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MINUTES OF THE OPEN MEETING HELD AT 7.30pm ON MONDAY 8th JANUARY 2018

DONCASTER GOLF CLUB, 278 BAWTRY ROAD, DONCASTER DN4 7NY

Present:

Dr D Eggitt (Medical Secretary) Dr R Shah (Chairman) Dr K Lee (Treasurer)

Dr C Vicary Dr A Bray Dr D Mackenzie

Dr M Ozcelik (Gp Reg Rep) Dr K Singh Dr V Kumar Dr A Khan Dr V Rehman Dr Rowell

Dr R Nayar Dr M Sheikh

Dr S McHardy Dr A Oakford

In attendance:

Dr David Crichton (Doncaster CCG Chair)

Dr Nabeel Alsindi (*Clinical Lead for Primary Care, Long Term Conditions & Respiratory)*

Anthony Fitzgerald (CCG - Director of Strategy and Delivery)

Dr Rupert Suckling (DMBC)

Laura Sherburn (PCD)

Jane Torn – LMC Executive Officer

David Gibbons – LMC Executive Officer

**2018.01 CHAIRMAN’S ISSUES**

* The Chairman welcomed the committee.
* Apologies were received from Mr Emovon.
* Declarations of Interest – Dr Shah stated that he is currently the interim lead for FCMS.

**2018.02 MINUTES OF THE LAST LMC MEETING**

The minutes of the meeting held on Monday 6th November 2017 were approved as an accurate record.

**2018.03 MATTERS ARISING FROM THE LAST LMC MEETING**

Dr Crichton stated that no organisations or companies have bid for the procurement on NHS Digital Wi-Fi, stating that the next step would be to directly approach local companies. The ambition is that this will be in place for the end of March 2018. DC added that the CCG would likely concentrate on the public only access Wi-Fi element. The Wi-Fi work stream as a whole has been deemed low risk given they do not expect any impact on patient care.

Dr Oakford asked how this tallies with NHS Digital, who he stated have stipulated this is mandatory to have all three Wi-Fi elements in place by the end of March 2018. DC stated that the money must be spent by March and the ambition remains to have something in place. Dr Vicary posed a question as to why patient access to Wi-fi is a priority in a GP practice. DC stated that this is not classified as a CCG priority but the Department of Health has pledged there will be Wi-Fi access for patients in surgeries.

To assist the CCG in meeting this target Dr Eggitt asked Dr Crichton if there is a way to break down the funding contained within the procurement, for example, providing each practice with a pot of money to implement the scheme. DC stated that any potential offer along these lines would require liaison with Andrew Clayton, leading on the Wi-Fi scheme at the CCG; also confirming that the total sum of money attached to the scheme is approximately £130,000. DE suggested that it may be useful to ask colleagues if anyone has the local expertise to implement the project locally.

Given the difficulties to date, DE suggested that the LMC may be able to assist in trying to coordinate this, which DC confirmed would be helpful and he would also liaise with Andy Clayton.

In relation to the anti-psychotic discussion at the previous LMC meeting, Dr Crichton confirmed that this has now been put on hold and moving forward the ambition is to look for a Doncaster wide solution. However, further details on this are not clear at this stage.

DC also referenced the discussion about CAP Beds and DOLs at the last LMC meeting. Dr Shah confirmed that he had a one to one conversation with Andrew Russell, who would look to discuss this with DBH in regard to the CAP contract. DC stated CAP beds are now called ‘Discharge to Assess’ and they are mandated nationally, including the expectation that patients aren’t delayed in being discharged from hospital and targets to be met. DC added that this has been discussed in a CCG strategy meeting with recommendations that clarity is required on the responsibilities are for both primary and secondary care; however, as yet there has not been a review meeting with DBHFT.

DC confirmed that the re-tendering process was for care homes, including a change in care homes who were providing this and explaining why practices who hadn’t previously now started to receive patients. In addition, DC stated that the hospital was commissioned to provide some support to this process, which was then not reviewed as part of the re-tender process.

DC stated that the DOLs situation arose due to a change in process; DOLs only included people in residential homes (including care homes and nursing homes) and the expansion of the process was to include those people in assisted living. DC also referenced the new element called ‘ReX’, where there is a request that the CCG has asked individual GPs for confirmation of diagnosis.

