



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

Present:

EXECUTIVE MEMBERS

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

MEMBERS

Dr V Joshi (VJ)
Dr A Salim
Dr B Williams
Dr P Bishop
Dr M Yates
Dr V Raj

CO-OPTED MEMBERS

Fiona Moore (FM)
Varun Jairath (Vja)(LPC)
Dr B Hope (BH)(Salix)

OBSERVERS

Mr F Meadowcroft (FMea)
(representing Salford PM's)
Dr C Malcomson (CM) (Salix)

IN ATTENDANCE

Mrs V Simenoff (VS)
Mrs K Rowlands (KR) (minutes)

APOLOGIES

L Bowes
Dr J Walton
A Simpson

AGENDA - PART A

SPECIAL BUSINESS:

(CM) introduced Salix Health as the lead GP provider organisation in Salford. He said that GP Provider Organisations offer GP's the opportunity to band together and bid for contracts which are put out to tender by

PCT's and Clinical Commissioning Groups. With the advent of any qualified provider (AQP) regulations, there is a risk that GP practices could become increasingly sidelined in the new NHS, and find their roles and income, diminishing. Salix Health provides a vehicle for GP's to keep as much of the work they want and also form joint ventures with other providers.

Shares are being offered at 10p per share (full value 50p per share) and practices are being urged to join the company. Discussion ensued around how practices would benefit financially. (PB) noted that practices may not see a return until the company is either sold or there is enough profit to get a dividend. However it was agreed that joining the company would help GP's protect their income.

1. **REVIEW OF ACTIONS FROM LAST MEETING**

	Subject	Action	Clsd/ Cfwd	Update/Further action req'd	Who
1	Data Quality team skills brochure	Speak to Dawn Lowe re issues raised i.e. capacity, templates	Closed	Done, await response	
2	Health & Wellbeing boards re GP involvement	Approach HWB for meeting dates as GP reps	Closed	Done, await response	
3	New medicine service – list of medicines – concern re blood pressure checks etc	Email NH points for discussion/comment	Closed	Done.	

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

Debate continues in the House of Lords. Nothing more to update this month.

3. **GP CONSORTIUM UPDATE**

(FM) informed the meeting that Phase 1, Risk Assessment was green in all areas. She said that two other phases had been introduced and they were Governance and Leadership.

4. **LMC/PCT LIAISON**

GP Education - Dr Gen Wong will be setting up a working party to look at ways of providing relevant GP education. (GP) has said that he will volunteer to represent the LMC on that party as he is a practicing GP Trainer and GP appraiser.

Flu vaccine for frontline staff – Guidance has been sought from the MDU regarding the possible legal implication of GP's immunizing their own staff. Awaiting a response, in the meantime (NH) said it would be

advisable to get the patients written permission. The LMC supports the need for as many NHS staff to be vaccinated as possible.

GP Access project - The project is coming to an end and will be finished by the end of November. It has highlighted that, generally there is enough GP access capacity across Salford but some issues have been identified with a small number of practices and this is being addressed.

End of Life LES – There is a proposal to introduce a LES for Co-ordinate my Care to maximize the use of an electronic palliative care co-ordination system for patients who may be in their last year of life (EPCCS). A DRAFT LES was handed out for reference. **Action: send out with the minutes of this meeting (LMC)**

DRAFT LES attached here.



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AAA COMMITTEE MEI

(MY) informed the meeting that $\frac{3}{4}$ Vision practices are now ready to use the Co-ordinate My Care software. (BW) said that there are some technical problems with the system, and that these had been reported to Stephen Burrows.

Flu vaccine take up – An increase in take up for this year was noted, but a low uptake was identified in the Broughton area. A local pharmacist is keen to get involved in providing the vaccine for patients at risk. (NH) highlighted a case where a patient was refused the vaccine even though he/she was prepared to pay for it privately.

Infection Control Grant

Over 20 practices have applied and letters will be going out shortly to confirm amounts granted and a list of suitable suppliers. (NH) said that practices can suggest their own contractor if preferred.

Small Grants scheme

Surplus money has been identified and practices have been encouraged to bid for a share by 30th November 2011. The response has been slow so far and (NH) reminded the meeting that this is an opportunity to secure money for anything that would improve patient experience. The LMC have been asked to assist in the allocation of

funds and(NH) assured the meeting that if there was a risk of a conflict of interest, a Trafford GP would be involved.

Finance

(NH) updated the meeting on the Primary Care financial position at the end of Sept 2011. An under spend of £1m had been highlighted.

5. GP CONTRACTS

Appendix A, B & C were noted. (NH) drew attention to the following points made in Appendix A 'Letter to the Profession

Practice Expenses
QOF Changes to thresholds
QOF Quality & Productivity Indicators
Choice of GP Practice

Detailed information can be found in Appendix A.

Discussion ensued around the introduction of an outer boundary where practices will retain, where clinically appropriate, existing patients who have moved into the outer boundary area and want to stay with the practice. Questions were raised as to the financing of these patients and if the budget would move with them.

(GP) had attended a Salford Care Standards meeting in which it was noted that there had been 27 deflections from PANDA unit to OOH. The reason why they were not deflected to daytime general practice is because they wanted assurance that GPs would guarantee to follow up the deflected patients if they failed to turn up at the surgery. This prompted much discussion in the meeting regarding those patients with safeguarding issues and the LMC were asked to write to practices to ask if any child safeguarding issues had been flagged up with them by A&E.

[Since this sub committee meeting was held (GP) has spoken with Dr Martin Smith (A&E Consultant) to clarify the situation. The PANDA unit will not deflect any patient with Safeguarding issues]

6. GMC CONSULTATIONS ON THE REVALIDATION REGULATIONS.

(NH) suggested that everyone should take a look at the website and feedback any comments etc.

<http://www.gmc-uk.org/doctors/revalidation/10707.asp>

7. PUBLIC SECTOR WORKERS – INDUSTRIAL ACTION

(NH) informed the meeting that NHS & council employers are requesting a sick note from anyone who is sick either on the day of the strike (30th Nov) or at any time during the week of the strike. He reminded everyone that there is no obligation for GP's to do this for instances under 7days. However if the patient insists GP's have are able to charge. The concern was that this additional work could impact on access. It was agreed that this was a national issue and steps should be taken to avoid such requests in the future. (FM) said she would raise it with Graham Harvey, Head of Human Resources at Salford PCT

The link below was noted.

http://www.bma.org.uk/employmentandcontracts/pensions/nhs_pensions_reform/public_sectorpensionsdayofaction.jsp

NEXT MEETING – MONDAY DECEMBER 12TH – SAM PLATTS, JOINT MEETING FOR SALFORD & TRAFFORD PRECEDED BY A THREE COURSE XMAS BUFFET

MEMBERS WERE ASKED TO NOTE DATES FOR 2012 MEETINGS

Held on a Monday 7.30pm – 9.30pm (Buffet 6.45) Location, Crompton's at the Waterside , 1 Parrin Lane Monton, Manchester M30 8AN

Dates

Monday January 16th
Monday February 13th
Monday March 12th
Monday April 16th
Monday May 14th
Monday June 18th
Monday July 9th
August – No meeting
Monday September 10th
Monday October 8th
Monday November 12th
Monday December 10th