



Salford and Trafford Local Medical Committee
2nd floor, Oakland House, Talbot Road, old Trafford M16 0PQ
Telephone 0161 873 9553/9559
E-mail: vsimenoff@nhs.net or LMC.office@trafford.nhs.uk

**Minutes of the Salford Sub-committee
held on Monday 10th Sept at The Waterside, Monton**

Present:

EXECUTIVE MEMBERS

Dr Mhairi Yates
Dr Girish Patel

MEMBERS

Dr Paul Bishop
Dr Ben Williams
Dr Vijaya Joshi
Dr James McGuigan

CO-OPTED MEMBERS

Ms Linda Brown (rep PM's)

OBSERVERS

Janice Lowndes (Sal council)
Fiona Reynolds (Consultant in
Public Health)

IN ATTENDANCE

Mrs V Simenoff
Mrs K Rowlands (minutes)

APOLOGIES

Dr Jenny Walton
Fiona Moore

AGENDA - PART A

SPECIAL BUSINESS:

Dr Fiona Reynolds and Dr Paul Bishop presented data on practice performance concerning NHS Health checks. This included the benefits of carrying them out, variations between practices and how to raise awareness in GP surgeries. It was noted that health checks are the responsibility of the CCG and therefore a dashboard indicator, and that practices are CCG members. Further information can be found in the presentation slides sent out with these minutes for information.

1. REVIEW OF ACTIONS FROM LAST MEETING

	Subject	Action	Clsd/ Cfwd	Update/Further action req'd	Who
1	Repeat prescriptions and the method for practices to receive them. There had been inconsistencies across practices and this was causing some difficulty. (MY) agreed to take this to the Medicines Management group.	(MY) agreed to take this to the Medicines Management group	Closed	Dr Yates has fed this back and members were asked to record future instances	
2	CQC - requirement for a named GP in each practice who would take overall responsibility and concerns were raised as to the implications for that individual.	Seek advice from the BMA		BMA advise is that this has implications for all partners involved	
3	Safe & Sustainable – More LMC representation required at meetings	Feedback to the team	Closed	This is now called Healthier together	
4	GMS Contract - LMC opinion was sought on the new amendments to the GMS contract.	Andrea Simpson said she would read them and get back to the LMC	Cfwd		
5	Changes to funding for Assistant Practitioners. Proposal to make it equitable across practices. Confusion around the legal aspects of removing funding that had been in place for 7 yrs.	Contact the BMA for advice	Cfwd	This is ongoing with the PCT	

2. **NHS Salford CCG – Update**

Fiona Moore was absent from the meeting however she had provided a written update as follows:

- NHS Salford CCG submitted the evidence required for authorisation on the 3rd September 2012 and is still intending to be a wave 2 participant.
- Part of the evidence submitted was the response to the 360 survey, and had been on the whole very positive. Comments that were made regarding involvement of member practices in decision making had been acknowledged and the CCG will be looking to improve in this area.
- The first of 3 workshops to improve CCG and member practice communications will be held on the 11th September – the output of these sessions being communication tools and an improved communications plan. A number of GPs, Practice Managers & Practice Nurses are participating in these workshops. Dr Williams is

attending the first of these workshops and agreed to update members at the next LMC Sub Committee meeting.

- The date for the site visit for authorisation is the 17th October 2012.
- A number of board members have been on training to be panel assessors for other organisations and this has been a useful step in the CCG's own preparations.
- Interviews for Chief Finance Officer will be held on the 18th September.
- The interviews for the board nurse and secondary care clinician are currently being arranged
- The PCT is currently undertaking (along with all other organisations across GM) a consultation on the future arrangements for commissioning across GM. Details on this process can be found on the PCT intranet.
- Posts the CCG has identified as urgent will be filled prior to the end of the consultation process — 5 posts - this had been agreed with staff side representatives.
- All other posts will be filled at the end of the consultation process – ends 31st October 2012.

3. Integrated Care Board - Assurance Summary

Dr Yates explained that Dr Walton was the lead on this and noted the document '*ICB summary*' sent out with the agenda. She said that this was a project that was looking at the costs involved in caring for older people. Dr Bishop, who is the neighbourhood lead for Swinton & Pendlebury, added that it was still very high level and that workshops were planned to develop the structure. The two clusters involved in this were Swinton and Eccles and these had been chosen based on demographics as both have a large population of elderly people.

4. CQC Update

Vivienne had received an email from CQC containing a list of practices that had not signed up. Each of these practices had been contacted by the LMC and all of them confirmed that they **had** signed up. This had been feedback to CQC and to date there had been no further response.

5. Council Update

Janice Lowndes gave the following update:

Public Health are in shadow form and working within the City Council to develop an integrated communication hub across all directorates. From the 1st April they will become a city council service. Health & Wellbeing has a draft strategy in place which focuses on the early years, lifestyles and later life. It is linked to the JSNA (Joint Strategic Needs Assessment)

new lifestyle survey. Janice agreed to send a copy to the LMC, **Action (JL)**

A primary care information day had been planned for the 31st October and was to be held at Salford Reds. Its focus was to demonstrate the work the health improvement service are doing to assist primary care. All GP's & PM's are invited. Dr Bishop commented that this was half term and practices may struggle to release staff.

The Taste of Salford event was planned for 22nd September. This includes various activities connected to the food festival in Salford and will involve cookery demonstrations etc.

A bowel cancer campaign was planned for Oct, and a Lung cancer campaign next Feb. These are aimed at helping people to identify the signs & symptoms and direct them to their GP.

