
MINUTES OF THE COUNTY DURHAM AND DARLINGTON LOCAL MEDICAL COMMITTEE HELD ON TUESDAY 2 JULY 2013 IN THE BOARD ROOM AT APPLETON HOUSE

Present:

Jame McMichael	Chairman – Chester-le-Street
David Robertson	Secretary
Fiona McConnell	Chester-le-Street
Tanya Johnston	Chester-le-Street
Richard Harker	Darlington
Rob Cowley	Derwentside
Jon Levick	Derwentside
Francis Whalley	Durham
Donna Boyd	Durham Dales
Nari Pindolia	Durham Dales
Sanjay Gupta	Easington
Kamal Sidhu	Easington
Norbert Dielehner	Sedgefield
Mike Spence	Sedgefield – Practice Manager
Heather Prestwich	Sessional
Robin Wade	Sessional

Invited:

Sue Jacques	CDDFT
Gill Findley	DDES CCG

Number	Item
L13/69	Apologies for Absence Anne Holmes (Durham) K V Reddy (Easington) John McGuire (Sessional)
L13/70	Minutes of the Meeting held on 4 June 2013 -
L13/71	Matters Arising Occupational Health The matter has been raised nationally. 111 – Palliative Care It was agreed that it would be helpful to have a mechanism for alerting the 111 service of palliative care patients. Members suggested that it would

be worth consulting the link practice managers group in addition.

L13/72 Firearms Licencing

The Committee discussed a document that the Secretary had produced; the Committee approved of the document with the following amendments:

- That patients can have sight of the report before submission
- The insertion of the correct read code for the medical records.

Once the document has been updated it will be on the LMC website for downloading and use.

L13/73 Secondary Care Matters

Sue Jacques kindly attended the LMC and gave an update of changes and implementations happening with the CDDFT.

Review of Community Services Contract – the present contract is due to come to an end after 3 years. Improvements and changes to the service specification have been identified and consultations are taking place with CCGs.

Medical Director - Prof Chris Gray had been appointed as the new Medical Director on 18 March 2013.

Clinical Programme Board - made up of representatives from CCGs, CDDFT, TEWV, and DDT AT, is looking at service development in:

- Planned care - Dr Andrea Jones
- Unscheduled / Urgent care - Dr Stewart Findlay
- Intermediate and community care - Dr Neil O'Brien

Paediatrics – CDDFT are looking at ways to reduce hospital attendance and working closely with the Royal College of Paediatrics. Money is being invested in the service to improve quality.

Learning Centre, Durham – There is money being invested into the centre at UHND and with work commencing in October 2013 and taking approximately 18 months.

Members asked if Primary Care was able to use the services as money from Primary Care had previously been taken from the Appleton Library in years past – and SJ confirmed that all were and the Trust welcomed views.

Performance – the Trust is looking at risk areas:

- CDiff
- A&E

ECDM – Electronic Clinical Document Management – paper clinical notes are being transferred to an electronic system by conversion into a digital image. This will reduce mislaid records and allow several users to access the notes at once. Dr Paul Peter, Associate Medical Director is leading on this matter.

Francis Report - To improve quality. The Trust is working through its action plan in relation to implementing recommendations arising from the Francis Report. There has been a recent listening to staff exercise as part of this programme.

Nighthawk – Presently there is no end date to the use of Nighthawk due to the lack of radiologists. Members expressed concern with regard to time delays on x-rays. Members commended the service when it was up to full complement of staff. SJ confirmed that the FT would keep the situation under review and hoped to reduce reporting times to a more acceptable level.

Emergency Admissions – A review examining unnecessary trips to acute services and A&E project will be reported in September.

Ward 3 – Members raised concerns regarding admissions from GPs to Ward 3 and the fact that patients seem to be ending up in A&E when there is no need. SJ asked for specific cases and would be happy to look into the matter. Members agreed to send them on.

Members also explained that they had problem getting through to Ward 3.

Nurse Recruitments – 150 nurses are being recruited.

Friends & Family Test – SJ outlined early results from the new friends and family test where all adult patients admitted to acute hospital and those attending A&E but not admitted, had the opportunity to answer the following questions at or within 48 hours of discharge.

- "How likely are you to recommend our ward to friends and family if they needed similar care or treatment?"
- "How likely are you to recommend our A&E department to friends and family if they needed similar care or treatment?"

SJ felt that the FT had scored quite well although the data was open to interpretation and would become more robust over time.

L13/74 Area Team

L13/75 IB/ ESA Appeals

The following was discussed by the Committee:-

Request for information for IB/ESA Appeals

<http://www.dwp.gov.uk/healthcare-professional/frequently-asked-questions/>

A patient has asked for a report to support his appeal after having his Incapacity Benefit withdrawn. Do their GP have to provide a report?

