



Salford and Trafford Local Medical Committee
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**Minutes of the Salford Sub-committee
held on Monday 12th September at Novotel, Worsley.**

Present:

EXECUTIVE MEMBERS

Dr Nigel Hyams (Chair) (NH)
Dr Girish Patel (GP)

MEMBERS

Dr V Joshi (VJ)
Dr B Williams (BW)
Dr A Salim (AS)
Dr V Raj (VR)

IN ATTENDANCE

Mrs V Simenoff
Mrs K Rowlands (minutes)

OBSERVERS

Mr V Jairath (VJA) (LPC)
Ms L Bowes (LB) (Salford PCT)
Ms A Howell (AH) (representing
PM'S)

APOLOGIES

Dr M Yates (MY)
Dr B Hope (BH)
Dr P Bishop (PB)

AGENDA - PART A

SPECIAL BUSINESS:

Sarah Chambers, ICT Infrastructure Manager gave a presentation of Community of Interest Network (COIN) This is a new IT & Phone Network supported by Virgin media. Some of the benefits are, reduced cost, improved flexibility and improved IT Support and security. Some practices are already using this system and have reported a 30% reduction in telephone bills over a period of three months.

1. REVIEW OF ACTIONS FROM LAST MEETING

	Subject	Action	Clsd/ Cfwd	Update/Further action req'd	Who
6	MUR Service	(Cfwd from July) to email. proposed changes to the LMC	Closed	Information recv'd & included on Sept agenda	
1	Out of Hours/Repeat Prescriptions Scottish Model	forward documents to Peter Jones & Peter Budden for comment	Closed	Awaiting comment	LMC
2	Minor Eye referrals – Croydon proposals	Send proposals to Carol Hart	Closed		LMC
3	CQC- Possible funding available/Practices to assess	LMC to write to all practices to highlight the urgency, and NH to send VS the letter to attach as a reminder for practices	Closed		VS/NH
4	Access LES – Volunteers req'd for working group	interested parties to forward their name to the LMC	Closed	Dr V Raj has volunteered	All
5	Minor Surgery -number of procedures and competencies req'd	Feedback to Steve Elliott	Closed		LMC
6	Child Health Surveillance – template created	NH To send Template to Dr Joshi Dr Joshi will compare it to the one created by Dawn Lowe and feedback any suggestions	Closed	Received by Dr Joshi who is currently reviewing it and will feedback	NH/ VJO

2. JULY'S MINUTES – SIGN OFF

July's minutes were approved. These will be posted on the website as Final.

3. HEALTH AND SOCIAL CARE BILL & CHANGES TO NHS STRUCTURE

(NH) advised the meeting that the bill had been passed by the House of Commons, but the debate continues in the House of Lords. (NH) questioned if total responsibility for all NHS services would be handed over to GP's. (LB) said that not all NHS services will be handed over and areas such as dentistry, ophthalmology and maternity currently sit under the NHS commissioning board. (LB) also said that GP contracts are to be held by the Commissioning Board. She also said that the Health and Wellbeing Board would have field force teams whose role would be to link with CCGS.

4. GP CONSORTIUM UPDATE

Hundred's Health – Commissioning Consortium

(NH) referred to Appendix A (Hundreds Health Salford – Operational Board Meeting Minutes). He congratulated Dr Girish Patel on his appointments as the Neighbourhood clinical commissioning lead for Walkden and Little Hulton (GP) advised the meeting that the appointments had not been announced yet but that there are 4 such appointments. Dr Hamish Stedman has been appointed as Chair.

(VR) made reference to item no 5 Integrated Commissioning Board for Health and Well Being and the statement 'an Integrated Health & Well-being Commissioning Board would report to the H&WB Board' It was felt this was confusing (but probably a typographical error).

5. CQC UPDATE

(NH) referred to the email sent to all GP's and Practice Managers on the 30th Aug. CQC registration will not happen now until 2013 and therefore he reminded everyone not to spend too much time developing policies or spending income on employing outside companies, until CQC requirements become clearer.

6. LMC/PCT LIAISON

Appendix B ' A Public Health Incentive Scheme for Primary Care' was noted. This document outlines the rationale behind the scheme and proposals to develop a scheme that covers a wide range of public health issues within one contract.

(NH) made the point that whilst this is a good idea, funding must be right and practices cannot be compromised if they have large number of patients. i.e. the probability of achieving the target is increased if a practice has fewer patients as the work involved is reduced. (VJ) suggested that practices should employ more staff if required however there was concern as to the lifecycle of the enhanced service and the ability to guarantee income.

The meeting sought information on continuation of funding, bearing in mind that additional staff may need to be employed. Concern was also expressed as to patient follow up. It was felt that follow up should be built into contracts for providers of bowel cancer and breast cancer screening. **Action. LMC to feedback Richard Freeman**

7. OUT OF HOURS

Following the concerns raised in July's meeting regarding Information that comes back to practices. (NH) referred to further communication received from Mike Smith.