This is a single page form, a paper exercise where an application is made to the courts by one of the staff at the CCG, including clarification on the underlying medical illness. Dr Eggitt stated that he feels the issue here is the phraseology on the form and currently a GP is not in a position to nor trained to fill in the form. DC stated that he believes the issue is that it is a national form and the CCG may not be at liberty to change this. Therefore, DE asserted that GPs locally should not be completing the form, unless they are qualified to do so, irrespective of the guidance.

In line with Emerald Lodge, Anthony Fitzgerald also referred to the step-down process, referencing an upcoming meeting with a local GP, RDash and a member of staff from the CCG team; continuing to work on the process for shared care with clear discharge planning. In response to Dr Sheikh, DE stated that individuals in Emerald Lodge are an in-patient in the hospital. Anthony Fitzgerald stated that he would look into this further.

In relation to Dr Mackenzie’s question about training at the last LMC meeting, Dr Shah asked Dr Suckling if there is an update. RS stated that he was due to the meet the new screening coordinator on Tuesday 9th January 2018 and would feedback accordingly.

Dr Shah asked for an update on Target and Anthony Fitzgerald confirmed that the procurement had gone live on Monday 8th January 2018.

**2018.04 DCCG UPDATE – Dr D Crichton**

Dr Crichton stated that the locality review will begin over the next couple of months. DC confirmed that a draft consultation paper will be taken to all locality meetings over the next 6 weeks, in addition to a focus at the next GP wide session on Thursday 1st February 2018. DC referred to two options, either a move to coalign the localities with the neighbourhoods or a Doncaster wide approach.

In relation to the NHS Clinical Commissioners announcement, DC referred to the classification of eighteen items that should not be routinely prescribed in primary care, which have been discussed at APC. The medicines management team will be implementing this guidance from a national perspective. In addition, DC confirmed that a consultation regarding over-the-counter medicines has now opened from 20th December 2017 and will run until 14th March 2018.

DC informed the committee that the CCG have met with an independent private pharmaceutical company called Medical Medicines Management Solutions (MMS). Utilising national SOPs, they would potentially be looking at cost savings and approaching practices to see if they would be interested. Further information will be communicated at the next two target sessions.

Dr Eggitt stated that further work is required to communicate to GPs that working with the CCG on this is in their interests and that evidence as to why this company is the right organisation to choose. DE stated that ultimately LMC advice to practices would be that they are responsible for any actions taken by this company; reiterating that it is extremely important that the CCG and medicines management can demonstrate due diligence has been undertaken.

DC stated that the CCG has been working on the Integrated Doncaster Care Record (ICDR), with a proposed go live date of 23rd March 2018. Patients will be provided with the option to opt out of this and public consultation has now begun, with all enquiries to be directed through the CCG. DC stated that currently this will only be looking at patients that are on the intermediate care elements being rolled out from the Place Plan; the hope is that the next cohort of patients to benefit from this initiative would be end of life patients.

DE asked if this is an opt out initiative and DC confirmed that there is implied consent so a patient would have to opt out; in addition practices would have to sign a separate data sharing agreement for their data to be shared with IDCR. Laura Sherburn outlined that she had met with Andy Clayton, stating to him that before this agreement went out to practices it should be discussed with the LMC. DE also stated that the LMC need to see documentation pertaining to the safeguards in place with the IDCR.

Anthony Fitzgerald stated that in November and December first steps towards integrated commissioning across health and social care were signed off at the CCG Governing Body and the Council Cabinet.

**2018.05 PRIMARY CARE DONCASTER UPDATE – Laura Sherburn**

Laura Sherburn stated that the set-up phase is approaching completion and the board of directors have been reinstated for a full term following the 6 month initial term. This means that the existing directors are now in place for up to a two year tenure. LS confirmed that Primary Care Doncaster has now published their website, including the Strategic Business Plan. PCD is also wanting to update all member practices about progress at the next GP wide session on Thursday 1st February 2018.

LS confirmed that PCD is currently working on federation policies and procedures in order to comply with any PQQ requirements allied to any future CQC requirements. In relation to PCD’s priority for workforce support and development, LS stated that they are now in the process of collating practice submissions and will present an update on this work stream at the GP wide session, seeking feedback on what practices would like to see in terms of next steps.

