Salford and Trafford Local Medical Committee
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Minutes of the Salford Sub-committee held on Monday 10th October at Novotel, Worsley.

Present:

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

MEMBERS
Dr M Yates (MY)
Dr J Walton (JW)
Dr P Bishop (PB)
Dr A Ahuja (AA)

CO-OPTED MEMBERS
Ms F Moore (FM)
Mr V Jairath (Vja)(LPC)
Ms A Simpson (AS)

IN ATTENDANCE
Mrs V Simenoff (VS)
Mrs K Rowlands (KR)

OBSERVERS

APOLOGIES
Dr B Williams

AGENDA - PART A

SPECIAL BUSINESS:

Salford's Unscheduled Care Dashboards

Peter Mosley, Director of IM & T, Salford PCT and Fardeen Siddiqui, Corporate Systems Manager, Salford PCT gave a live demonstration on the above. Data is received daily from A& E, currently Salford Royal as part of the pilot in Dr Khan & Dr Hope's practices. This raised some concern for the future, with feeds from non – Salford Trusts, especially

Bolton who appear to be being particularly obstructive despite mechanisms being in place.

1. REVIEW OF ACTIONS FROM LAST MEETING

	Subject	Action	Clsd/ Cfwd	Update/Further action req'd	Who
1	Public Health incentive Scheme for Primary care - Patient follow up should be built into contracts for providers of bowel cancer and breast cancer screening.	Feedback to Richard Freeman	Done	Fed back at GPCSDG	LMC
2	MURS -Anti psychotic drugs	Raise the issue with peter Jones at the next LMC meeting	Done	Peter Jones discussed directly with Dr Raj	LMC
3	Urgent care Toolkit	Circulate most up to date version	Done		LMC

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

Debate continues in the House of Lords. (NH) referred to the comment made in a letter from Dr Lawrence Buckman, BMA Chairman. 'Although the government has amended it's proposal to make clearer the link between any reward and commissioner performance in relation to quality and healthcare outcomes, we remain seriously concerned that the potential incentives or financial reward associated with commissioning will adversely affect doctor-patient relationship' (NH) said that there could be a perception that GP's gain money by not referring patients. He also said that patients need to understand why decisions are being made and it is GP's responsibility to ensure that they do. (VJ) Suggested that practices make use of screens in surgeries to help communicate important messages.

3. GP CONSORTIUM UPDATE

Appointments to the Shadow Board are:

Post	Post Holder
HHS Chair	Dr Hamish Stedman
Local Authority Liaison Clinical Lead	Dr Clive Boyce
Performance Clinical Lead (job share)	Dr Jeremy Tankel
	Dr Paul Bishop
Neighbourhood Clinical Lead – Irlam	Dr Annette Johnson
Neighbourhood Clinical Lead – Ordsall & Claremont	Dr Owain Thomas
Neighbourhood Clinical Lead – Broughton	Dr Barbar Farooq
Neighbourhood Clinical Lead – Eccles	Dr Elaine Tamkin
Neighbourhood Clinical Lead – Swinton	Dr Paul Bishop
Neighbourhood Clinical Lead – Little Hulton & Walkden	Dr Girish Patel

(FM) went on to give an update of the process for authorisation of CCG's. The NHS Commissioning Board will be responsible for authorising CCG's, but will only be created in shadow form in October 2011. In the interim NHS Greater Manchester and the Strategic Health Authority are collaborating on the process. NHS Greater Manchester is planning to play a developmental/supportive role and the SHA a regulatory role.

To get authorisation CCG's will need to provide evidence across 6 domains:

- Strong professional and clinical focus
- Meaningful engagement with patients, carers and their communities
- Clear and credible plans to deliver QIPP challenge
- Proper constitutional and governance arrangements
- Collaborative arrangements for commissioning
- Individual and collective leadership

Before the authorisation process begins there will be a risk assessment focused on the geography & size of the CCG to help clarify whether

the whole of England is to be covered by CCG's by April 2013 and to confirm that the CCG is a viable organisation.

It's anticipated that there will be 3 elements of the authorisation process.

- Submission of evidence
- 360 review and technical assessment
- Interview/panel assessment

The three outcomes of going through the above process will be:

- Shadow CCG (established but not willing/competent to take on any commissioning responsibilities)
- Authorised with conditions (established but not fully authorized e.g. do not yet have the required infrastructure, are not willing or competent to take on all commissioning responsibilities
- Fully authorised (will commission all relevant services)

Once authorised CCG's will be subject to annual assessment.