Adastra now has the ability to directly add information to patient notes and roll out to all practices has been requested. The service will see if a summary note can also be added to the system however this may require agreement from all providers on the North West sector Adastra hub.

8. NHS 111

Appendix D 'Rolling out the NHS 111 Service' was noted. (LB) advised the meeting that the Greater Manchester pilot is no longer going ahead but confirmed that there are other pilots across other regions This raised some concern that there could be a possibility that this service will be imposed on areas that are not developing their own system.

9. MURS

(VJa) informed the meeting that as of the 1st October this year pharmacists would be required to deliver 50% of their MUR's annually to patients in the target groups. Those groups targeted are:

Patients taking high-risk medicines

Patients recently discharged from hospital who have had changes to their medicines during their stay

Patients with respiratory disease

Patients prescribed a new medicine in four therapy areas will be eligible to receive the New Medicine Service (NMS) These areas are: Asthma and COPD, type 2 diabetes, antiplatelet/anticoagulant therapy and hypertension.

The objectives of the service is to provide advice, assess adherence, identify any problems and identify the patients need for further support This will be split into three stages. Patient engagement, intervention and follow up.

Further details of MUR's and NMS can be found in Appendix E 'Details of the New Medicine Service and targeted MURS revealed'

Dr Raj raised the issue of anti psychotic drugs.

Action: LMC to raise with Peter Jones at the next LPC meeting

10. CORONERS LETTERS

Appendix F, a letter from Jennifer Leeming was noted. When a patient dies GP's may advise the Out of Hour Service that they will issue the medical certificate (MCCD) as to the cause of death. The Out of Hours Doctor attending to confirm death need not inform the police and the deceased person need not to be taken to the mortuary because there is no necessity for the death to be reported to the coroner.

Accordingly under such circumstances funeral directors may take the deceased person to their premises in the same way as they would in any case not requiring police or Coroner involvement.

It should be emphasized however that where a doctor advises the Out of Hours service that he/she will issue a MCCD he /she must ensure that:-

1. the death is not reportable to the Coroner
2. he/she fulfils the legal requirements to enable the issue of an MCCD, for example that the doctor has seen the patient within the 14days prior to death or will view the deceased after death
3. he/she will be available to issue an MCCD and therefore will not, for example, be on holiday.

Her Majesty's Coroners will take a very serious view indeed of any case where notification is given yet ultimately proves to be impossible to fulfill.

(NH) suggested that where a patient is terminally ill, in order to ensure the latter point is met, GP's should arrange a joint visit with a colleague if there is risk they will be on holiday or unavailable for any reason.

Members noted these changes and expressed their gratitude that these long awaited, and much needed changes had been made.

11. URGENT CARE TOOLKIT

Appendix G was noted ' Right Treatment Right Place' (NH) asked the meeting if anyone had any comments. (BW) noted that previous request for amendments appeared not to have been made e.g

dental pain scenario and after some discussion it was noted that the document circulated may not have been the most recent. **Action: LMC to check and circulate most recent version.**

12. SALFORD CARE HOMES – PRACTICE PRESCRIBING

NH advised that he had met with the Salford care homes practice, and reached agreement on temporary patients admitted to the Care Homes Practice for respite care. This is that for patients moved into homes that fall within their existing GPs practice boundary, the responsibility to provide acute care and repeat monthly prescriptions will continue to lie with their usual GP. For those patients moved into homes that fall outside their existing GPs practice boundary, the Care homes Medical Practice would be happy to register those patients temporarily and provide immediate and necessary treatment. However the provision of monthly repeat prescriptions will continue to remain the responsibility of their usual GP.

13. SALFORD GP LEARNING HUB

GPs were reminded of a website that has been designed to provide GP's with a variety of professional development resources.

<http://www.salfordgp-learninghub.org/index.php>

AOB

- (LB) advised the meeting that ONDOS (procurement model) has ceased. District Nurses should stock supplies from NHS suppliers. Practices shouldn't get requests for dressing from District Nurses
- Walkden Gateway Centre will close at the end of Dec and lists will be dispersed (approx 1600 – 1700 patients)

**NEXT MEETING – OCTOBER 10TH– NOVOTEL, WORSLEY BROW.
7.30PM, (PRECEDED BY A BUFFET FROM 6.45PM) AND AFTER THAT**

**MONDAY NOVEMBER 14TH – NOVOTEL
MONDAY DECEMBER 12TH – SAM PLATTS**

MEMBERS WERE ASKED TO NOTE DATES FOR 2012 MEETINGS

Held on a Monday 7.30pm – 9.30pm (Buffet 6.45) Location to be confirmed, as Members had found parking to be an issue at the Novotel.

Dates

Monday January 16th

Monday February 13th

Monday March 12th

Monday April 16th

Monday May 21st

Monday June 18th

Monday July 9th

August – No meeting

Monday September 10th

Monday October 8th

Monday November 12th

Monday December 10th