LS stated that PCD is working on the potential to submit a bid to NHS England for the Clinical Pharmacist scheme, including a meeting with interested practices on Thursday 11th January 2018. LS referred to investment into various training elements and ongoing work for the Practice Manager’s Development Programme; confirming PCD’s three areas of strategic priority, namely dermatology, primary care education and extended access. In relation to dermatology LS stated that dialogue is ongoing with the trust as to how this project may develop and the extended access headline proposal is now on the PCD website.

**2018.06 PUBLIC HEALTH UPDATE – Dr R Suckling**

Dr Suckling referred to Australian Flu and that there is no evidence that this is a major problem in Doncaster, stating that the current trivalent and quadrivalent vaccinations cover this.

**2018.07 CORRESPONDENCE FOR INFORMATION ONLY**

LMC minutes: Sheffield, Rotherham, Barnsley

APC Minutes

**2018.08 REPRESENTATIVE REPORTS OF MEETINGS – (List for information only)**

2018.08.01 - 07.11.17 – Meeting with Dr Nabeel Alsindi & Laura Sherburn

2018.08.02 - 07.11.17 – Telephone meeting with Pathology – Richard James

2018.08.03 - 09.11.17 –Primary Care Committee

 2018.08.04 - 10.11.17 – LMC England Conference – London

 2018.08.05 - 14.11.17 – Telephone Meeting re. DOLS

 2018.08.06 - 16.11.17 – GPC

 2018.08.07 - 21.11.17 – Meeting with local GP

 2018.08.08 - 21.11.17 – Meeting with local practice – support

2018.08.09 - 23.11.17 – Meeting on multi-agency working and safeguarding

2018.08.10 - 23.11.17 – Maximising Income Opportunities – Chesterfield

2018.08.11 - 23.11.17 – Meeting with local practice – support

2018.08.12 - 24.11.17 – GP Workforce Conference for LMCs – London

2018.08.13 - 29.11.17 – SYLMC

2018.08.14 - 30.11.17 – Meeting with CHP

2018.08.15 - 30.11.17 – APC

2018.08.16 - 05.12.17 – Meeting with Dr Nabeel Alsindi & Laura Sherburn

 2018.08.17 - 07.12.17 – Meeting re. Neurology

 2018.08.18 - 12.12.17 – Meeting with local CQC Inspector

 2018.08.19 - 14.12.17 – Primary Care Committee

 2018.08.20 - 22.12.17 – Meeting with CHP

 2018.08.21 - 02.01.18 – Meeting with local GP

 2018.08.22 - 03.01.18 – Interview with BBC Radio Sheffield

2018.08.23 - 04.01.18 – National Emergency Pressures Panel Meeting

2018.08.24 - 04.01.18 – Interview with British Medical Journal

2018.08.25 - 04.01.18 – Executive Meeting

**2018.09 OFFICERS’ ACTIONS**

N/A

**2018.10 FORTHCOMING MEETINGS:**

 To supply information to the Executive Officer on any forthcoming meetings**.**

**2018.11 ANY OTHER BUSINESS**

**2018.11.01 – Psychiatry Advice Line**

Following a brief discussion Dr Sheikh stated that he will be passing email correspondence onto Anthony Fitzgerald who will look into this further. DE reinforced the importance of a reliable system through which GPs can communicate with consultant colleagues if there is a deterioration in health.

Dr Oakford referred to the OOH service over the Christmas period, and seeking comments on this from the CCG lead for unplanned care. In response to Dr Shah, Dr Crichton confirmed that there has not been a new appointment to this role. Dr Eggitt requested clarity on who is responsible for oversight of delivery in this service area. Anthony Fitzgerald confirmed that liaison with the providers is achieved via the regular contract meetings. In addition, DC confirmed that there is clinical input at governing body.

In relation to gender dysphoria and shared care documents that have been sent out, Dr Crichton stipulated that this has not been signed off at Doncaster CCG. DC also confirmed that they are still awaiting the release of a consultation report.

Dr Crichton referred to the premises situation in Doncaster, in particular the differentiation between reimbursable and non-reimbursable costs for CHP buildings. DC asserted that the reimbursable costs have to be passed on in line with previous LMC guidance.

**There being no further business the meeting was closed at 8:55pm. The next LMC meeting will be held on Monday March 5th 2018.**

Signed……………………………………………………………………

Date………………………………………………………………………