The DOH has developed a spreadsheet based CCG Cost tool (Ready Reckoner) which allows for different assumptions and scenarios of management structure to be costed. This has been pre - populated at £20 per head however this value can be amended and (FM) informed the meeting that it was reasonable to achieve £35 per head.

(FM) advised the meeting that there will be a 'Dry Run' to support the process of gathering evidence and to help determine which CCG's will do themselves and what support arrangements will be needed.

4. LMC/PCT LIAISON

- Gateway Protection programme. This is a LES for Refugees who have been granted asylum. Specific practices located near to their accommodation are encouraged to provide for these patients by the offer of this LES. These are usually English speaking refugees who may have worked with allied armed forces and whose lives have been put at risk. Details will be sent out.

- Student LES – This will be sent out shortly and is similar to large families LES in that it supports a particular practice/s that have an unusual patient list with specific needs. The student LES is to

support the Langworthy medical practice which provides services on campus.

- Infection Control – This continues to cause disagreement between the PCT and the LMC as to what is mandatory.

- Flu vaccine – the LMC view is that it is preferable for GP Staff to go their own practices to avoid potential problems if things go wrong, but should there be agreement between the member of staff and their employer the LMC has a consent form which may prove helpful

5. DATA QUALITY TEAM SKILLS BROCHURE

Appendix A (Data Quality Team Skills Brochure) was noted. (NH) reminded the meeting that this team is available to support practices and deal with any data quality issues they may have. (AS) asked whether they had enough capacity to do that.

The following suggestions and comments were made:

- There was concern about the capacity to take on all the work that may be requested, how this would be prioritised?
- It was felt that it would be helpful to ensure that skills are shared and taught in the process of delivering services. ie empower practices to continue change
- It was suggested that it would be helpful to set up systems before visiting a practice - one area where it was felt this could be helpful was for near patient testing, and recalls. Consistent for all practices.
- It was suggested that developing templates that can be used across all practices, that will give added benefit for patients. As above clearing old templates when new ones are added (empowering practices to do this) Perhaps a list of 'current'

Action: LMC to discuss with Dawn Lowe.

6. NHS 111

Appendix B (NHS 111 North West FAQs) & Appendix C (NHS 111 – Update from Lawrence Buckman GPC Chair Aug 2011) were noted. NHS111 is being trialed across the country and it is likely that it will go ahead in Greater Manchester.

Calls will be answered by fully trained NHS 111 call advisors, supported by experienced nurses. They will use a clinical assessment system to assess caller's needs and direct them to the right NHS service. If the call requires clinical input they will be transferred to a nurse advisor

without having to call back. One of their aims is to deflect patients away from urgent care & A&E attendances.

7. HEALTH & WELLBEING BOARDS

Appendix D (Health & Wellbeing Boards) was noted. This guidance provides an outline of the composition and keys roles of Health & Wellbeing Boards. The documents also highlights issues for GP's and CCG's to consider with respect to their involvement in and relationship with their local Health and wellbeing Board. (NH) highlighted the need for LMC involvement. **Action LMC to write to Chair of the group**

AOB

(Vja) handed out a list of medicines that fall into the New Medicine Service. Concerns were raised that some of the medicines on the list require blood pressure checks etc therefore it is vital for pharmacies to ensure patients know they still need to see their GP. (NH) asked that (Vja) send an email to him for comment. **Action (VJA)**

Salford Lung study (Vja) advised the meeting that all pharmacy onboard are undergoing good clinical practice training.

(Vja) thanked the LMC for their support and timely intervention with an issue concerning ONPOS.

NEXT MEETING –. NOVEMBER 16TH– NOVOTEL, WORSLEY BROW. 7.30PM, (PRECEDED BY A BUFFET FROM 6.45PM) AND AFTER THAT

MONDAY DECEMBER 12TH – SAM PLATTS for the annual joint meeting and AGM with Trafford Subcommittee (with a festive buffet)

MEMBERS WERE ASKED TO NOTE DATES FOR 2012 MEETINGS

Venue for meetings – this was confirmed as Cromptons at the Waterside, 1 Parrin Lane Monton, Manchester M30 8AN with meetings held 7.30pm – 9.30pm (Buffet 6.45pm)

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