting in August**

**Sept 12th**

**Oct 10th**

**Nov 14th**

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

Members express their concern of a clash of dates between the next meeting and a training session of the PCT. KR to investigate options