No. GPs, as certifying medical practitioners, have a statutory obligation to provide statements of incapacity to patients on their list and certain information to a healthcare professional working for Atos Healthcare on behalf of DWP when requested. However, under their NHS contract there is no requirement for GPs to provide reports or offer an opinion on incapacity for work to anyone else unless requested to do so by Jobcentre Plus.

Claimants should contact Jobcentre Plus or the Appeals Service, where appropriate, if they think that further medical evidence is necessary to support their claim or appeal. They should state clearly their reasons for believing that further evidence is necessary.

If Jobcentre Plus or the Appeals Service consider that further medical evidence is necessary, they will seek it. They will be responsible for paying any fee to the doctor providing the report.

So NHS GPs are under no obligation to provide such evidence to their patients nor to provide it free of charge. If a GP does not agree to provide additional evidence for their patient then it is a private matter to be resolved between the GP and their patient.

GPs can choose how they respond to requests for supporting an appeal and this might range from declining to do anything to providing a full report of the patient's functional capacity. Anecdotally colleagues who work for the Appeals Service say that many GP reports are unhelpful because the GP is unaware of the law relating to the benefit in question and suggest that GPs who wish to do these reports might like to consider studying the regulations so that they are not wasting their time.

If GPs do provide a report then they are entitled to charge for it if they wish but should seek agreement that their fees will be met before doing so. A useful ready-reckoner can be found on the BMA Website <http://bma.org.uk/-/media/Files/Excel/feesreadyreckoner.xls> to help in setting an appropriate fee.

As a compromise CDD LMC suggest that GPs could choose to provide a summary printout of the patient's medical history / current medication and attach the following letter without charging.

To Whom It May Concern:

I have been asked to provide a report to support an appeal against withdrawal of IB/ESA and I enclose a summary of the patient's medical history and current medication.

If the Appeals Service feels that further medical evidence is required then they will request this directly. It may be appropriate

for the claimant to state clearly as part of their appeal the reasons why further medical evidence is required.

If you would like additional information from me in the meantime then please put this in writing together with consent from the claimant and agreement that you will meet any reasonable fees.

Yours sincerely

The Committee approved the above letter.

L13/76 Clinical Commissioning Groups

Gillian Findley, Director of Nursing attended on behalf of DDES CCG.

As outlined by SJ a Clinical Programme Board has been established. There will be changes to pathways, the Local Authority has now involvement and this will make differences to things such as care closer to home.

Urgent Care Review - As part of the clear and credible plan DDES CCG identified that there would need to be a review of urgent care services. This was recently made more critical by the pressure in the system over winter that culminated in delays in emergency departments and a poor experience for some patients. NHS England has required CCGs to establish an urgent care board involving all stakeholders and to produce an action plan. Local CCGs have agreed that a sub group of the Clinical Programme Board would review urgent care services. Rather than starting another group it has been agreed that this sub group would become a Durham and Darlington cluster urgent care board.

The urgent care board will look at urgent care in its widest sense including all aspects of emergency and unscheduled care. It is hoped that all stakeholders will contribute to a view of what urgent care services should look like in the future. Discussions will take place at CCG/Locality levels with practices and GPs.

Community Nursing – As part of the contract that was agreed with County Durham and Darlington NHS Foundation Trust under seizing the future the contract for community nursing staff comes to an end in March 2014. The CCGs are keen to ensure they are getting best value for money and for that reason the Trust was served formal notice that the CCG intended to review the contract this year. Meetings to explain the process have been held with representatives of the CCG and the Trust and further sessions are planned where stakeholders can contribute to the development of a strategy for community nursing services. It is anticipated that a report will be collected by the end of July 2013.

Closure of Hartlepool A&E - Public consultation is currently underway about proposals to centralise emergency medical and critical care services at the University Hospital of North Tees after a review had recommended that providing A&E on two sites was not sustainable. This would particularly affect patients and practices in Easington and committee members from that locality would be contributing to the consultation.

Ambulance – GF confirmed that for many years there had been no real investment into Ambulances and the CCG is looking at the vehicle inadequacy in the Dales area. Members wondered what impact 111 has had on the Ambulance service.

Safeguard – Members asked GF to take back to the CCG issues regarding the Safeguard reporting system.

L13/77 Out of Hours Issues

L13/78 Communication from the BMA/GPC

Nothing to discuss.

L13/79 General Correspondence

Nothing to discuss.

L13/80 Any Other Business

PMS Review

Members wondered if any help would be forthcoming with regard to PMS Review.

L13/81 Date, Time and Place of Next Meeting

3 September 2013 @ 19.30 in the Board Room at Appleton House