Flu campaign continues over the Autumn.

Discussion then ensued around the effectiveness of these campaigns and the impact on accessibility for existing patients. Comment was made that work must be done to ensure these campaigns are an effective use of resources. Janice said that work was going on to look at conversion rates..

She finished by informing the meeting that there was a project in place as part of engagement for well being, to raise awareness of bowel cancer screening for older people in Irlam. This was linked to the AQUA project.

6. LMC/PCT liaison

Minutes from the meeting held on Thursday September 6th had not yet been prepared. In the absence of Dr Walton, who had been present, Vivienne Simenoff gave a brief overview of the meeting:

- Requests from patients to GPs to prescribe antibiotics for dental problems – practices who receive these requests were asked to report the name of the patient and the practice to Lindsey Bowes. Guidance on how to handle such requests to be sent out by VS.
- GP Choice pilot – to date there have been 4 out of area patients and 2 day patients. Erika Maude sought views on a prescribing policy to ensure that patients did not have an opportunity to seek repeat medication from all 8 practices providing this service. Suggestions were made and she will not try to develop a policy that achieves this.

- Near patient testing – paperwork for the LES now reduced in size from 75 pages to 16. There will be tighter monitoring and future submissions for payment will need to be signed off by a clinician who signs the scripts saying that the patient is being monitored, not merely prescribed.
- NHS Health checks – this was covered in the presentation earlier in the agenda of this meeting
- APs – Richard Freeman has had discussions with Claire Yarwood, and will turn this funding into a LES potentially to run until the end of March 2014. Andrea Simpson had challenged this saying that she had found a letter from the PCT saying that the funding would run for the lifetime of the post.
- Dr Patel had raised the issue of a request that consent process be changed when someone other than a parent presented with a child for vaccination. He said he had been told that a letter from the parent was no longer enough evidence and that the clinician needed to speak directly to the parent and this conversation needed to be witnessed by a second person in the practice. This onerous system was likely to be unachievable and to reduce the number of children immunized. The LMC felt that this was an unworkable and ultimately disadvantaging for the child – who would not be immunized. He had asked for information on who had developed this local policy.
- GM transition system had been shared.
- Horizon Centre – last clinical services end on 14th September with service ending on 28th. 300 patients left on the list, some of whom may be ghost patients. They have been written to giving a list of GPs . From 17th September to the end of October the remaining patients will be seen under an arrangement with Salford health Matters at the Willowtree centre. the practice will be paid for each urgent consultation. Seven practices are signed up to deliver the Asylum Seekers LES for new asylum seekers. The Tier 2 service will be available from the beginning of November so GPs can get more support for their own registered asylum seekers for issues such as unaccompanied minors, post traumatic stress, unexplained medical symptoms. TB screening and immigration health checks will be provided
- Stabilisation – important that all contracts are up to date so they can be moved the “receiving” organization. Erika asked for LMC support to ensure that all practices signed up to show which DES and LESs they are providing. LMC agreed to send a joint letter. Some LESs will revert to original DESs. Most LESs will roll forward to April 2014, with break clauses to allow CCGs to decommission them

giving necessary notice period. The funding for screening LES's will move to the Local Authority, but most funding will move to CCG

7. Safe & Sustainable – now Healthier Together

It was noted that this should be referred to in the future as “Healthier Together”. Dr Yates & Dr Patel had attended the 2nd of four workshops which are aimed at reviewing how services are delivered and identifying opportunities to make change. Discussion ensued around the difficulties of driving quality & standard and at the same time decrease cost.

8. Advanced Nurse Practitioner

The paper ‘*Advanced Nurse Practitioners in Primary Care – a governance framework for NHS Greater Manchester*’ was noted. This document highlights responsibilities of GP's as employers. It includes a proposal for developing a framework & guidance for employers. There was concern surrounding funding arrangements for training and it was suggested that this was raised by the LMC. **Action LMC**

9. Triggers for investigation of practices

The paper ‘*NHS Greater Manchester. Triggers which may lead to investigation of primary care performers and contractors: report of Greater Manchester Management of Concerns Group*’ was noted and comments invited. Concern was raised around flexibility and understanding of any data used to put forward a case for investigation. Particular concern was noted on page 3 point 14. *Concerns expressed by CCG's* as it was felt that this could cover just about everything.

Action: LMC to raise concerns

AOB

1. Dr Yates referred to comment made by the GPC concerning Primary Care Incentive schemes. There is an awareness of a number of incentive schemes proposed by shadow clinical commissioning groups (CCGs) or Primary Care Trust Clusters to incentivise GP practices to achieve QIPP objectives through a reduction in referrals or prescribing activity.

There is concern that such schemes appear to reward arbitrary reductions in clinical activity without evidence that this is in the best clinical interests of individual patients. The offer of any financial incentive for making particular clinical decisions is considered by the GPC to be ethically and professionally unacceptable and has the potential to seriously undermine the trust between patient and doctor. Therefore the LMC had been encouraged to advise any practice to consider whether a scheme is clinically and ethically sound when presented with future proposals.

2. Dr Yates informed the meeting of a new project to assist Trans gender people access their GP's.

DATES FOR NEXT MEETINGS

Held on a Monday 7.15pm – 9.15pm (Buffet 6.45) at Cromptons at the Waterside, 1 Parrin Lane, Monton, Eccles M30 8AN

Dates

Monday October 8th

Monday November 12th

Monday December 10th